Focus On Oral Health

A newsletter for North Dakota's oral health community *July 2009*

Methamphetamine Use and Oral Health

As methamphetamine use rises throughout the country, dental professionals find themselves faced with treating a condition associated with methamphetamine use – meth mouth. Meth mouth is a distinct pattern of tooth decay on the smooth front surface of the teeth and in the spaces between the front teeth. The condition also includes dry mouth and mouth sores.

Methamphetamine is highly addictive and is a central nervous stimulant that gives the user a feeling of euphoria, strength and endurance. It is cheap and easy to produce. According to the Substance Abuse and Mental Health Administration (SAMHA), the recovery rate from this drug is about 5 percent; and life expectancy of a user is about seven years.

"Meth mouth" photo courtesy of METH Awareness and Prevention Project of South Dakota (MAPP-SD).

Traditional meth users have been between the ages of 19 and 40. However, the profile of the meth user has changed in the last several years. Individuals who might be using meth include adolescents and college students who use it recreationally, high-achieving students who want to be more productive, women who want to suppress their appetite, busy mothers who want to accomplish more things quickly, long-haul truck drivers needing to stay awake, professionals under pressure to produce more, individuals wanting to enhance sexual pleasure, or someone who is bored or depressed and wants to feel better. The meth user could be almost anyone.

Meth use constricts blood vessels, causing tissues in the mouth to starve and break down, resulting in tooth decay, gum disease and bone loss. Meth users are often unable to do daily toothbrushing and flossing – either due to the crash effect of the drug or due to an energy burst that affects concentration. The dry mouth that accompanies meth use leads to a more acidic environment in the mouth, causing a breakdown of tooth enamel. Users may try to reduce the dry feeling by consuming large amounts of sugary sodas. The increased soda consumption coupled with poor toothbrushing, vomiting and decreased immune response creates an environment for tooth decay to flourish. In addition, some of the chemicals in meth can burn the tissues, causing severe inflammation, painful mouth sores and ulcers.

Key indicators of meth use include (1) unaccounted for and accelerated tooth decay, especially in teenagers and young adults; (2) the distinctive pattern of tooth decay on the smooth surfaces of the teeth and in between the front teeth; and (3) a malnourished appearance in heavy users because the drug acts as an appetite suppressant.

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Coalition News

2009 Oral Health Legislation: A Focus on Dental Access

The North Dakota Oral Health Coalition had a strong presence at the 2009 Legislative Session, supporting six bills to improve access to oral health care. Thanks to the efforts of the many partner organizations that were active in the halls and the many grassroots members who contacted their legislators, five of the six bills passed. A summary of all the legislation impacting oral health is listed below. Coalition bills are denoted with an asterisk(*).

Passed Bills

***HB 1012** – Department of Human Services Appropriations Bill

The bill authorizes the Department of Human Services Medicaid Program to base the dental reimbursements on 75 percent of the average bill charges in fiscal year 2008 and appropriates the funding. The bill also authorizes a 6 percent increase of total funding for dental providers in 2010. The bill raised the State Children's Health Insurance Program (SCHIP) eligibility level to 160 percent of the federal poverty level.

HB 1091 – Pharmacy Continuing Education Bill

The bill authorizes dental hygienists and dental assistants to transmit prescriptions orally if authorized by the supervising dentist.

***HB 1176** – North Dakota Dental Practice Act

The bill updates the dental practice and licensing laws. The bill authorizes general supervision of dental hygienists if the procedures are authorized in advance by the supervising dentist.

***HB 1231** – Mobile Dental Care Service Grant

The bill appropriates $196,000 of general funds to the Department of Health to provide a grant to a nonprofit organization to establish mobile dental-care services to low-income and underserved children.

***SB 2004** – Department of Health Appropriations Bill

The bill appropriates $50,000 per biennium in general funds for the administration of the Donated Dental Services Program.

***SB 2358** – Loan Repayment in Public Health and Nonprofit Dental Clinics

The bill appropriates $180,000 in general funds for loan repayment for up to three dentists who practice in public health settings or a nonprofit dental clinic that uses a sliding fee schedule to bill patients. The grant of $60,000 is paid to the dentist over a period of two years. The dentist must serve full time in the clinic for three years.

