

METH

ORAL HEALTH

A GUIDE FOR DENTAL PROFESSIONALS

Brought to you by



Meth and Oral Health
A Guide for Dental Professionals

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Printed in the United States of America

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The material in this guide can help dental professionals provide dental treatment to users of methamphetamine (meth) and educate staff and patients about the dangers of meth use. However, this information is not meant to override any state law or the medical and legal advice of any state dental board. The reader should consult the guidelines, regulations, and laws in his or her state on matters relating to a patient's health.

This guide focuses on the clinical implications of meth use and does not address whether an individual's health or benefit plan(s) cover or provide benefit for the clinical services mentioned in this document.

Web addresses cited in this guide are accurate as of press time, but are subject to change.

Cover design by Terry Kriebech, DeCare International
Interior design by David Spohn
Typesetting by Tursso Companies
Photographs courtesy of Charles Tatlock, D.D.S.

Introduction: About This Guide

This guide presents the latest information about methamphetamine (meth) use and its effects on oral health. It is designed for dental professionals interested in identifying and treating meth-affected teeth, and for others who seek to establish rapport and improve dental treatment outcomes with patients who are using or have used meth or other drugs. Readers will find definitive information about this toxic drug, how it can affect the dental health and lives of those addicted to it, and how best to approach and care for a patient with meth-affected teeth.

Professionals want to know:

- What are the oral and other physical signs of meth use?
- What causes rampant dental caries in meth users? Do all users suffer from rampant caries? How do I motivate and care for such patients?
- How can I ask about current or past drug use without alienating or shaming the patient?
- How do I identify meth users? Is there a typical profile?
- If I confront patients, will they leave my office untreated for fear of being identified as a meth or other drug addict?
- Should I try to motivate a patient to seek drug treatment?
- Is it my ethical or legal responsibility to report a meth user?
- Can a meth user pose a danger to my dental staff or to other patients?

Patients want to know:

- If I come into a dental office for treatment and admit meth use, will I be reported to the police?
- Can I talk openly about my addiction to meth without being judged by my dentist or dental hygienist?
- What rights to privacy can I count on as a patient?
- How has meth use harmed my teeth and overall oral health?
- What type of dental treatment can improve my appearance and restore my oral health?
- How can I improve my oral health?

Resources in This Guide

At the end of this guide you will find three additional resources:

1. *The Truth About Meth and Oral Health* (pages 15–16) is a two-page patient hand-out written in the voice of a former user. It discusses meth's initial appeal, its damaging impact, and dental treatment for meth-related caries; it also offers a phone number for finding an addiction treatment center. Please make photocopies available

in your office to educate patients on the dangers of meth use and to offer hope to current and former users.

2. The *Protocol for Treating a Patient with Meth-Related Oral Decay* (page 17) is a one-page reference for dental professionals. It details the signs of meth-related oral decay and offers a general protocol for dental treatment. It lists questions that can help patients talk about a possible history of meth use and any current barriers to completing their dental treatment. It also includes a space to fill in contact information for your local addiction treatment center. Please photocopy and post this sheet in a staff area for quick reference.

3. The *Meth Resource Directory* (page 18) includes Web resources on meth education, including how to find an addiction treatment center in your area, and links to oral health resources for dental professionals.

Methamphetamine: The Drug and Its Costs

Whether you call it speed, ice, chalk, crank, fire, glass, tweak, go-fast, or crystal, meth is a synthetic stimulant drug with a high potential for abuse and addiction. Meth is easily accessible and is considered the “poor man’s cocaine” because the cost per gram is similar, but the longer-lasting effects of meth give it a reputation as a cheaper high. The negative effects of this drug are extreme and far-reaching. Not only is the user’s life and health affected by meth, but children, the environment, and society at large are harmed as well. For all of these reasons, the National Association of Counties has called meth our nation’s most serious drug problem.

Why do people use meth?

In general, meth users take the drug for the intense euphoria it offers. After taking meth—whether the drug is injected, swallowed, snorted, or smoked—users experience an intense, euphoric “rush,” followed by eight to twelve hours of high-energy behavior, during which they may not eat or sleep. This makes the drug attractive to a number of individuals who want to increase their energy and stamina or lose weight. Meth may also be used to increase sexual libido and endurance and to exaggerate feelings of euphoria during sex.

How does meth affect the brain?

Meth alters how the brain’s reward center works. Brain imaging shows that in a non-drug user’s brain, the levels of the neurotransmitter dopamine fluctuate over the course of a day or week, rising with the ordinary pleasures of life, such as enjoying a good meal or a movie. When people use drugs like meth, however, they are, in essence, force-feeding the neurological reward pathways of their brains by subjecting them to

artificially high levels of dopamine. With continued use, the meth addict's neurological reward pathway becomes a "hostage" to the drug and depends on it just to maintain normal function. At this point, the brain has been rewired to respond emphatically to the drug and to ignore normal pleasures such as food, entertainment, or sex.

