

# The Impact of Illicit Drug use on Periodontal Health:

A Systematic Review



Dustin Tran, BS; Caitlin Neapole, BS; Beatriz Bezerra, DDS, PhD Section of Periodontics

Division of Regenerative and Reconstructive Sciences

# Introduction

There has been growing concern about the potential impact of illicit drug use on periodontal health. This study seeks to answer the following question: Do patients who use illicit drugs present with more severe periodontal disease than those who do not abuse illicit substances?

Our research focuses on four drugs: cannabis, cocaine, methamphetamine, and heroin. We identified "bleeding on probing", "clinical attachment loss", and "pocket depth" as the markers for assessing periodontal health. To gather relevant studies for our analysis, we utilized Pubmed and Embase, which led us to a selection of 11 studies with a total of 4,523 subjects.

### Materials & Methods

- Study Design: Systematic review following Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)
- PECOS Question:
- Population (P): Adult patients.
- Exposure (E): Illicit drug use (cocaine, methamphetamine, heroin, cannabis).
- Comparison (C): No drug use.
- Outcome (O): Primary: clinical attachment loss (CAL) probing depth (PD), and bleeding on probing (BOP).
- Study (S): Randomized controlled trial, case-control, cohort, cross-sectional study.
- Inclusion Criteria: Clinical studies (RCTs, cohort, case-control, cross-sectional), ≥20 participants, reporting ≥2 of 3 periodontal parameters, published in English between January 1, 1990, and August 31, 2023.
- Exclusion Criteria: Case reports, studies with <20 participants,</li> reporting only one periodontal parameter, published in other languages, inaccessible full text, no response from authors.
- Search Strategy: PubMed, EMBASE
- Data Extraction: Independent extraction of data by two reviewers using electronic spreadsheet. Data included study design, sample size, mean age, country, and periodontal parameters.

#### Results

| Drug            | Study                   | Sampl<br>e Sizes<br>(total) | Study<br>Location | Age mean<br>(years) | PD<br>mean±SD<br>(mm)   | CAL<br>mean±SD<br>(mm) | BOP<br>mean±SD<br>(%) | Route of<br>Drug<br>Administratio | Type of<br>Study   |
|-----------------|-------------------------|-----------------------------|-------------------|---------------------|---|------------------------|-----------------------|-----------------------------------|--------------------|
| Cannabis        | Al Bush et al., 2019    | 100                         | Syria             | 39.2                | -   | 4.43±1.25              | 60.05±31.86           | Smoke                             | Cross-<br>sectiona |
|                 | Javed et al., 2020      | 61                          | United<br>States  | 38.3                | 7.1±0.30  | 6.2±0.30               | 30.5±4.80             | Smoke                             | Cross-<br>sectiona |
|                 | Kayal et al., 2014      | 57                          | Saudi<br>Arabia   | -                   | -   | -                      | 42.56±31.40           | Smoke                             | Cross-<br>sections |
|                 | Rafat et al., 2020      | 95                          | Sweden            | 29.8                | -   | -                      | 45.3±38.95            | Smoke                             | Cross-<br>sectiona |
|                 | Thomson et al., 2008    | 915                         | New<br>Zealand    | N/A                 | Categorically measured the number of sites with markers CAL > X mm      |                        | Smoke                 | Cohort                            |                    |
|                 | Shariff et al., 2017    | 1,938                       | United<br>States  | 44.5                | Categorically measured the number of sites with markers PD & CAL > X mm |                        | Smoke                 | Cross-<br>sectiona                |                    |
| Heroin          | Al Bush et al., 2019    | 100                         | Syria             | 39.2                | _   | 4.7±1.26               | 66.59±32.19           | Intravenous &<br>Inhalation       | Cross-<br>sectiona |
|                 | Kayal et al., 2014      | 57                          | Saudi<br>Arabia   | -                   | -   | 3.35±1.2               | 34.43±30.60           | Intravenous                       | Cross-<br>sections |
|                 | Mehmood et al., 2018    | 72                          | Pakistan          | 33.6                | 8.2±0.50  | 5.1±0.50               | 78.6±5.80             | Intravenous                       | Cross-<br>sections |
| Methamphetamine | Kayal et al., 2014      | 30                          | Saudi<br>Arabia   | _                   | -   | 2.7±0.85               | 45.12±34.90           | N/A                               | Cross-<br>sections |
|                 | Spolsky et al., 2018    | 571                         | United<br>States  | _                   | 2.33±0.04   | 2.58±0.07              | _                     | N/A                               | Cross-<br>sections |
| Cocaine         | Antoniazzi et al., 2016 | 212                         | Brazil            | 25.83               | 2.64±0.54   | 2.75±0.99              | 50.55±18.92           | Rocks                             | Cross-<br>sections |
|                 | Casarin et al., 2017    | 155                         | Brazil            | 25                  | 2.71±0.58   | 2.84±1.14              | 52.63±20.15           | Rocks                             | Cross-<br>sections |
|                 | Cury et al., 2017       | 160                         | Brazil            | 33.33               | 2.84±0.76   | 2.12±1.23              | -                     | N/A                               | Cross-<br>sections |

