Editorial

Hooked

The darkened room was lit only by the flame heating the substance so it would perform its "magic". It was growing late as the couple stared at the flickering light and the man prepared the graduated cylinder. The stress was evident on both their faces as was the longing for the peace and relief the liquid would bring as it entered the human body.

The woman spoke, "You know we shouldn't be doing this anymore. It's wrong. I have to hide it from my friends, my parents and our doctor. We're hurting our family. We need help."

Though he knew she was right, the man replied, "I need it to handle the stress. I have to relax." The quiet of the evening, the pleasant middle class surroundings and the ease with which they had been seduced by the habit almost made him forget that without the white substance, later that night, his head would be pounding and both he and his wife would lie sleepless well into the wee hours.

He transferred the now ready liquid, rolled up his sleeve so his arm could receive a few drops, then smiled. He passed it to his wife, who hesitatingly but willingly...

...placed the nursing bottle into the mouth of their 15-month-old and put her to bed.

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Baby bottle tooth decay (BBTD) is now an STD — socially *transmitted disease. The similarities between BBTD behavior and substance abuse are provocative. It can occur in the best of families, can be the result of ignorance, or a way for parents to cope with stress. In some cultures, it is entrenched, a rite of passage, a way of life, an expectation. Decayed maxillary incisors are the "tracks" of BBTD. What once was a disease of ignorance, now has become a symbol of societal pressures and breakdown—the two parent working family, the adolescent single parent, the loss of the multigenerational family. The safeguards of the family unit and social taboos that once held BBTD in check have collapsed. As the literature now affirms, parents lie about BBTD and perhaps worse, admit to it and are counseled, but often sink back into the habit.*

Unfortunately, like substance abuse in a dysfunctional society, BBTD has become someone else's problem, but not the patient's. Dental professionals are cautious in assigning blame, even when it's deserved. The dentist becomes psychologist and social worker. Restorative dentistry and sedation are the "quick fix", and stainless steel and home fluoride are the "methadone" we use to hold the condition in check when education and counseling fail. Dental insurance provides the safety net for the "addicted" when other treatment fails and the child once again must be placed "in treatment."

This issue of Pediatric Dentistry *is devoted to early dental intervention, which may be our best offense in combating BBTD, a significant part of early childhood caries. Just as with substance addiction, we probably won't ever eliminate BBTD. However, the more we learn about it, through research into its social and biologic aspects, and the more we educate the families we treat, the greater our chances of keeping BBTD in check and preventing unnecessary suffering.*

Take some time to read this issue and then just say know *to BBTD!*

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