



# THE TOOTH, THE WHOLE TOOTH, AND NOTHING BUT THE TOOTH

A Review of Opioid Agonist Therapy  
and It's Impact On Dental Health

Presenters:  
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# ABOUT US:

Chetan Mehta is currently the RAAM Physician at Anishnawbe Health Toronto and previously on staff at Women's College Hospital Substance Use Service and a Family Physician at Parkdale-Queen West Community Health Centre.

Sam Frydman is a retired oral and maxillofacial surgeon based in Toronto who graduated from Emory University Dental School and provided dental care in Georgia and Florida to low-income and African American communities.

Neither party has any financial disclosures or conflicts of interests to declare.

# CLINICAL CASES

1) 33 y/o male using half a gram of fentanyl per day +/- 1-2 points of crystal meth every couple of days, came to clinic desperate to start OAT, reports being afraid of methadone cause he's heard it will "rot" his teeth and bones

2) 46 y/o woman buying HM 8 mg off the streets and suffering from OUD, has significant dental pain, afraid to go on methadone as it will "rot more of my teeth"

3) 41 y/o M using a few points of fentanyl daily, afraid of PW on Buprenorphine and afraid that methadone will rot their teeth, started on Kadian and currently at 400 mg daily

# QUESTION

Does Opioid Agonist Therapy inherently have an adverse effect on Dental health above and beyond regular illicit drug use?

-has come as a frequent objection to oral OAT

IN THIS 2008 ARTICLE, APPROXIMATELY 90% OF INDIVIDUALS WITH ALCOHOL AND OPIATE USE DISORDERS REPORT HAVING POOR ORAL HEALTH WITH GREATER SEVERITY OF ORAL DISEASE AMONGST OPIOID USERS

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## **A Pilot Survey of Dental Health in a Group of Drug and Alcohol Abusers**

Dominic Johnson\*, Andrea Hearn† and Dean Barker‡

**Abstract** - *This study was designed to provide a broad estimate of the level of dental disease in a group of patients attending a Regional Addiction Unit, and outline some of the perceptions of this group with regard to the importance of dental health and gaining access to dental services. In a survey of consecutive patients admitted to a day Hospital Service at a Regional Addictions Psychiatry Unit, 50 patients were with either opiate or alcohol dependence were surveyed and asked a range of questions in relation to their dental health. A basic dental examination was carried out. The majority of patients had either moderate or severe dental disease. Disease levels were higher among opiate abusers compared to alcohol abusers. A large majority of patients had experienced dental problems within the preceding year and there was found to be a problem in accessing dental care for this group of patients. Improving dental care for this group of patients presents various challenges given the high rates of dental disease and poor access to dental services*



# ORAL HEALTH AMONGST OPIOID USERS

Generally poor – multifactorial reasons (e.g. neglect of dental health, lack of access to dental services, xerostomia from opiate or other drug use, increased craving for sugar, smoking, etc.)

Jan. 12, 2022



**FDA warns about dental problems with buprenorphine medicines dissolved in the mouth  
to treat opioid use disorder and pain**

*Benefits for use outweigh these risks and oral care can help*

**1-12-2022 FDA Drug Safety Communication**

**What safety concern is FDA announcing?**

The U.S. Food and Drug Administration (FDA) is warning that dental problems have been reported with medicines containing buprenorphine that are dissolved in the mouth. The dental problems, including tooth decay, cavities, oral infections, and loss of teeth, can be serious and have been reported even in patients with no history of dental issues. Despite these risks, buprenorphine is an important treatment option for opioid use disorder (OUD) and pain, and the benefits of these medicines clearly outweigh the risks.

# OID SEARCH (EMBASE)

Methadone and oral health = 23 hits

Buprenorphine and oral health = 2 hits

Morphine and oral health = 13 hits

Methadone and dental health = 15 hits

Buprenorphine and oral health = 6 hits

Morphine and oral health = 9 hits

Opioid Therapy and oral health = 0 hits

Opioid Therapy and oral health = 0 hits



# PUBMED

Opioid Therapy and Oral Health = 2119 hits

Buprenorphine and Oral Health = 230 hits

Methadone and Oral Health = 365 hits

Morphine and Oral Health = 1327 hits

Dental Health and morphine = 1402 hits

Dental health and methadone = 379 hits

Dental health and buprenorphine = 237 hits

# GOOGLE SEARCH

BCCSU and oral health = 213 hits

Methadone and oral health = 56 200 hits

Buprenorphine and oral health = 35 900 hits

Kadian and oral health = 1810 hits

Morphine and dental health = 3.03 million hits

Buprenorphine and dental Health = 577 000 hits

Methadone and Dental health = 1.5 million hits



# **-THE RELATIONSHIP BETWEEN SUGAR-CONTAINING METHADONE AND DENTAL CARRIES: A SYSTEMATIC REVIEW**

TRIPATHI ET AL. HEALTH EDUCATION JOURNAL. 72(4) 469-485

SEARCH SUMMARY OF  
TRIPATHEE ET AL.