Without meth, the addict may feel sick and experience depression, anxiety, irritability, and fatigue. From the addict's vantage point, the only relief from these symptoms seems to be to use more meth.

How does meth affect users' health?

In the short term, the cycle of using and "crashing" causes mind and mood changes, such as anxiety and depression. Meth use also raises heart rate and blood pressure and can cause strokes; users can also suffer from respiratory dysfunction, irregular heartbeat, extreme anorexia, cardiovascular collapse, and death. Meth injectors risk transmission of infectious diseases, including hepatitis and HIV/AIDS. Long-term effects can include memory loss, cardiac and neurological damage, impaired memory and learning, chronic fatigue, and paranoid or delusional thinking, as well as widespread dental caries, malnutrition, skin disorders, ulcers, and other diseases resulting from vitamin deficiencies.

Meth Use Is Linked to Infectious Diseases

Injection use of meth, including reuse of contaminated syringes, needles, and other injection equipment by more than one person, can spread HIV, hepatitis B and C, and other infectious diseases. When treating any patient—whether or not you suspect that they have used meth—follow standard precautions and safety guidelines recommended by the Centers for Disease Control and Prevention (CDC) and the federal Occupational Safety and Health Administration (OSHA). These measures, including the proper sterilization and disinfection of instruments and equipment, use of masks and gloves, and frequent hand washing, should be part of your daily routine to protect staff and patients against infectious microorganisms.

“For a while using seems to work, but over time, the high that meth once provided becomes a mockery, and regular meth users eventually pay a hideous price. They develop sores all over their bodies from scratching at what seems like a thousand bugs gnawing at them. Their gums become diseased. Their teeth rot and fall out. They become emaciated and hollow-eyed. On meth, a person of thirty can pass for a person of fifty or more.”

—Dirk Johnson, *Meth: The Home-Cooked Menace*

How does meth affect communities?

Meth places a huge financial burden on communities. The costs include environmental damage from meth labs, increased need for law enforcement, emergency room visits due to meth lab injuries, users’ health problems, and overdoses, to mention just a few. Meth also endangers the lives of children. Children living in homes used as meth labs may ingest toxic chemicals, be subject to burns or explosions, or suffer from severe neglect when their parents or caregivers become obsessed with this drug.

“Meth doesn’t just take the user hostage. It takes communities hostage.”

—Helen Harberts, Special Assistant District Attorney from Chico, California

How does meth affect dental costs at prisons?

Many states spend a significant portion of their annual health care budget on prison inmates’ dental needs, especially repairing or extracting meth-affected teeth. In some states, prison dentists are so overwhelmed with the expense and task of repairing meth-affected teeth that they have trouble treating routine dental problems. (Note: The deteriorating oral health among inmates is not due solely to meth use.)

Who are meth users?

While meth use crosses many demographics, in general, the rate of past-year meth use is highest among young adults age eighteen to twenty-five, followed by youth age twelve to seventeen, and lastly by adults age twenty-six or older. Meth use is slightly higher among males than females. The highest rates of past-year meth use are among Native Hawaiians or other Pacific Islanders, American Indians or Alaska Natives, and in people reporting two or more races. Past-year meth use among whites and Hispanics was higher than among blacks or Asians.¹

How serious is the meth problem?

The dangers of meth use, including its rapid damage to the teeth, have been highly publicized. Some advocacy organizations, however, have suggested that the scale, dangers, and consequences of meth use have been inflated as a media scare tactic.

Of all Americans in their teens or older, 4.9 percent have tried meth at least once. That's about 12 million. Although they number fewer than people who have ever tried inhalants (23 million), hallucinogens (34 million), cocaine (34 million), or marijuana (96 million),² 58 percent of counties said that meth was their largest drug problem, compared to cocaine (19 percent), marijuana (17 percent), and heroin (3 percent).³ While these statistics reveal that fewer people use meth than other drugs, law enforcement officials and health care and social service professionals consistently report that meth is a greater threat than other substances—because of its devastating effects on users and the communities where it is produced.

How does meth use vary geographically?

