

Remarks of ADA Past President Robert Brandjord, D.D.S.

ADA's Support for Meth Mouth Prevention Bills

July 26, 2007, 11:45 a.m.

U.S. Capitol, Room SC-4

Good morning everyone I'm Dr. Bob Brandjord, immediate past president of the American Dental Association and a practicing oral surgeon in Burnsville, Minnesota.

I would first like to thank the distinguish Congressman and Senators for being here today to discuss legislation being introduce about the prevention of meth mouth.

I know from experience and from talking to many of the ADA's members that "meth mouth"—one of many devastating side effects of methamphetamine use—is ruining the oral health of meth users. So we're particularly grateful that Congress is paying attention, as evidenced by the size of the Congressional Meth Caucus and, more important, taking action through the legislation being introduced today.

Meth mouth is characterized by rampant tooth decay. We're not talking about a couple of cavities here. We're talking decay to the point that the teeth can not be saved and must be extracted. Meth users' teeth can go from healthy teeth to blackened, stained, rotting, crumbling or falling apart teeth, as you can see from the photos. This can happen in a very short time frame, less than a year.

Looking at these, you can see why the ADA is alarmed about the oral health impact of methamphetamine use. Meth users can end up with a mouth full of black stumps in a very short time.

Multiple factors contribute to this severe decay. Meth has neurological effects that cause a dry mouth, reducing the amount of saliva, which is essential for keeping the mouth healthy and helps reduce decay. It also stimulates users to grind and clench their teeth, putting more stress on the teeth.

Meth users frequently go for long periods without cleaning their teeth, neglecting their oral hygiene. They often have a feeling of dehydration and craving of sweets leading to the consumption of a large amount of soda pop. You can then see that, multiple factors contribute to meth mouth.

That is why these bills being introduced today contain a number of important provisions. The one that means the most to ADA member dentists is funding to create educational materials for both dentists and patients. The ADA already has a brochure and web content about meth mouth, but more is needed.

One of dentistry's proudest qualities is our ability to prevent disease. These bills will help provide the additional tools that dentists and others need to educate young people in

hope of deterring first-time meth use. Because once the cycle of addiction starts the costs of treating its consequences are staggering.

Nowhere is this more apparent than in the nation's prisons, where thousands of inmates have used meth, and the cost of providing dental care to that population is staggering. That cuts into the money available for other health care needs. It also reduces the dental care available to non-meth user inmates. Ultimately, it's the taxpayers who bear those costs. Money spent to prevent this disease or to treat it as early as possible helps reduce the costs that meth inflicts on society at large.

Meth mouth is robbing people, especially young people, of their teeth and their oral and overall health. We applaud the lawmakers that you're about to hear from for taking the lead in fighting it.

On behalf of the 155,000 members of the American Dental Association, I pledge our support in passing this legislation and our best efforts in using it to fight this scourge. Thank you, congressmen and senators.

I also want to acknowledge Dr. Jason Goodchild, a faculty member at the New Jersey Dental School and a nationally recognized expert on meth mouth and its treatment. Dr. Goodchild will be happy to answer questions after our presentation.

I now will turn the mike over to Sen. Max Baucus of Montana, Chair of the Senate Finance Committee and an invaluable ally in the fight against meth use.

Sen. Baucus: