

# Impairment in the Dental Profession: Risk, Recognition, Resolution

American Association of Dental Boards

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**ADA** American Dental Association®

## Learning Objectives

Identify risk factors for dental professionals that influence the development of the **disease** of addiction.

Describe the resources available to healthcare professionals when a colleague needs assistance with substance abuse or addiction issues.

Describe the structure of accountability added to the recovering person with professional monitoring.

Discuss ongoing efforts to reduce opioid prescribing, diversion and abuse.

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# Abuse and Healthcare Professionals

Crit Care Med. 2007 Feb;35(2 Suppl):S106-16

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*OBJECTIVE: The objective of the article is to present the available data from the literature on substance use disorders in healthcare professionals. Prevalence, risk factors, treatment options, and reentry into clinical practice are discussed.*

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**INTRODUCTION:** *Impairment of a healthcare professional is the inability or impending inability to practice according to accepted standards as a result of substance use, abuse, or dependency (addiction).*

*The term **substance use disorder** can be divided into substance abuse and dependence (addiction).*

***Substance abuse** results in adverse social and professional consequences. **Addiction** manifests as physiologic and behavioral symptoms related to a maladaptive pattern of substance use.*

**MAIN RESULTS:** It is estimated that approximately **10% to 15%** of all healthcare professionals will **misuse** drugs or alcohol some time during their career.

## The Definition of Addiction

primary, chronic, neurobiological **disease**, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following:

**Impaired control over drug use**

**Compulsive use**

**Continued use despite harm**

**Cravings and urgings**

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## SM-V: Substance Use Disorders

Taking the substance in larger amounts or for longer than intended  
Wanting to cut down or stop using the substance but not doing so  
Spending time getting, using, or recovering from use of the substance  
Cravings and urges to use the substance  
Not functioning at work, home or school, because of substance use  
Continuing to use, even when it causes problems in relationships  
Giving up important social, occupational or recreational activities  
Using substances again and again, even when it puts the you in danger  
Continuing to use, even when the you know you have a physical or psychological problem that could have been made worse substance  
Needing more of the substance to get the effect you want (tolerance)  
Development of withdrawal symptoms, which can be relieved by taking more of the substance.

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## Why Are Dental Professionals at Risk?

- **Stress and burnout**
  - **Isolated work environments**
  - **Knowledge of pharmacology**
  - **Access to their drug of choice**
  - **Risk of addiction exacerbated with family history (1 parent; 20-25% chance, 2 parents; 30-50% chance)**
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## **Problems Exhibited by Addicted Dentists**

**Frequent promises to cut back**

**Avoiding social functions unless “altered”  
by their preferred substance**

**Memory problems**

**Mood swings**

**Blaming others for their behavior**

**Withdrawal into isolation**

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## **Impairment Signs and Symptoms at Work**

**Changes in mannerisms with patients and colleagues**

**Deterioration of personal appearance and hygiene**

**Lack of interest or motivation**

**“Super Dentist” or “Super Pharmacist” attitudes**

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## **Additional Signs and Symptoms at Work**

- **Poor record keeping**
  - **Problems with concentration**
  - **Medical mistakes and errors**
  - **Absenteeism or tardiness, especially following a day off**
  - **Pattern of frequent job changes**
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## Additional Signs and Symptoms at Work

- **Frequent trips to the bathroom**
  - **Mood swings**
  - **Periods of unemployment**
  - **Paranoia**
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## Where Do Dentists Turn for Help?

**Would they call their state licensing board?**

**Would they expect a licensing board to balance regulation with compassion?**

**Would they expect a licensing board to care?**

**Would a licensing board see an impaired dentist as someone calling for help or just a bad actor in need of punishment?**

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## There Are Other Options Available

- **They can call their state's dentist well-being program**
  - **They can call the ADA's Dentist Health and Well-Being Program**
  - **Their state licensing board may be able to make a referral**
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## Referrals Can Be Made by:

- **Self**
  - **Colleague**
  - **Employer**
  - **Family (Intervention)**
  - **Licensing boards**
  - **Anonymous**
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## Why Do Dental Professionals Ask for Help?

- **Liver**
  - **Lover**
  - **Livelihood**
  - **Law**
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## **What Happens When a Dentist Asks for Help?**

**State dentist well-being programs (run by dentists in recovery) use addiction psychiatrists and sometimes recommend a residential 3-5 day assessment**

**Results of evaluations will determine to a large extent what type of treatment is indicated.**

**It may be AA/NA, IOP therapy, long-term residential care or a combination**

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## **Goals of Addiction Therapy**

**Reduction or elimination of denial**

**Increased self care**

**Treatment of medical and psychiatric problems**

**Treatment of co-morbid family members**

**Education to protect himself or herself from substance abuse disease**

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## **Contracts and Continuing Education**

**For a specific length of time – usually five years**

**Shared with employer – if pertinent**

**May limit number of hours worked**

**Approved practice site or type**

**Addiction Continuing Education (ADA Conference on Dentist Health and Well-Being, ADA Opioid Webinar Series)**

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## **ental Professional May Also Need**

**Modification of practice type**

**Practice monitoring by peers and others**

**Protocols for required mood-altering drugs  
for a legitimate medical problem**

**Consequences should they return to  
substance use**

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## Treatment Does Work

The vast majority of dental professionals who successfully complete treatment and participate in aftercare monitoring **CAN** and **DO** successfully return to practice. State Dentist Well-Being Programs have an **85-90% success rate** in maintaining the dental professional's recovery.

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## Conclusion

**Substance use disorder by dental professionals is a **disease** that has become increasingly defined and recognized over the past 20 years.**

**The ADA and State Dentist Well-Being Programs continues to work diligently to develop treatment protocols and support programs.**

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# Opioid Prescribing and Abuse Prevention

## Providers' Clinical Support System for Opioid Therapies (PCSS-O)

- A three year grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)
  - A collaborative project led by American Academy of Addiction Psychiatry with the American Dental Association, American Medical Association, American Osteopathic Academy of Addiction Medicine and others
  - Provides free evidence-based webinars on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.
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# MA Task Force to Reduce Opioid Abuse

## Strategies to better engage the healthcare community in reducing opioid abuse

- Reduce stigma around substance use disorder
  - Reduce stigma surrounding patients who require treatment for pain
  - Support enactment of naloxone and Good Samaritan legislations in all 50 states
  - Identify key attributes of optimal PDMP and increase number of HCPs using it
  - Respond to Medicare Part D “Lock-In” proposal from policymakers
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