



## Understanding the Effects of Substance Use on Oral Health in Bojnurd Addiction Patients

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### DESCRIPTION

Substance use is often discussed in terms of its effects on the liver, brain, or social life, but one area that receives less attention is oral health. Yet, for people living with addiction, dental problems are both common and serious, affecting not only physical well-being but also self-esteem, nutrition and overall quality of life. In Bojnurd City, where addiction treatment services are increasingly utilized, understanding how substance use impacts oral health is essential for providing comprehensive care to this vulnerable population. The link between substance use and oral health is multifaceted. Many substances, including alcohol, opioids, methamphetamines and tobacco, can directly and indirectly damage the teeth and gums. Physiologically, these substances often reduce saliva production, which plays a critical role in protecting teeth from decay and infection. Dry mouth, or xerostomia, increases vulnerability to cavities and periodontal disease. Additionally, substance use can lead to cravings for sugary foods, poor nutrition and neglect of oral hygiene all of which compound the risk of dental problems. In clinical observations among addiction treatment patients in Bojnurd, high levels of dental decay and gum disease are frequently reported. The Decayed, Missing, Filled Teeth (DMFT Index), which measures the number of decayed, missing and filled teeth, often reveals significant dental deterioration in these patients. Such findings highlight the chronic and cumulative impact of substance use on oral health, reflecting not only chemical effects on the teeth but also lifestyle and behavioral factors. Many patients prioritize substance use over self-care, skipping regular brushing, flossing and dental check-ups, which accelerates oral health decline.

Beyond physical damage, poor oral health has profound psychological and social implications. Missing or decayed teeth can affect speech, nutrition and facial appearance, contributing to stigma and social withdrawal. For individuals already grappling with addiction, these challenges may reinforce negative self-perceptions and reduce motivation to seek care, creating a vicious cycle. Addressing oral health, therefore, is not just about treating cavities it is about restoring dignity, confidence and overall well-being. Treatment for dental problems in patients with addiction presents unique challenges. Pain management can be complicated by a history of substance use and patients may fear judgment or discrimination in dental clinics. Integrating oral health care into addiction treatment programs can help bridge this gap, providing patients with accessible, non-judgmental and supportive services. Preventive care, including regular dental check-ups, professional cleaning, fluoride treatments and oral hygiene education, should be a standard component of addiction recovery programs. Behavioral interventions also play a crucial role. Educating patients about the impact of substances on their oral health can increase awareness and motivation to adopt healthier habits. Simple strategies such as setting reminders for brushing and flossing, using sugar-free chewing gum to stimulate saliva and limiting sugary foods can significantly improve dental outcomes. Counselling should also emphasize the broader connection between oral health and general health, helping patients understand that caring for their teeth is an important part of recovery.

Importantly, healthcare providers must approach this issue with empathy and understanding. Addiction is a complex condition and dental neglect is often a symptom rather than a

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choice. By providing compassionate care and creating an environment that prioritizes trust and support, clinicians can help patients feel safe in seeking treatment for both addiction and oral health concerns. Collaboration between dentists, addiction specialists and mental health professionals is essential to address the intertwined challenges of substance use and oral disease effectively. Research in Bojnurd and similar settings reinforces the need for integrated care. Studies using the DMFT index consistently show that addiction patients exhibit higher levels of dental decay and tooth loss compared to the general population. These findings highlight an urgent public health issue and point to the value of preventive programs, early interventions and routine screening in addiction treatment centers. By addressing oral health proactively, healthcare systems can improve both short-term outcomes and long-term quality of life for individuals in recovery

## CONCLUSION

Substance use has a profound impact on oral health, affecting teeth, gums and overall quality of life in patients undergoing addiction treatment in Bojnurd. Poor oral health is both a consequence of substance uses and a barrier to social reintegration and personal well-being. Integrating dental care into addiction treatment programs, providing patient education and fostering compassionate, non-judgmental clinical environments are essential steps toward addressing this often-overlooked dimension of recovery. By recognizing and responding to the oral health needs of patients with addiction, we can support not only physical health but also dignity, confidence and long-term recovery success.