Crystal Meth is an epidemic. It is the most widely used illicit drug in the world after cannabis. In 2002, treatment admission rates in 14 states exceeded heroin and cocaine combined.

“Meth Mouth” is the condition of advanced tooth decay that results from the use of meth; it is thought to be caused by a combination of the following factors:

- Xerostomia: Meth causes dry mouth (more severe than most other drugs) by decreasing saliva production, resulting in levels of oral bacteria that are 10x more than normal. In addition, there is inadequate buffer against acidic substances. Decay is rampant, extensive and fast-moving, particularly at the gumline.
- Reduced blood supply to the tissues due to shrunken blood vessels
- Extended periods of poor oral hygiene
- Frequent consumption of high calorie, carbonated beverages
- Tooth grinding and clenching

How do you stop decay that is so aggressive that it can affect every tooth within just a few months?
First, approach the patient without judgment to confirm the use of meth and to determine if use is current. Ensure cessation is achieved prior to beginning treatment, otherwise treatment will likely fail due to re-decay within a few months. A caution for dentists: if you suspect that a patient may be using meth, be advised that there are potential severe drug interactions with local anesthetics, nitrous oxide, sedatives or anesthesia, and narcotics you may prescribe.

Second, deliver care rapidly, aggressively and completely, as small steps may be counter-productive because decay is so rampant and fast-moving; mere weeks make a difference endodontically.

The Blende Dental Group is a private practice dedicated to serving the phobic, disabled and medically compromised communities by providing definitive full-mouth rehabilitation under general anesthesia and I.V. sedation. This underserved population is the core of our practice.
Patient Presentation

**Binge users and addicts**

Binge users and addicts, who typically smoke or inject meth, typically present fairly obviously, with blackened, stained, rotting or “crumbling” teeth. Decay patterns are typically on the buccal smooth surface of the teeth, facial gumlines, and gingivitis and periodontitis are common.

**Maya**, age 29, was referred to our office by her dentist to receive prompt dental treatment under general anesthesia. In her teens and early 20’s, Maya was the “All-American Girl”—a beautiful, vibrant, nationally ranked triathlete who competed in many prestigious events including the Ironman Triathlon in Hawaii, where she placed 3rd in her division. A romantic relationship with a former high-school friend addicted to crystal meth drew Maya into drug abuse. Maya’s dental treatment was completed in just two visits: surgery at the California Pacific Medical Center hospital utilizing general anesthesia and a follow-up office visit to seat her final crowns utilizing oral conscious sedation.

**Low-intensity Use**

Low-intensity use is more difficult to diagnose. These users, who typically swallow or snort meth, appear to function normally, holding jobs and raising families. They may be college students, young professionals, housewives or shift workers—looking to stay awake, lose weight or party with friends. The patient presentation here is typically unexplained accelerated decay, with patterns that resemble xerostomia, except that the cervical circumferential decay is deeper, more aggressive, and appears frequently on the lingual surfaces.

**Carlton,** age 53, is an entertainment executive whose medical history includes angiography and coronary stent placement. He had received exceptional care from his family dentist for 20 years, but their relationship was strained by his shame and non-admission of meth use. After his dentistry was ruined by meth, Carlton’s dentist referred him to our office for timely treatment under general anesthesia. Carlton presented with copious cervical decay on the buccal and lingual surfaces and a complex periodontal condition. Following treatment, he was returned to his dentist for maintenance care.

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For more information, please consult the resources used for this newsletter:

- [www.ada.org](http://www.ada.org)
- [www.drugabuse.gov/](http://www.drugabuse.gov/)
- [www.mapps.org/](http://www.mapps.org/)
- [www.usdoj.gov/methawareness/affectuser](http://www.usdoj.gov/methawareness/affectuser)

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Log onto our website [www.drblende.com](http://www.drblende.com), and check out our streaming video in which Dr. Blende answers frequently asked questions about sedation dentistry, the care of special needs patients, and dental phobia.