Table 1. Periodontal findings according to studied drug

## Conclusion

This study provides some evidence that patients who use illicit drugs present with more severe periodontal disease than those who do not abuse illicit substances.

However, the available studies for drugs like heroin, cocaine, and methamphetamine present various limitations which do not allow us to draw conclusions regarding the direct effects of these drugs on periodontitis. Future studies should consider control of confounding factors, such as smoking and the use of other drugs. It will also be important to stratify clinical attachment levels to report the severity of periodontitis, as reporting the mean clinical attachment levels leads to an inaccurate representation of periodontitis in the sampled population.

This topic holds particular significance for dental professionals as it provides insights into potential risks associated with illicit drug use, enabling practitioners to offer better-informed care to their patients.

# Discussion

- Cannabis: Users had significantly higher amount CAL, BOP, PD compared to non-users. This drug had the most research in regards to periodontal disease, as the route of administration is via smoking. The confounding factor that presented the greatest challenge in interpreting the results from these studies was tobacco consumption, as many users used it in conjunction with cannabis.
- Heroin: Users had significantly higher amount of CAL and BOP compared to non-users. A significant confounding factor in interpreting these results is the behavioral tendencies and neglect of oral hygiene often exhibited by heroin users.
- Methamphetamine: There were no significant differences in CAL, BOP, and PD. It was interesting to note that the microbiome of users had a higher relative abundance of *Prevotella* bacterium, known to cause periodontal disease. However, due to the behavioral changes of methamphetamine users that result in them having poor oral hygiene practices and a multitude of confounding factors
- Cocaine: Users had significantly higher amount of CAL, BOP, and PD that non-users. From 2004 to 2020, global cocaine use rose, reaching over 20 million users by 2020. There are many routes of administration of cocaine, including smoke, intranasal, and injection. Users also can directly apply cocaine to their gums for its numbing properties, warranting investigation into its direct effects on periodontal health.

Figure 1. Flow chart outlining the literature search for illicit drugs

| INITIAL SEARCH  | DELETE DUPLICATES  | SCREEN<br>TITLES   | SCREEN<br>FULL TEXT  | TOTAL   |
|---|--|--|--|---|
| <ul> <li>Cannabis</li> <li>n=26</li> <li>Cocaine</li> <li>n= 24</li> <li>Heroin</li> <li>n= 18</li> <li>Meth</li> <li>n=20</li> </ul> | <ul> <li>Cannabis</li> <li>n=11</li> <li>Cocaine</li> <li>n= 19</li> <li>Heroin</li> <li>n= 9</li> <li>Meth</li> <li>n=15</li> </ul> | <ul> <li>Cannabis</li> <li>n=10</li> <li>Cocaine</li> <li>n= 11</li> <li>Heroin</li> <li>n= 4</li> <li>Meth</li> <li>n=10</li> </ul> | <ul> <li>Cannabis</li> <li>n=6</li> <li>Cocaine</li> <li>n= 3</li> <li>Heroin</li> <li>n=3</li> <li>Meth</li> <li>n=2</li> </ul> | <ul> <li>Cannabis</li> <li>n=6</li> <li>Cocaine</li> <li>n=3</li> <li>Heroin</li> <li>n=3</li> <li>Meth</li> <li>n=2</li> </ul> |

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