

## Substance abuse — can it be detected in your dental patients?

Three years ago one of our Academy members, Dr. Charles H. Rosenbaum, published an article entitled, "Did you treat a drug addict today?" He pointed out that substance abusers appear to be getting younger as drugs become more readily available. He stated that if the dentist is unable to recognize abusers, or if their problems are ignored completely, there can be a wide range of health and social repercussions.

In the past, when many of us thought about drug abuse we envisioned the use of marijuana, alcohol, or amphetamines. Substances abused by children today cover a much wider spectrum; they include solvents, inhalants, narcotics, stimulants, sedatives, hallucinogens, and tranquilizers. Yet, the main recreational drugs of adolescents continue to be alcohol and marijuana. Recent surveys of high school seniors indicate that 93 per cent use alcohol and more than 50 per cent marijuana, usually numerous times during a 30-day period. It is estimated that there are 3.3 million problem drinkers among youth 14-17 years of age, teenagers typically having their first drink at age 13. Though there are few reported cases in the literature, we often hear references to grade school children showing evidence of alcohol intoxication.

Solvent sniffing in some young population groups is quite high. (In this habit a small amount of glue is squeezed onto a cloth or into a bag and inhaled.) In the United States 7-12 per cent of high school students admit they sniff glue, 4 per cent on a regular basis; there have been many fatalities. Gasoline sniffing is prevalent in Navaho Indian adolescents, with 11 per cent practicing it on a regular basis. Inhalation of leaded gasoline is toxic to the central nervous system and can be lethal.

Our readers were reminded recently by Drs. Belanger and Poulson that smokeless tobacco products such as snuff are being used and abused by greater numbers of teenagers and children. Parents may be unaware of their child's use of these products which can cause soft tissue changes and damage to periodontal tissues.

The causes of substance abuse are many. For example, children of wealthy parents may develop such traits as narcissism and depression, and have poor impulse control, frustration tolerance, and coping ability. Other causes may be rebellion against parents and society, the need to forget uncomfortable aspects of daily living, the desire to create feelings of pleasure, or the desire to be independent. Of course, these substances also may be used to relieve sadness, loneliness, anger, or social pressures.

Symptoms of substance abuse in a child population include evidence of depression, feelings of inadequacy, immaturity, poor impulse control, inadequate school performance, and a craving for sweets (with a resulting increase in dental decay).

General hygiene — and oral hygiene specifically — are neglected frequently by substance abusers and generalized gingival inflammation is common. Loss of appetite and weight loss frequently are observed. The health questionnaire used in the dental office should be worded so that patient responses will indicate any substance abuse.

Suppose you have identified an individual who needs help in overcoming a substance addiction; what can you do as a pedodontist? First, discuss both your suspicions and oral and physical observations with the parents in a guarded and professional manner. Next, unless you are exceptionally well qualified to handle addiction problems, referral should be made directly or indirectly to a treatment agency. Phone numbers of these agencies should be readily available in your office.

Children need to be helped to develop a positive self-image, self-worth, and personal identity at a very young age. As pedodontists we can contribute to meeting these needs and perhaps reduce any tendency to turn to substance abuse.