Although meth use is spreading eastward, it is still somewhat concentrated in the West, Midwest, and parts of the South. The National Survey on Drug Use and Health (NSDUH) has reported that young-adult use rates are highest in Wyoming, Arkansas, Minnesota, and Nevada, and lowest in New York, Connecticut, and Vermont.⁴

Signs and Symptoms of Meth Use

Physical

- loss of appetite—extreme, rapid weight loss
- deterioration in personal appearance and hygiene, including oral hygiene
- body odor or ammonia-like smell
- bleeding gums and/or halitosis
- sores on skin from scratching at imaginary organisms (“crank bugs”)
- dry mouth
- dilated pupils
- distorted auditory and visual perceptions

Behavioral

- unexplained absences for days or weeks while bingeing on meth
- insomnia, high energy, restlessness, and/or repetitive motor activity
- declining performance at school, work, or home
- stealing and/or borrowing money from work, home, or friends
- secretive, defensive behavior about activities and possessions
- unusual mood changes, including temper outbursts
- changing to a different peer group
- loss of interest in usual activities and pastimes
- paranoid behavior

Meth and Oral Damage

Meth users often come into a dental office or emergency clinic because of rampant dental caries. Multiple teeth may be brittle and grayish brown, with the hard enamel reduced to a soft texture; some teeth may be completely broken off at the gum line. Rampant, Class V caries may be present throughout the mouth with an unusual pattern that starts at the gingival margin and appears to envelop the entire buccal or labial surface. The enamel may be almost completely cleaved away from the underlying dentin, and the edges of teeth will often be worn down in an irregular, jagged way from bruxism. According to dentists and dental hygienists, meth users often present with dental caries that are more severe and extensive than those seen in users of other drugs, such as crack, cocaine, heroin, or alcohol.

Are meth's toxic ingredients to blame?

A common misperception about meth is that its toxic ingredients (which can include battery acid, drain cleaner, lye, antifreeze, fertilizer, lighter fluid, hydrogen peroxide, and others) are responsible for rampant dental caries. Current research does not support this conclusion. Rather, the various behaviors common to meth users (for example, bruxism and neglect of oral hygiene), along with the affects of xerostomia, contribute to the decline of oral health.

Does the method of ingestion affect the oral damage?

One study suggests that meth users who snort the drug may have greater anterior maxillary tooth wear than patients who inject it or those who take it orally. This may be because the blood supply to these teeth is shared with the blood supply to the nasal mucosa, and chronic vasoconstriction of these arteries from snorting meth could decrease the blood supply to the teeth, which, in turn, could eventually weaken their structural integrity.⁵ This study has not yet been replicated and some dental professionals question the link between blood constriction and tooth destruction.

When do signs of oral damage appear?

Some meth users experience rampant caries in as little as six months to one year. In a nonuser, such caries would take several years (along with severe oral neglect) to develop. Tobacco use by meth users can also exacerbate their oral health problems. Early-stage meth use is not often detected by dental professionals. This may be because users with early-stage oral decay may be bingeing on the drug, neglecting their oral hygiene, and failing to get routine dental checkups. Another theory argues that early-stage oral decay in meth users may be hard to distinguish from a typical case of poor oral hygiene.

How much pain do patients with meth-affected teeth experience?

Many of the patients suffering from severe oral decay due to meth use do not report significant pain. If patients are currently using meth, this phenomenon may be explained by the pain-relieving effects of the drug itself.

Oral decay from meth use often appears as

- rampant Class V caries throughout the mouth with an unusual pattern that starts at the gum line and appears to envelop the entire buccal or labial surface
- teeth broken off at the gingival margin
- teeth showing heavy signs of bruxism with the edges of teeth worn down in an irregular, jagged way
- dry mouth syndrome (xerostomia)
- grayish-brown teeth with the hard enamel reduced to a soft, leathery texture
- gingivitis and acute periodontitis

The Causes of Oral Decay

Researchers are examining why meth use causes such severe oral decay in such short periods of time. The severe deterioration of oral health in meth users does not appear to be caused by ingestion of meth alone, but by the various aspects of and behaviors that go along with meth use. Some of the primary contributing factors of oral decay in meth users are xerostomia, changes in the pH (acid-base balance) of the mouth, a reduction in antibacterial enzymes in the mouth, bruxism, and severe neglect of oral hygiene.⁶

What causes xerostomia in meth users?

Meth use can stimulate the receptors in the salivary glands, leading to vasoconstriction and a reduction of salivary flow.⁷ People using meth may “crash” after a drug binge, recovering by sleeping for days at a time, often with their mouths open, which only increases xerostomia.

The feeling of “dry-mouth syndrome” can lead meth users to drink sugary soft drinks, which in turn creates an acidic environment around the teeth. Xerostomia, along with increased acid from sugary drinks, creates the perfect environment for escalated caries in meth users, especially those who neglect oral hygiene.

Meth users may present with root caries and severe gingivitis or periodontal breakdown that is similar to people who have had head and neck radiation for cancer treatment.⁸ The use of fluoride therapy, as a topical protective to strengthen tooth enamel, has been shown to be helpful in treating patients undergoing head and neck radiation—and may also prove to be helpful in protecting teeth affected by meth use.

Why are meth users prone to bruxism?

In addition to these problems, meth and amphetamine addicts tend to clench and grind their teeth because these stimulants boost motor activity. Bruxism is a serious concern for these patients, loosening or fracturing the teeth and chipping or cleaving the enamel. Some meth users who suffer from bruxism actually crack teeth in half, mostly on maxillary lateral incisors, canines, and first bicuspid.



