

DELIVERY OF ORAL HEALTH CARE SPECIAL GROUPS: ADOLESCENTS & YOUNG ADULTS

1 Introduction

- 1.1 Most adolescents and young adults enjoy good oral health, largely as the result of exposure to fluoride in various forms.
- 1.2 Particular groups of adolescents and young adults, especially indigenous Australians and low socio-economic groups, have been identified as being at relatively high risk for oral diseases.
- 1.3 Compared with other age groups, adolescents and young adults are less likely to take advantage of access to available dental care.
- 1.4 Specific oral health risks for this age group arise from lifestyle choices and general health factors.

2 Policies

- 2.1 Public health programmes, such as water fluoridation, must be maintained or extended to protect at risk adolescents and young adults.
- 2.2 Oral health strategies should be developed to address the following lifestyle and general health issues:
 - changed living arrangements, including leaving family support structures and homelessness;
 - deleterious dietary behaviour, including grazing, snacking and frequent consumption of cariogenic foods and drinks with high sugar and acid content;
 - excessive consumption of alcohol;
 - use of tobacco;
 - misuse of drugs;
 - oral manifestations of diseases such as diabetes, eating disorders and HIV;
 - side effects of medications, e.g. for asthma and mental illnesses; and
 - variations in health, especially oral health, amongst lower socio-economic groups [including some migrant cohorts and indigenous Australians].
- 2.3 Adolescents and young adults who are institutionalised or impaired by developmental or acquired diseases or conditions, including injuries, may have special needs. Oral health education should be targeted at the parents and carers for this group. Also, this cohort should attract high priority for publicly funded dental care.

- 2.4 The area of adolescent and young adult oral health has been under-researched and should be given elevated priority for research funding.

Policy Statement 1.3.2

Adopted by ADA Federal Council, November 13/14, 2003.

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