

Abuse and oral health

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This year the SADA theme was hosted by the University of the Western Cape and we hope that the informative material in the dedicated articles and press releases have created awareness among dental practitioners. It is important to recognise that all forms of abuse have an impact on oral health. Most evident are the results of physical abuse with the accompanying effects on society..... surely a matter of concern to every person.

The Theme for this year inspired me to look beyond the physical signs and symptoms that our patients may present. On the one hand, substance abuse contributes towards many oral-related challenges for the person involved. On the other hand we, as clinicians, are faced with the consequences in our surgeries to restore to a norm that should be acceptable. We are also urged to identify victims of sexual and physical abuse which expands our role as health care workers towards prevention activists. In order to be up to the challenge we need to remain informed and to position ourselves so as to realise that there is a person behind the mouth, there is a family and a community involved.

The relationship between oral health problems and drug abuse may result from direct exposure during smoking or ingestion but also from physiological changes that occur.¹ The most common clinical pictures related to substance abuse include generalized

dental caries, periodontal disease, mucosal dysplasia, xerostomia (dry mouth), tooth wear and tooth loss.²

Substance abuse amongst members of the dental profession is a direct concern which is often missed due to an over-emphasis on the patients who present with a problem. Dentists are working in a stressful environment which can be viewed as a risk factor for substance abuse. Alcohol is the most common substance abused among dentists^{3,4} and among the illicit drugs, cannabis and amphetamines are the most common.⁵ The possibility of a breakdown of professional relationships when reporting a colleague and the pressing need for more support from professional associations were the most important issues that were dealt with.⁶

The role of the dental team in South Africa cannot be overemphasized. A thorough history and examination is crucial in order to recognise abuse. Moreover, specific behavioural signs such as withdrawal, lack of eye contact, refusal to speak, fear of being touched, wariness of the parent, absenteeism from school, uncontrollable behaviour, aggression, over-anxiety and inappropriate clothing should alert the dentist to be suspicious. Clinical signs such as bruising, bite marks, peri-oral injuries, intra-oral injuries, burns and fractures should also raise suspicion.⁷

The dental patient who has a history of substance abuse is very complex to manage considering the most common challenges such as xerostomia, pain control, caries risk, non-carious tooth surface loss, soft tissue damage, predisposition to periodontal disease and temporomandibular disorders. The

most common barriers to the provision of oral health care include practitioner scepticism, associated psychological factors and perceptions.⁸

An exciting year has surely raced by with much emphasis on informing professionals and educating the public on the theme of abuse and oral health. The sub-themes were developed to focus on separate issues related to the main theme and I would like to convey my sincere thanks to those dental societies who showed signs of interest as well providing their expert participation.

This year's Annual Congress was appropriately titled "Beauty and the Beast". International and local speakers shared their experience in informing delegates on the issue of abuse. A press release was held during the conference at Caesars Palace and the participation of international experts such as Dr Kathleen Shanel from Prevent Abuse and Neglect through Dental Awareness (PANDA) was very valuable. SADA president, Dr Yvette Solomons provided a clear perspective of the theme and emphasized that Dentistry is moving into an age of a more socially responsible domain. Interviews were also conducted on radio stations and listeners were eager to find out more on the theme. Abuse was also integrated with CPD events for the different provincial branches where practitioners had the opportunity to share the experiences of patients who were affected by substance abuse. A lecture on the effects of substance abuse on the oral cavity was given at the National Oral Health Month Launch which was hosted in Cape Town on the 14th of September. Public oral health professionals from all over the country

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attended this meeting and this provided an opportunity for closer collaboration between the different provinces since abuse is a universal problem which is not confined to geographical borders. We are grateful for the efforts of our colleagues at the Universities of the Western Cape, of Pretoria, of Limpopo and of Witwatersrand for their contributions of the dedicated articles in the South African Dental Journal. Moreover, thanks to the South African Dental Association for selecting a topic which is deeply relevant to our society and affects our profession.

According to the latest crime statistics, drug-related crimes have increased by 26.1% in the 2013/14 financial year.⁹ The SADA theme for this year could not have come at a better stage considering that we live in a time of rising incidences of violent behaviour and increased substance abuse. It is now that we should shape-up and move out of our comfort zones by expanding our

frontiers of knowledge in this particular topic so that we can assist our patients "beyond the mouth". Moving forward, we will become visionaries by raising awareness and by facilitating a closer liaison with other health professionals and our colleagues.

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