This former meth user is a twenty-eight-year-old male with moderate signs of oral decay. There is significant plaque accumulation across the arch that starts toward the gum line and works its way down the teeth. Two teeth are broken off at the gingival margin. Caries are worse on the front teeth. A few of the remaining upper teeth are grayish brown, with the hard enamel now soft

and leathery. This patient presents with bleeding and swollen gums (gingivitis) and the beginning of periodontitis. Many of these teeth can be salvaged, but extensive dental treatment is needed: root canals, crowns and implants, or a partial denture.



This former meth user is a thirty-four-year-old male with moderately severe signs of oral decay. He came to the dentist's office not because of pain, but to improve his appearance. Rampant caries, periodontitis, and severe bruxism have broken all the front teeth off at the gum line. Treatment included extraction of all the fractured upper teeth and replacement with a complete

maxillary denture. The lower teeth show plaque accumulation and swollen gums, but are salvageable with deep cleaning and root planing, followed by the patient's commitment to proper oral hygiene and routine dental checkups.

Why do meth users neglect their oral hygiene?

A meth high can last eight to twelve hours (much longer than the one-hour high of crack cocaine, for example). During this time, oral hygiene is often completely neglected. The effect is magnified when users go on meth binges lasting days or weeks. The results are often increased plaque accumulation in the subgingival space (causing gingivitis) and periodontitis (causing receding gums and tooth loss, depending on the duration of neglect).

Do all meth users suffer from rampant oral decay?

Meth addicts who have a history of dental care and who consistently practice good dental hygiene may not develop the severe oral health problems that affect many users. Dental professionals occasionally report treating a current or former meth user who has managed to maintain good oral health. These users are often obsessive about oral hygiene and drinking water (often tap water containing fluoride) instead of sugary soft drinks. Some meth users have reported using an over-the-counter sports mouthguard to prevent damage from bruxism.

Guidelines for Talking with a Patient about Drug Use

Should you ask about drug use? Dental patients want and expect their dentist and dental hygienist to advise them to stop or reduce drug use if it is negatively affecting their oral health.

In a collaborative study, the Medical University of South Carolina's Center for Drug and Alcohol Programs and the Center for Oral Health Research in the College of Dental Medicine have been looking at attitudes around alcohol use and oral health. The researchers surveyed 408 random adult patients at an emergency walk-in dental clinic; 80 percent of the patients said they don't mind if their dentist asks about alcohol use, and 90 percent said they would answer truthfully. The study found that just over 90 percent of patients expect their dentist to advise them to reduce or stop alcohol use if it is detrimental to their oral health.⁹ It follows then that if a patient's dentist or dental hygienist does not address oral health problems that appear to be due to meth or other drug use, then the patient may believe that everything is fine and that continued drug use is okay.

Tips on talking with patients about meth or other drug use

Communicate your concern. When talking to a patient who shows signs of oral decay from meth use, speak in an objective, caring manner that communicates your dedication to his or her welfare.

Offer support. Your patient may be a former meth user who is now in recovery or may be a current user who is on the fence between seeking treatment or falling into deeper levels of addiction. Either way, your professional dental advice and encouragement can help. In some cases, you may be the first health care professional to identify the addiction. Offering words of support and, when appropriate, a recommendation to an addiction treatment center can offer hope to a person who may feel hopeless or too shameful to seek a way out.

Avoid shaming. Patients whose oral health has been damaged by meth use may be very self-conscious and sensitive about their deteriorated appearance. Some former users say that they feel ashamed that their fractured and missing teeth are a “calling card” that announces to the world, “I’m a meth addict.” It is often hard for these patients to enter a dental office and face dental staff, not to mention other patients in the waiting room. These patients need your support and confidence. Avoid observations or questions that could cause the patient to feel shameful or judged, such as “Why would you use a terrible drug like meth that destroys teeth?”

Ask nonjudgmental questions. When you encounter a patient with rampant oral decay that is likely from meth or other drug use, ask questions about the patient’s history of drug use. Some patients will readily announce, “I’m a former meth user and it’s ruined my teeth,” while others wait for the dentist or dental hygienist to make that connection.

When talking to any patient who has struggled with a drug addiction, it’s important to ask questions and offer advice in a supportive, nonjudgmental manner. If you ask questions and offer dental treatment options in a caring, yet objective manner that does not pass judgment, these patients can be very forthcoming about revealing their addiction to meth or other drugs. The following questions can help reveal the cause of extreme oral decay that may be related to meth use:

- Have you ever had dry mouth?
- Do you eat lots of sweets or drink sugary soft drinks?
- Do you clench and grind your teeth?
- Can you think of any reason why your oral health has gotten worse?
- Sometimes we see this type of oral decay in people who have used meth in the past—have you used meth?