Failed Bills

HB 1478 – SCHIP Eligibility

The billed failed; however, an amendment to HB 1012 increased eligibility level for SCHIP from 150 percent to 160 percent of the federal poverty level.

***SB 2356** – Grant Program for Dental Clinics

The bill would have appropriated $450,000 to provide one-time grants of up to $150,000 to nonprofit dental clinics for purchase of dental equipment.

Two other bills not supported by the Oral Health Coalition also failed. The bills were SB 2207 (Assignment of Dental Insurance Benefits) and HB 1315 (Rural Grants Program).

2008 Oral Health Coalition Accomplishments

The North Dakota Oral Health Coalition made significant progress in implementing the state oral health plan in 2008. The coalition focused on building sustainability, policy development and securing funding for oral health programs and services.

Key Accomplishments:

- Formed a Policy Committee and developed a policy plan for the 2009 North Dakota Legislative Session.
- Provided letters of support for the Oral Health Program Infrastructure and Capacity Building Cooperative Agreement application and the Bismarck Ronald McDonald House Charities Healthy Tomorrows Grant Application.
- Collaborated with the Oral Health Program to develop a fluoride varnish training manual.
- Developed work plans for the Prevention, Access, Integration and Policy Committees.
- Assessed progress on the state oral health plan.
- Filed Articles of Incorporation for the North Dakota Oral Health Coalition, making the coalition a nonprofit in North Dakota.
- Adopted formal bylaws for the North Dakota Oral Health Coalition.

Thank you to all the coalition members for your dedication to these efforts.

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It is important for dental professionals to be familiar with chemical dependency and take appropriate precautions when treating addicted patients. Signs of methamphetamine use often show up in the mouth first. Understanding the oral, social and physical signs of meth abuse is the first step in being able to help patients become healthy. Offering the names of professionals and treatment programs in the community may save their lives.

For more information about meth awareness, go to the U.S. Department of Justice website at **www.usdoj.gov/methawareness/.**

Sources: *Kelsch, S. Why meth? Not in my town? RDH. January 2009.; Burch, S. The dental hygienist's role in identifying and responding to methamphetamine use and the drug endangered child. Access. March 2009.*

Dentists reach out to underserved children

North Dakota dentists teamed up to provide free dental care to underserved children as part of national *Give Kids a Smile Day* in February. A program of the American Dental Association, *Give Kids a Smile Day*, is held each year to provide free dental services to local children from low-income families, raise awareness of the untreated dental disease occurring here and across the country, and raise awareness of the need to build public and private partnerships to increase access to oral health care to solve this crisis.

Thirty-four dentists volunteered their time to provide free dental care to 449 children in Wahpeton, Williston, Grand Forks, Bismarck and Mandan. The children received a variety of services, including exams, x-rays, fluoride treatments, dental sealants, fillings, extractions and oral health education. The value of the donated care was more than $49,000. Generous contributions from local dental coalitions, local health departments, social service agencies, the North Dakota Dental Foundation, the American Dental Association, Sullivan Schein, Patterson Dental, volunteer dentists and their staff, and community volunteers made this initiative a great success. News stories on 11 local radio and television stations and in local newspapers featured the events in the various communities.

In North Dakota, only 25 percent of children enrolled in Medicaid received any dental service in 2007. *Give Kids a Smile Day* is one way to help some children get the dental care they need.

Website of Interest

www.mchoralhealth.org/

The National Maternal and Child Health Oral Health Resource Center provides a wide array of information and materials to help states and communities address oral health issues. The site includes fact sheets, reports, webcasts and related links.

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Join the North Dakota Oral Health Coalition

The North Dakota Oral Health Coaltion (NDOHC) represents public, private and nonprofit organizations and individuals interested in developing and promoting innovative strategies to achieve optimal oral health for all North Dakotans.

If you are interested in joining the coalition, complete and mail the application below, or enroll by calling 701.328.2356 or 800.472.2286 (press 1).

North Dakota Oral Health Coalition Membership Application

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

E-mail Address: _____

Send to: North Dakota Oral Health Coalition, North Dakota Department of Health, 600 E. Boulevard Ave., Dept. 301, Bismarck, N.D. 58505-0200.

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