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CANNABIS
Clearing Some Smoke?

Matthew L. Springer, PhD

The San Francisco Medical Society has been involved in efforts by the California Medical Association to determine how best to regulate non-medicinal marijuana if voters pass the "Control, Regulate and Tax Adult Use of Marijuana Act." Most of the dialogue surrounding this and similar measures elsewhere has focused on the psychoactive and pain management effects of cannabis, and on the political and economic complexities of regulation. A point that risks getting lost in the dialogue is that smoked marijuana is not only a source of drugs, it is a source of smoke.

The concerns surrounding inhalation of smoke from burning marijuana should be familiar to the public health community, but tend to get upstaged by the drug considerations. Even exposure of bystanders to secondhand smoke from marijuana has been viewed mostly as an issue of involuntary exposure to THC. The occasional reference to any potential adverse health effects of the smoke itself, such as those resulting from secondhand tobacco smoke exposure, are usually framed with qualifiers (e.g., "there's no evidence that secondhand marijuana smoke is harmful"). However, marijuana smoke contains almost all of the thousands of chemicals found in tobacco smoke. It would be surprising if inhalation of marijuana smoke did not cause at least some of the problems associated with inhalation of biomass combustion products in general.

We reported at the 2014 American Heart Association Scientific Sessions that a single, brief exposure to smoke from the burning tip of marijuana cigarettes impairs vascular endothelial function (arterial flow-mediated dilation) in rats.[1] This adverse cardiovascular effect has also been observed after comparable exposures to secondhand tobacco smoke in humans and rats, but the marijuana smoke impaired vascular function to a substantially greater extent than tobacco smoke, and the effect lasted for a considerably longer time. This is especially significant given that the majority of deaths attributed to secondhand tobacco smoke are from cardiovascular complications.

As medicinal and recreational marijuana use become more prevalent in society, we need to make it clear to the public and policy makers that "smoke-free" policies should include smoked marijuana.

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Reference

1. (Wang et al. *Circulation* 130 (2014): A19538).

DENTAL DISEASE
Helping Primary Care Providers Prevent the Most Common Chronic Condition of Childhood

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Most providers are not aware that dental disease (especially caries, or dental cavities) is the most common chronic disease of childhood, and the greatest unmet health need for children, with significant racial/ethnic and socioeconomic disparities. Many may also be surprised to learn about the severe impact children's oral health problems have on adult life, including lower educational attainment and employability, greater likelihood of cardiovascular and other disease, and exacerbation of diabetes.

San Francisco's population is affected by this epidemic, but a dedicated group of health and children's professionals and advocates have been working together to support the San Francisco Children's Oral Health (SF COH) Initiative since Fall 2013. (The Plan will be discussed in more detail in the April edition of *SFM*.)

While there has been improvement in SF's children's oral health status over the past ten years (i.e. decreased rates of untreated dental problems, as well as caries experience), the rates are still too high: in 2013, >28% of kindergarteners have untreated dental caries. Furthermore, the gap between higher caries rates in children of color children versus Caucasian children has persisted.

The great news is that dental caries are highly preventable. Integration of basic oral health screenings, fluoride varnish application (a quick and easy procedure), oral health education, and referral to a dental home into all well-child visits for low income children can make a sizable impact on children's dental health and the associated health disparities.

These efforts are in line with guidelines set by the American Academy of Pediatrics, American Academy of Family Physicians, and other professional bodies. This year, the United States Preventive Services Task Force (USPSTF) added to their recommendations that fluoride varnish should be applied to young children's teeth in the primary care setting.

San Francisco General Hospital and Kaiser Permanente, who have become leaders in the SF COH integration efforts, have already found ways to seamlessly integrate this cost-effective prevention into routine well-child care visits with minimal disruption to the families and clinics.

The San Francisco Health Plan (SFHP) is also committed to improving children's oral health and will soon announce plans to encourage in-network PCPs to offer fluoride varnish to eligible pediatric members.

In summary, fluoride varnish and oral health education CAN and SHOULD be done in your practices! February is the 75th anniversary of Children's Oral Health Month. Start talking to your families about their oral health and look forward to more information in the April edition of *San Francisco Medicine*! If interested in implementing fluoride varnish in your practice in the meantime, please contact CHDP Oral Health Consultant, Margaret Fisher, RDHAP, at 415-575-5719.