If a patient denies meth use or avoids the question, don’t insist on an answer. Simply move ahead and suggest a treatment strategy. Once a level of trust is established, the patient is more likely to reveal information on future visits.

Develop trust and offer hope. Try to put the patient at ease by making it clear that your conversation is confidential and that patients are protected under HIPAA rules of confidentiality. Reassure the patient that there are dental treatments that can improve his or her appearance and oral health. Explain the dental treatment options that can restore his or her healthy smile, which will offer a huge social and physiological advantage: it will make it easier for him or her to gain employment and to transition back into everyday society. Treating oral infections will also reduce pain and greatly improve physical health.

If you believe the patient is currently using meth, be cautious. A negative drug interaction can occur when administering local anesthetics, general anesthesia, nitrous oxide, or narcotic pain relievers to a patient currently using meth, cocaine, ecstasy, or other drugs. Don't be afraid to directly ask your patient about meth or other drug use. If the patient is currently using meth, offer a dental treatment plan that can safely begin after the individual has discontinued drug use.

Guidelines for Dental Treatment

Is dental treatment different for meth users versus non-meth users?

Creating a dental treatment plan for a patient with meth-related decay is similar to treating any other patient with severe caries. Meth users suffering from rampant caries often need extensive treatment (from deep cleaning, fillings, and root canals, to dentures or implants). These treatment options are similar to those offered to any other patient with severe caries, whether from excessive and lengthy neglect of oral hygiene or from xerostomia as a result of head and neck radiation.

Patients with meth-related caries may have a high degree of patient “fallout”—they may come into a dentist’s office for one visit but may not return for further treatment. These patients will benefit from additional encouragement and support. Let the patient know how many office visits will be required, and encourage him or her to complete the treatment plan. As with any patient, the most important consideration is restoring the patient’s health. If dental caries are not treated properly, they can lead to progressive oral decay.

Ask these questions to find out what barriers might keep the patient from returning to the dental office:

- Do you have trouble getting to and from appointments?
- Would you like an interpreter present at appointments?
- Is the cost of financing your treatment a factor?
- Do you feel confident that I understand your oral health needs?
- Do you understand and agree with the treatment strategy?
- Will your family and friends support you in completing the dental treatment?
- Once the treatment plan is complete, are you committed to staying off drugs and doing daily oral hygiene?

Are all medications safe for addicted people?

When prescribing, be aware that some over-the-counter and prescription medications should not be used by people in recovery, because they can trigger the memory of being high. This can provoke cravings and lead to a return to drug use. For example, codeine products such as Tylenol #3 affect the brain similarly to morphine and other opium-related drugs. If a former meth or other drug addict takes codeine for pain, it can reactivate the same “pleasure pathway” that was stimulated when the individual was using. In this way, medications like codeine can cause cravings, which increase the person’s risk for relapse, even if the addiction was to meth, cocaine, alcohol, or a different drug.

There are many effective, nonaddictive medications that can be used for pain relief. Safe alternatives include non-steroidal anti-inflammatory drugs, such as ibuprofen and aspirin. These are available in over-the-counter and prescription forms.

What is the protocol when a patient may be a meth user?

Follow these steps when treating a patient with meth-affected teeth:

- Take a medical history. Ask questions about drug use.
- Discuss the potential for drug interactions (with dental sedatives) and rule out possible contraindications.
- Be aware that administering nitrous oxide or prescribing narcotics could endanger a recovering person’s sobriety.
- Discuss meth’s dangers, including damage to dental and physical health.
- Offer education on oral hygiene—flossing and brushing for two minutes at least twice daily and regular dental checkups.
- Advise a balanced diet; recommend water instead of sugary beverages and diuretics, such as caffeine, tobacco, and alcoholic beverages, which can exaggerate xerostomia.
- Explain the best treatment option. Damaged teeth may require a crown, root canal, or extraction, possibly replaced by an implant.
- Suggest a mouthguard for patients with bruxism.
- Important: Use concentrated fluoride and remineralizing treatments to reduce demineralization of affected teeth.
- If the patient is still using meth, offer a referral to a local substance abuse treatment center. Send the message that healing from meth addiction is possible.

Suggestions for Dealing with an Active Meth User

What if you encounter a patient who seems to be high on meth?

People who are high on meth may exhibit paranoia, irritability, and increased motor activity. They can be noncompliant or aggressive, especially if they have been on an extended binge. Meth users may also appear malnourished. In some cases, a person high on meth may go to a dental office or emergency clinic in an attempt to get a (narcotic) prescription painkiller—planning to sell it on the street in order to buy more meth. Be prepared to call the police if you encounter any patient you feel is a danger to you or your staff, to other patients, or to himself or herself.

Dental professionals in private practice offices (versus community clinics) often report the patients who present with meth-related caries are clean and sober when they arrive for treatment and do not appear to present a danger to themselves or others. In spite of this fact, be prepared with an emergency action plan that dental staff can follow if they encounter a patient who poses a danger. This plan can include calling the police, using a prearranged signal to alert the staff without threatening the patient, and remaining calm until law enforcement arrives.

Are dental professionals required by law to report an active meth user?

If a patient visits your office for treatment of meth-affected teeth, your first duty as a dental professional is to promote the patient's welfare. If a patient is not a danger to himself or herself, to dental staff, to other patients, or to the general public, then dental professionals are not obligated by law to report the patient to law enforcement authorities. A general code of ethics dictates that the dentist and hygienist accept a compliant patient and provide the best dental care possible. Current and former meth users may be afraid that a dentist, dental hygienist, or dental staff will report any suspected drug use to the police—and this fear may keep these individuals from seeking the dental care they need to rebuild their lives and health.

While dental professionals are not required to report drug users to the police, suspicions of child abuse may entail mandatory reporting. If you suspect that any patient is abusing or neglecting a child, or putting them at risk by using or making meth or other drugs, then the American Dental Association's Principles of Ethics and Code of Professional Conduct requires you to report the suspected abuse to local law enforcement authorities, consistent with the law in your state.

For more information about state dental statutes, regulations, and reporting requirements, visit the American Dental Association's Department of State Government Affairs at www.ada.org.

How Can Dental Professionals Reduce the Impact of Meth?

Dental professionals are in a great position to raise public awareness about meth's dangers, and they are making a difference nationwide. You may be the first person to identify a patient's addiction—and to offer a ray of hope. Consider educating all your patients as appropriate: research shows that even simple suggestions by professionals to avoid or discontinue drug use can be very effective. Start by photocopying the handout *The Truth About Meth and Oral Health* and making it available in your office. For staff, post the *Protocol for Treating a Patient with Oral Decay Related to Meth Use*.

Recovery is possible: Find a treatment center

Contrary to what you may have heard, meth treatment does work. The Hazelden Foundation compared recovering meth users with those recovering from other drug addiction. One year after residential treatment at Hazelden, all had similar rates of abstinence and satisfaction with health and psychosocial functioning.

But even in the health care community, substance use disorders are often viewed as a moral weakness, despite research that clearly establishes them as medical disorders. This stigma prevents many people from seeking treatment—and it can even affect their level of care. Informed dental professionals can play a critical role here. Your care and support can motivate a patient to quit using and regain a healthy lifestyle. Be prepared with contact information for a local treatment facility, so you can make a referral when necessary.

According to the National Institute on Drug Abuse (NIDA), the most effective treatments help addicts change their thinking, expectations, and behaviors, and improve their life coping skills. Mutual-support group participation, such as Crystal Meth Anonymous, Narcotics Anonymous, or Alcoholics Anonymous, and a sober living environment should follow these treatments.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created an online substance abuse treatment facility locator—a searchable database of more than 11,000 U.S. addiction treatment programs. To find the nearest facility, visit www.findtreatment.samhsa.gov.

“People do recover. People do mend.”

—Mother of a recovering seven-year meth user

The Truth About Meth and Oral Health

There Is Hope for Recovery

Your dentist and dental hygienist want you to know about the dangers of methamphetamine and how it can harm a person's health. They asked me to share my story of meth addiction and recovery with you. If you know someone who is thinking of using or has used meth, please share this information—it could save the person from the pain of addiction or offer hope for recovery.



Ice
Chalk
tweak
Crystal

Why do people use meth?

I'm an eighteen-year-old recovering meth addict. I started taking meth because it made me feel attractive, energetic, and confident. Soon I had to take more of it to feel good. Without meth, I started to feel tired, paranoid, depressed, and anxious. I lost my "straight" (clean and sober) friends, but I didn't care. One day I looked in the mirror and my cheeks were thin and my teeth were broken. I didn't feel good anymore. Eventually I hit rock bottom. I wanted to quit using meth and get my life back. I found help from an addiction treatment center. I learned that no matter how badly a person is addicted to meth, every person can recover.

How does meth hurt people?

When I took meth, I felt a false sense of energy that pushed my body faster than it was meant to go. Even if you are young and healthy, using meth increases your heart rate and blood pressure, and could cause you to have a stroke that could leave you harmed for life. Meth can even kill you. If you inject it, a dirty needle could transmit a disease like hepatitis or HIV/AIDS.

(Continued)

How does meth use cause tooth decay?

When I was using, I ground my teeth and I often forgot to do normal things like wash my face or brush and floss my teeth. Meth made me thirsty, and I drank lots of soft drinks instead of water, which only made my tooth decay worse.

If you know someone with tooth decay from meth use, suggest that the person drink water instead of soft drinks, floss and brush at least twice a day (brush for at least two minutes each time). If possible, use fluoride toothpaste. A mouthguard can cut down on the damage from tooth grinding. (You can buy a sports mouthguard at a retail store.) These things can reduce the oral damage while the person is getting help to quit using meth.