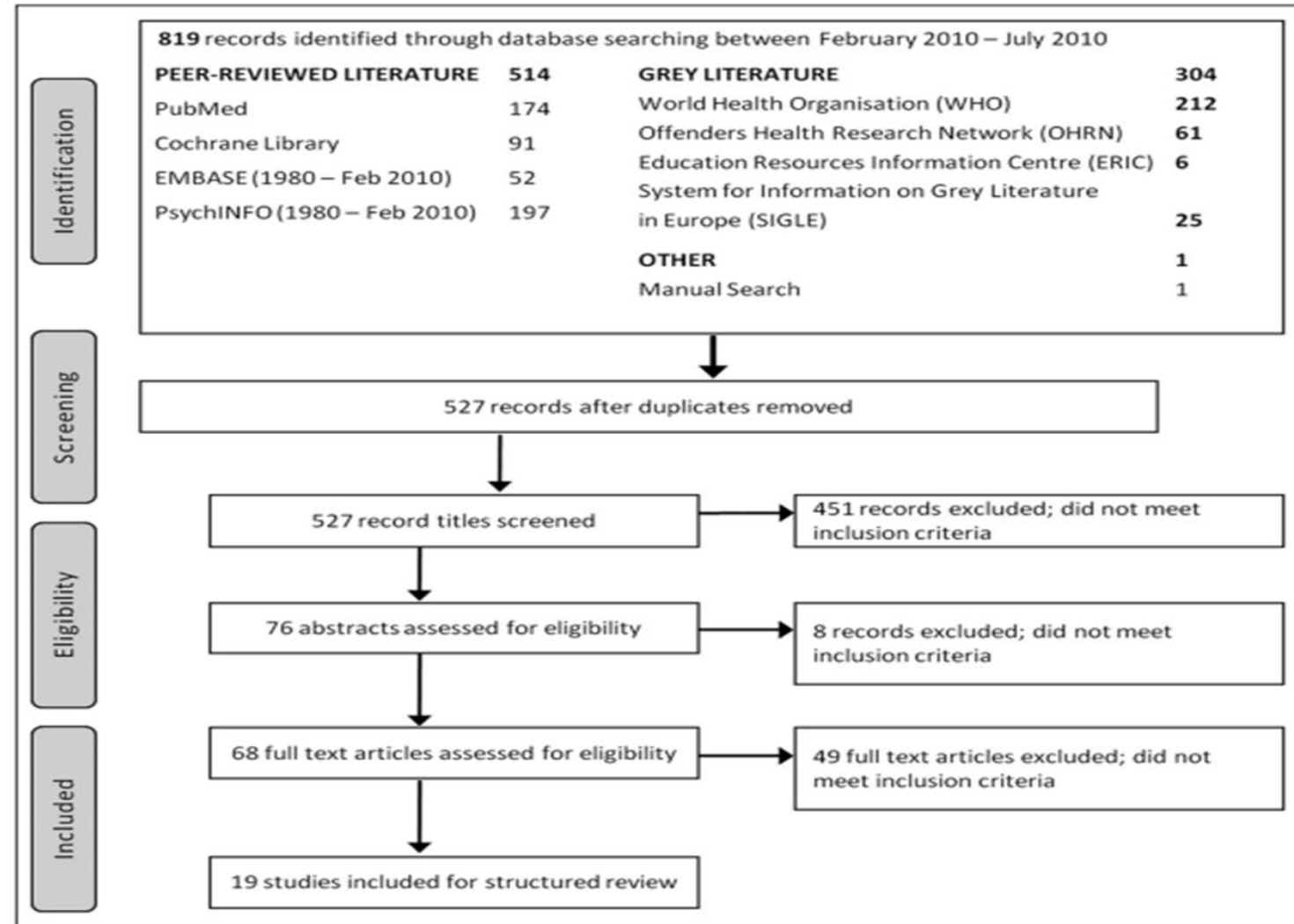


Figure 1. Search strategy.

**Conclusions:** Many people on oral methadone maintenance programmes have been reported to have high levels of dental caries. However, there is **no strong evidence to support a direct link between sugar containing methadone and an increase in dental caries.** High quality studies are required to assess the potential adverse effects of methadone on oral health.

Tripathee et al. Health Education Journal 72(4): 469-485



Joint letter from American Academy of Addiction Psychiatry (AAAP), American College of Addiction Medicine (ACAM), American Society of Addiction Medicine (ASAM), American College of Medical Toxicology (ACMT) + 7 other national and state medical societies from the United states

January 24, 2022

Janet Woodcock, MD  
Acting Commissioner  
U.S. Food & Drug Administration  
10903 New Hampshire Ave., HF-1  
Silver Spring, MD 20993-0002  
[Janet.Woodcock@fda.hhs.gov](mailto:Janet.Woodcock@fda.hhs.gov)

**Re: A Call for the FDA to Retract its Safety Communication Regarding Buprenorphine**

Dear Acting Commissioner Woodcock

The United States has experienced a record number of tragic opioid overdose deaths since the beginning of the Covid-19 pandemic.<sup>1</sup> During the course of a year, over 100,000 people—family members, friends, community members—died from substance-related overdoses, the majority involving an illicitly-manufactured version of the opioid fentanyl. Over one million Americans have died from opioid

Key Concerns raised in the request for the FDA's retraction:

- 1) 40% of Americans have had dental issues in the past one year; with 2.4 million Americans on Buprenorphine, it would be expected that at least 960 000 have oral disease if not more
- 2) Only 305 cases identified cases of dental caries with approximately 290 of those cases identified as having prior oral disease
- 3) Furthermore 192 cases identified as single tooth decay which points away from the effects of a singular medication
- 4) Median time to diagnosis was 2 years, very difficult length of time to link to medication

Given the high risk of death for untreated Opioid Use Disorder and the burden of stigma associated with medication assisted treatment in comparison to these risks, these bodies have requested a retraction of this letter

From glancing through this information, I think that most of us would agree that the potential risks of OAT to dental health are little to none and do not justify with holding any form of OAT!





Given the available information, let's revisit our initial cases and think about how we would approach these objections.

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