



PATIENT INFORMATION SHEET

Methamphetamine Abuse

“Meth Mouth”

Methamphetamine (meth) is a commonly abused, potent illegal stimulant drug that is part of a larger family of amphetamine derivatives. Its multiple street names are listed to the right. Meth is inexpensive and easy to make, and its effects last longer than crack cocaine (12 hours versus one hour for cocaine). Meth is smoked, snorted, injected, or taken orally. It is a bitter tasting powder that easily dissolves in beverages. A common form of meth is a clear, chunky crystal known as “ice” or “crystal meth” which is smoked similarly to crack cocaine. Meth is also found as small, brightly colored tablets often called “Yaba.”

Street Terms for Methamphetamine

“Chalk” “Crank” “Crystal”

“Crystal meth” “Fire”

“Glass” “Ice” “Speed”

“Tina” “Yaba”

Meth use is increasing rapidly in the United States, especially among males between the ages of 19 and 40. A 2003 National Survey on Drug Use and Health, revealed 12.3 million Americans age 12 and older used meth at least once in their lifetimes (5.2 percent of the population), and most were between 18 and 34 years of age. The National Institute on Drug Abuse (NIDA) found 2.8 percent of young adults (ages 18–26) reported the use of crystal meth during 2001–2002. The majority of users were white men who lived in the western United States. The study also found Native Americans were 4.2 times more likely than whites to use the drug.

QUESTIONS AND ANSWERS ABOUT METHAMPHETAMINE ABUSE

Q: What are the systemic health effects of meth?

A: Methamphetamine is a powerful stimulant that causes feelings of bliss and euphoria. However, meth is also a neurotoxin which can cause cerebral swelling/bleeding, paranoia, and hallucinations. Short-term effects include sleeplessness, hyperactivity, decreased appetite, increased respiration, and tremors. Long-term effects include mental addiction, stroke, aggressive behavior, anxiety, confusion, paranoia, auditory hallucination, mood disturbances, and delusions. Ultimately, meth can effect learning and result in permanent brain damage. Other systemic effects of meth abuse include increased blood pressure, cardiac stimulation, irregular heartbeat, shortness of breath, hyperthermia, nausea, vomiting, and diarrhea.

Q: How does meth abuse affect the mouth?

A: Meth abusers often experience a dramatic decline in their oral health. Much of this decline is thought to result from the abuser’s focus on drug-seeking behaviors at the expense of normal, nutritional and oral healthcare activities. The drug itself can lead to oral dryness which increases the abuser’s risk of developing oral disease (Please see the [PATIENT INFORMATION SHEET: Dry Mouth](#)). In addition, the meth abuser frequently develops cravings for high caloric acidic foods such as candies and carbonated beverages with simple sugars for sweetening. These changes combined with the meth abuser’s neglect to accomplish oral hygiene can result in severe dental caries (see images next page). Other potential dental findings include bruxism and clenching.



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Meth Mouth: Rampant and rapidly progressive dental caries affecting several teeth

Q: Are dental health care providers in a position to identify meth mouth?

A: Yes. A dental healthcare provider may be in a unique position to identify the presence of meth mouth at an early stage. He or she may notice the dramatic physical changes affecting a patient of record. In addition to the oral changes noted above, the patient may present with significant weight loss and a gaunt appearance, since meth abuse causes loss of appetite.

Q: What will the dental healthcare provider do when suspecting meth use?

A: The primary focus is directed at encouraging the patient to obtain the necessary help to address the underlying meth abuse habit. The dental healthcare provider will obtain a thorough medical history and perform a thorough dental examination to determine the extent of oral involvement. The provider will also counsel and instruct the patient on the importance of accomplishing proper oral hygiene, maintaining a well-balanced diet, and reducing the intake of carbonated beverages. A supplemental fluoride gel or rinse may be prescribed. Emergency or urgent dental care can generally be provided when needed, but more extensive definitive care will likely be deferred until the meth abuse habit is no longer present.



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Reccommended Links:

American Dental Association web topic on Meth Mouth

<http://www.ada.org/prof/resources/topics/methmouth.asp>

The information contained in this monograph is for educational purposes only. This information is not a substitute for professional medical advice, diagnosis, or treatment. If you have or suspect you may have a health concern, consult your professional health care provider. Reliance on any information provided in this monograph is solely at your own risk.

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