Can meth-related tooth decay be treated?

At first, I was afraid to see a dentist because I looked terrible. My teeth were brown and a few were broken. After I quit using meth, I wanted to fix my teeth. My dentist and dental hygienist were supportive. They didn't make me feel bad about my past drug use. They came up with a plan to repair my teeth so that I could smile again. Dental treatment can include fluoride, deep cleaning, and root canals, and in some cases teeth will need to be pulled and replaced with a denture.

Help a friend quit using meth.

If you know someone in crisis who needs help quitting meth or other drugs, call the Substance Abuse and Mental Health Services Administration at 800-273-8255 to locate the nearest addiction treatment center.



This text does not depict a specific person; it represents the common experience of meth addicts.

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Protocol for Treating a Patient with Meth-Related Oral Decay

Signs of oral decay from meth use:

- rampant Class V caries throughout the mouth
- caries starting at the gumline and appearing to envelop the entire buccal or labial surface
- teeth broken off at the gingival margin
- heavy signs of bruxism; irregular, jagged, worn edges
- grayish-brown teeth; hard enamel reduced to a soft, leathery texture
- xerostomia
- gingivitis and acute periodontitis

Protocol for treating a patient with meth-affected teeth:

- Take a medical history. Ask questions about drug use.
- Discuss the potential for drug interactions (with dental sedatives) and rule out possible contraindications.
- Be aware that administering nitrous oxide or prescribing narcotics could endanger a recovering person's sobriety.
- Discuss meth's dangers, including damage to dental and physical health.
- Offer education on oral hygiene: flossing and brushing for two minutes at least twice daily and regular dental checkups.
- Advise a balanced diet; recommend water instead of sugary beverages and diuretics, such as caffeine, tobacco, and alcoholic beverages, which can exaggerate xerostomia.
- Explain the best dental treatment option.
- Suggest a mouthguard for patients with bruxism.
- Important: Use concentrated fluoride and remineralizing treatments to reduce demineralization of affected teeth.
- If the patient is still using meth, offer a referral to a local substance abuse treatment center. Send the message that healing from meth addiction is possible.

Fill in contact info for the primary addiction treatment center in your area.

Questions to ask a patient:

- Have you ever had dry mouth?
- Do you eat lots of sweets or drink sugary soft drinks?
- Do you clench and grind your teeth?
- Can you think of any reason why your oral health has worsened?
- Sometimes we see this type of decay in people who have used meth in the past—have you used meth?

Ask these questions to help reveal barriers to dental treatment:

- Do you have trouble getting to and from appointments?
- Would you like an interpreter present at appointments?
- Is the cost of financing your treatment a factor?
- Do you feel confident that I understand your oral health needs?
- Do you understand and agree with the treatment strategy?
- Can your family or friends support you in completing the dental treatment?
- Once the treatment plan is complete, are you committed to staying off drugs and doing daily oral hygiene?

Meth Resource Directory

Web Resources on Dental Health

American Dental Association (ADA)

www.ada.org

202-898-2400

ADA Department of State Government Affairs

312-440-2525

The ADA Web site offers information about meth use and dental treatment. The ADA's Principles of Ethics and Code of Professional Conduct states that dental professionals are required to report the suspected case of abuse to local law enforcement authorities, consistent with the law in your state. For more information about state dental statutes and regulations, visit www.ada.org.

The American Dental Hygienists' Association (ADHA)

www.adha.org

312-440-8900

The ADHA is committed to ensuring access to quality oral health care; increasing awareness of the cost-effective benefits of prevention; promoting the highest standards of dental hygiene education, licensure, practice, and research; and representing and promoting the interests of dental hygienists.

Web Resources on Addiction and Treatment

American Foundation for Addiction Research

www.addictionresearch.com

480-368-2688

This foundation performs research on the causes and nature of alcohol and other drug use disorders.

Crystal Meth Anonymous (CMA)

www.crystalmeth.org

213-488-4455

This site lists CMA meetings across the United States. It provides information on the Twelve Steps and how to start a CMA meeting.

Hazelden Foundation

www.hazelden.org/meth

800-257-7810

Visit the Hazelden site for information, resources, and links on methamphetamine addiction, treatment, and recovery.

Methamphetamine Treatment Project

www.methamphetamine.org

UCLA Integrated Substance Abuse Programs (ISAP)

310-312-0500

Matrix Institute on Addictions

310-207-4322

The site provides general information about the drug, discusses the Matrix Model treatment program, and offers links to news reports and a list of meth treatment centers.

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov

301-443-1124

The general meth information on this site includes location and extent of use, effective addiction treatments, and prevention materials.

