Marijuana A Cancer Risk

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Dental Tribune International

Smoking marijuana may significantly raise a person’s risk of developing cancers of the neck and head, according to new research from UCLA’s Jonsson Cancer Center. Dr. Zuo-Feng Zhang, a professor of epidemiology at the UCLA School of Public Health, cautions that marijuana is often overlooked as a cancer risk, but the drug contains stronger carcinogens than tobacco.

Marijuana is the most popular illegal drug in the U.S., and more than 50 percent of all Americans 12 or older are estimated to have tried it. Zhang and his fellow researchers found that the more marijuana a person smokes, the greater the risk of developing neck and head cancers, and people who use marijuana habitually for many years run an especially high risk.

Zhang warns that cancers of the mouth, tongue, larynx and pharynx take years to develop, and incidence of those cancers may grow sharply as baby boomers age. Marijuana may also exacerbate a genetic defect that prevents some people’s DNA from repairing itself. People who have that defect and smoke marijuana are 16 times more likely to develop head and neck cancers than are non-marijuana smokers whose DNA repair function operates properly.
Dear Reader,

This December marks my fifth year handling the Dental Tribune Asia Pacific Edition as a Managing Editor for Dental Tribune International ( DTI). I am honoured to have had the opportunity to oversee the development of this newspaper from a mere three editions in 2005 to the ten editions it does now. Over the years I’ve had the pleasure of working with and getting to know my many license partners around the globe as they launched their editions and sought my assistance on editorial matters within the DTI network.

It has been a delight to meet all of our readers over the years as well — either at dental events or via e-mail, phone and fax. The biggest debt I owe, however, is to the authors featured within our pages who have given freely of their time and knowledge, and have educated me about the world of dentistry. To each and every one of you I give my heartfelt thanks for your time and patience.

Like all things in life, change is inevitable, but it is something I have always welcomed due to the new opportunities it brings. Beginning in January 2008, Daniel Zimmermann will take over as Managing Editor. I know of no one more capable within the DTI network of guiding this publication into its sixth year and effecting the positive changes that you will soon see within these pages.

I will happily remain a part of the DTI network as I take on expanded duties for DT America as the Group Editor for a team of five editors and one staff writer. DT America joined the DTI network in 2006 with its first edition of The Dental Tribune International and Ortho Tribune. As the DTI network continues to grow and meet the needs of our most important ally — our readers — I hope you will continue to send us your feedback about how we are doing no matter which edition you read.

I wish you every bright and good thing as the calendar year comes to a close, and send you my sincere wishes for good health and a peaceful spirit in the year ahead.

Namaste,

Robin Goodman
Group Editor
Dental Tribune America LLC
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A Letter from the Editor

In addition, the term ‘denti-
tistry’ became old fashioned in modern dental policies. Care for the whole oral sphere is important, not only teeth, therefore ‘oral health’ was introduced in place of den-
tistry.

How do you define the term ‘disability’ and what patient categories are in-
cluded?

According to the WHO, dis-
abilities are an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure, while an activity limitation is a difficulty encountered by an individual in executing a task or action and, finally, participation re-
striction is a problem experi-
enced by an individual in involvement in life situa-
tions.

Thus, disability is a com-
plex phenomenon, reflecting an interaction between fea-
tures of a person’s body and features of the society in which he or she lives.

In the recent model (1997) impairment is pointed out as a functional limitation – physi-


cially, mentally or sensorily. In this context we can consider blind people as visually im-
paired, deaf people as hearing impaired. We talk also about learning impaired, and also ‘geriatric’ patients can be considered as patients with impairments. None of these groups likes to be considered as handicapped! Disability is then defined as a loss or limita-
tion of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. In this context, the mentally retarded, auti-
sitic people, syndromes, cerebral palsy and also dementia can be considered as patients with disabilities. Since then the term ‘handicap’ was banned from documents.

What kind of special needs do patients of different groups have when they consider dental treatment?

One of the major special needs is the basic need for op-
timal oral hygiene. A lot of dis-
abilities are accompanied with minor or major self-dexterity, which means that daily brush-
ing must be performed by caregivers. Further, it depends on functional problems such as cleft lip and palate, drooling and craniofacial disorders; nutritional problems like mixed food and in between meals; drug administration such as those of chronically diseased children or those with epilepsy, which a certain patient with a certain disability has or develops a certain special need. Myofunctional therapy, periodontal therapy, increased preventive mea-
treasures, development of individual devices, restorative strategies, etc are some exam-

ples of special needs that pa-
tients can have.

How can dentists meet those needs?

One of the major goals should be that every general dentist show some affinity for these patient groups, and if not, that he refers to a colleague who does or to a specific cen-
tre for special care dentistry. The dental treatment of an autistic patient can perfectly be done in the private practice if the dentist is aware of certain ‘rules’ dealing with autism. A patient with Down syndrome can perfectly be treated in the private practice if the dentist knows something about the presence of shortened roots and potential periodontal breakdown, and if he is aware of potential cardiovascular problems. Any wheelchair pa-
tient can be treated in a regular dental office as long as the facilities are accessible by wheelchairs.

Furthermore, a lot of spe-
cial needs groups live in homes, institutions or are hos-
pitalized. There is a real duty for dentists to fulfill the special dental care these people need. In my personal opinion, Spe-
cial Care Dentistry is for all general dentists who show affinity for these patients and who are willing to get trained in order to learn recognition of special needs, and to get skilled in their special care when needed.

Major demographic changes are changing social struc-
tures in the developed world. There will be more and more elderly patients with special needs in the future. What does that mean for the daily practice?

Indeed the elderly group is one of the future, increasing special needs groups as life ex-
pectancy increases. But again, one has to distinguish when elderly people need special dental care. Nowadays we talk about vulnerable elderly, per-
sons 65 or older, who are at high risk of functional decline or even death, and frail elderly, persons with an unstable dis-
ability in which even the smallest event may affect his or her ability to function daily. These particular groups, however, will not easily attend the den-
tist in the private practice, but general dentists will probably be consulted on site in homes and institutions.

What can dental profes-
sional do to prepare them-
selves for this?

The dental profession should at least be aware of the exis-
tence of special needs groups and consequently of the need for special care. Taking into ac-
count life expectancy — also for those with chronic diseases — the dental profession should be aware of an increasing popula-
tion with special needs. In this respect it is great that the FDI adopted a Policy Statement on the oral and dental care of peo-
ple with disabilities (2005).

In order to deliver basic knowledge to all dentists, spe-
cial care dentistry should be-
come part of the dental cur-
riculum worldwide. Further-
more, it is clear that at a certain point, really special skills are needed and that specialized practitioners will be needed. Policy towards a recognized specialty for a lim-
ited number of practitioners is strongly recommended. Furthermore, policy makers must realize that optimal oral health is a basic right for every human being and optimal oral health determines quality of life! 

(During this year Worldental Daily was re-published with permission from the FDI World Dental Federation.)