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ESCAPING ADDICTION: The Door to Freedom

Health and Well-Being in the Dental Profession

Summary: *Addicted dentists who refuse help, or colleagues who cast a blind eye to their problems, are only hurting not only themselves, their families and their patients, but the dental profession as a whole. There is help available. Take the steps to escape addiction.*

By Thomas Haynes, M.D.

The disease of addiction shows no favorites.

Dentists, as well as other health professionals, are susceptible to this disease, just as they are to other diseases that plague mankind. Evidence that has been garnered from well-designed studies over the past 30 years has shown unequivocally that addiction is a disease, one that comes about from an inheritable predisposition, and is expressed through changes in the biochemistry of the brain.

These changes can only occur with exposure to mood-altering chemicals (alcohol, opiates, sedatives, tranquilizers, stimulants, cannabinoids, etc.). Given such exposure in a great enough degree over a sufficient period of time, the susceptible brain is changed in such a way that the addiction expresses itself in the common symptoms of loss of control, continued use despite adverse consequences, compulsive use, and craving. This leads to the hard-to-understand behaviors that the active addict exhibits, such as denial, dishonesty, defensiveness, theft, and lack of accountability. It is not these behaviors that cause the addiction, but rather the addiction that causes the behaviors.

Previous articles in this series have explored the topic of addiction as it affects dental professionals. The August *Journal* described the MDA's Dr. Care program and its philosophy of treatment, not punishment. The September issue explored the sometimes-hidden problem of the female alcoholic. Last month's *Journal* contained the true story of a dentist who, in her words, was "addicted to everything."

A common thread of all these articles -- and future articles to come in this series -- is that no matter how difficult the addiction, no matter how seemingly insurmountable the problem, there is help for addiction. The door of opportunity to a better life is open to everyone.

The articles in this series have focused on dentists in particular, rather than on addiction in general. That's because due to some of the unique aspects of dental practice, there are a few special issues that can occur when a dentist becomes addicted. These issues are familiar to many of us.

First of all, many dentists practice in a solo situation. These dentists can be hard to identify and harder to intervene with when addicted, because of their professional isolation. In recovery from addiction, the solo practitioner is also harder to monitor. After all, dentists enjoy the same prescriptive privileges that physicians have. Even though their patterns of prescribing may be more limited, dentists still have access to and are expected to prescribe narcotic analgesics (opiates) frequently. Also, when “IV” sedation is used in the practice, the medications that are involved can be used by addicted dentists.

One very unique aspect of addiction in the dental profession that is rarely seen in others is the access to large amounts of nitrous oxide. When this medication is used, there is a significant risk of death. Many a dentist has been found lifeless in the office, the N₂O mask still strapped to the face. Also, with continued use of N₂O, a very puzzling syndrome can develop that mimics multiple sclerosis.

Of course, dentists do become addicted to non-prescription substances, such as alcohol -- still the most commonly abused drug -- cocaine, and other street drugs. And like other health professionals, dentists can be harder to treat once they become addicted, due to higher levels of intelligence, willpower and ego strength compared to patients who are not trained in the health professions. This often requires longer-term treatment in order to establish a stable and long-lasting recovery.

Support in Recovery

Prior to 1994, the only way that the Michigan Board of Dentistry could address the problem of the addicted dentist was through discipline. That approach had several adverse consequences, which were often worse than the effects of the disease, including loss of time in practice, financial loss, public humiliation, and even suicide. With that in mind, the Michigan health professional licensing boards, professional associations, and the state government in 1989 began to develop a non-disciplinary approach to the addicted health professional. This new approach built upon what the professional associations had accomplished before that time with their professional assistance programs, such as the MDA’s “Dr. Care” program.

The new approach resulted in formation of the Michigan Health Professional Recovery Program (HPRP), which addresses in Michigan’s 16 licensed health professions the problems of impairment due to the diseases of addiction and mental illness. This approach is non-disciplinary and totally confidential, so long as the addicted or mentally ill licensee complies with the program. And as long as the licensee accepts treatment and is successful in recovery, the licensing board never needs to become involved.

The HPRP has been successful in identifying, supporting and monitoring the recovery of several hundred Michigan health professionals over the past nine years. It is expected that several thousand will be helped over the coming years. To learn more about the HPRP and how it helps addicted Michigan dentists and other health professionals, you can either log on to its Web site, www.hprp.org, or call its toll-free number, (800) 453-3784.

As mentioned, the Michigan Dental Association maintains a very effective volunteer committee, the MDA Special Committee on Peer Review/Health and Well Being, otherwise known as the Dr. Care Program. This program assists dentists who suffer from impairing conditions and supports their recoveries from those conditions. You can call the confidential Dr. Care number at (517) 372-0303.

Both these resources greatly enhance the chances that an addicted Michigan dentist will be able to find and access the help that he or she needs, and to recover from this disease.

Addiction is not a hopeless condition. There is help available. To refuse to access that help or to call on the available resources for a dentist whom you know to be in trouble with addiction only promotes the progression of this disease. It can lead to disastrous consequences to the dentist, his or her family and patients, and the profession as a whole.

To those in need -- get help. It's out there.

About the Author

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