National Youth Anti-Drug Media Campaign

www.mediacampaign.org

800-666-3332

Here you'll find information on media campaigns that target substance use, and downloadable anti-drug banner, print, radio, and television ads.

Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

800-666-3332

This site has statistics on meth use and treatment admissions as well as information about meth's effects and a list of its street names.

Partnership for a Drug-Free America

www.drugfree.org/Portal/DrugIssue/MethResources/default.html

212-922-1560

The Meth Resources section of this site has material for teens, young adults, parents, and communities, all "packed with stories and ways to take action."

U.S. Drug Enforcement Administration (USDEA)

www.dea.gov

202-307-1000

This site contains news releases about meth, general information about its impact on children and the environment, and statistics on lab seizures. Substance abuse agencies are listed by state, and state fact sheets provide statistics on drug problems.

Notes

1. U.S. DHHS, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Survey on Drug Use and Health* (July 29, 2005). Available at <http://oas.samhsa.gov/nsduh.htm>. Race/ethnicity categories were determined by combining the responses from separate race and ethnicity questions. For this report, respondents identifying themselves as Hispanic were assigned to the Hispanic group regardless of their racial identification. Respondents identifying themselves as non-Hispanic were grouped according to their racial identification. Thus, “white” refers to those identifying themselves as non-Hispanic and white.
2. U.S. DHHS, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Survey on Drug Use and Health* (July 29, 2005). Available at <http://oas.samhsa.gov/nsduh.htm>.
3. National Association of Counties (NACO), *The Meth Epidemic in America: Two Surveys of U.S. Counties—The Criminal Effect of Meth on Communities and The Impact of Meth on Children* (July 5, 2005). Available at http://www.naco.org/Content/ContentGroups/Publications1/Press_Releases/Documents/NACO-MethSurvey.pdf.
4. U.S. DHHS, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *National Survey on Drug Use and Health* (July 29, 2005). Available at <http://oas.samhsa.gov/nsduh.htm>.
5. J. R. Richards and B. T. Brofeldt, “Patterns of Tooth Wear Associated with Methamphetamine Use,” *Journal of Periodontology* 71 (August 2000): 1371–74.
6. J. W. Shaner, “Caries Associated with Methamphetamine Abuse,” *Journal of the Michigan Dental Association* 84, no. 9 (September 2002): 42–7.
7. J. M. Elliott and T. J. Beveridge, “Psychostimulants and Monoamine Transporters: Upsetting the Balance,” *Current Opinion in Pharmacology* 2005, 5:94–100.
8. S. R. Porter, C. Scully, and A. M. Hegarty, “An Update of the Etiology and Management of Xerostomia,” *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiation and Endodontics* 2004, 97:28–46.
9. P. M. Miller, M. C. Ravenel, A. E. Shealy, and S. Thomas, “Alcohol Screening in Dental Patients: The Prevalence of Hazardous Drinking and Patients’ Attitudes about Screening and Advice,” *Journal of the American Dental Association* 137, no. 12 (2006): 1692–98.

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Dr. Wagner has led a private practice on prosthodontics in Albuquerque, New Mexico, since 1978. Dr. Wagner graduated from the University of Southern California School of Dentistry in 1975 and then spent a year in a general practice residency at the Wadsworth Veterans Hospital. In 1976, Dr. Wagner began a two-year prosthodontic residency at M.D. Anderson Cancer Center in Houston, Texas. Upon returning to Albuquerque, he joined the faculty of the New Mexico Cancer Center and the University of New Mexico Medical School. He is now in private practice.

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Hazelden Products

These meth resources are available through Hazelden Publishing at 800-328-9000.

Meth: The Home-Cooked Menace

With staggering facts and case studies, award-winning journalist Dirk Johnson examines the unprecedented physical, mental, social, and environmental destruction caused by meth production and use. Softcover, 176 pages.

Order #7794

Walking on Thin Ice: A Methamphetamine Prevention Video

This teen-oriented video describes how meth is seeping in from society's fringe to infect mainstream America. It offers straight facts and true stories from the perspectives of recovering teens, cops, a paramedic, and a coroner who routinely performs autopsies on young overdose victims. Viewers learn about meth's effects on the body, brain, and behavior. Running time: 21 minutes.

Order #4065

Meth: The Basics

Written by the authors of *The Matrix Model* treatment program, this pamphlet is an ideal first resource for clients in treatment. Topics include meth's effects on the brain, the stages of recovery, and avoiding relapse. 32 pages.

Order #2632

Meth: Our Nation's Crisis—A Toolkit for Change

The print and video resources in this two-disc kit will help your community unite to combat methamphetamine. A CD-ROM offers five print-ready action guides tailored to community leaders, schools, parents, employers, and health care professionals. A DVD contains three video documentaries on addiction, recovery, and prevention: *Meth—Shadow Across America*, *Life After Meth*, and *Walking on Thin Ice*.

Order #2395

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