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### **Women Dentists: The Hidden Addicts**

**Summary:** *Think of the stereotype of a “substance abuser” and you’ll probably picture a man. But alcoholism and drug abuse doesn’t just happen to men. Female professionals are at risk, too. Here’s why substance abuse is an equal opportunity disaster.*

By **Bobbe Kelley, D.O.**

American women of all ages are getting drunk more often.<sup>1</sup>

This somewhat disarming statement was one of the unexpected findings of a landmark 22-year ongoing longitudinal study of women and alcohol sponsored by the National Institute of Health. The National Study of Health and Life Experiences of Women involved more than 1,000 women evaluated every five years since 1981, with new subjects being added periodically in the 21- to 30-year-old age group. Self-reported frequency of alcohol use has increased in every age group since 1981. Until this NIH-funded study, there had been essentially no scientific literature on women’s alcohol consumption.

In 1985 Bissell and Skorina published in *JAMA 100 Alcoholic Women In Medicine*.<sup>2</sup> I was one of the subjects. I celebrated my 21<sup>st</sup> sober anniversary last February. Even though I speak about my experience every year to medical school students here in Michigan, the vast majority of medical students still find it hard to believe that alcoholism and addiction happen to doctors -- especially to those raised in an upper middle class, non-drinking, educated, church-going family. I imagine dental students are not much different in their reactions.

Bissell had published interview studies of 350 alcoholic professionals in the mid-1970s and 1980s.<sup>3</sup> Of this group, forty-nine were dentists, but all were men. Does this imply that female dentists are immune from substance abuse problems? It’s unlikely, but little has been published about them.

Bissell and Skorina found some interesting differences in their female doctor addicts.<sup>2</sup> All of their subjects had been sober at least one year at the time of interview, with a median of four years sobriety. A third of the women were never married; 30 percent were married once but divorced, and 18 percent had children. Seventeen per cent of subjects had alcoholic mothers, 36 percent had alcoholic fathers, and 8 percent had both. Fifty percent graduated in the upper third of their medical school class. Forty percent were alcoholic only. Domestic violence was not rare. Fifteen percent had been sued for professional liability.

One third of subjects reported having attempted suicide. They were more likely to attempt suicide if opiates were the drug of choice. Depression is frequently co-morbid with substance disorders, either as an additional primary disorder or as caused by the substance use itself. Twenty-five to fifty percent of suicides in the general population involve alcohol. Depressed alcoholics are at higher risk for suicide than nonalcoholic depressed patients.<sup>4</sup>

Women are often the hidden addicts. Though general public awareness of overall addictive problems has improved over the years, it is still widely believed that a woman with the problem is somehow more disgraceful than a man. For example, a heavy drinking man is almost an American cultural norm, the epitome of “macho chic.” But women who drink excessively are often considered “loose” and sometimes regarded with disgust. The censure is greater against professional women. People wonder: *How could she let that happen? She’s too \_\_\_\_\_ to be an alcoholic/addict.* You can fill in the blank with “smart,” “pretty,” “educated,” “well-bred,” -- whatever.

### **The problem with dentists**

Several factors associated with the practice of dentistry can impact dentists who suffer from a substance -related problem. For example, dentists are most often in single-practice settings. Dentists may feel isolated in their practices. They are usually the owner of the practice. If employees are aware of a developing a substance abuse problem, they are usually reluctant to confront or approach “the boss” about it. Also, there is little, if any, supervision by colleagues. And, the office staff may tend to protect or cover up for the dentist, rationalizing that the dentist is working hard, is a good person, and deserves consideration for his or her good qualities.

In physicians, the lifetime prevalence of alcoholism is the same as in the general population (14 percent), as is the lifetime prevalence of drug dependence, which is 7 percent.<sup>5</sup> Again speaking of physicians, they have slightly higher rates of opiate addiction than the general population.<sup>6</sup> Most experts agree that the availability of prescription opiates is the explanation for this statistic.

Over 30 years ago the American Medical Association affirmed that alcoholism is a medical illness, yet even today many seem to have difficulty accepting it as such. Many people in this country experience a period of heavy use during college or their early twenties. Most of them subsequently moderate their drinking, in response to negative experiences such as accidents, impaired school performance, or worse. However, a certain percentage is not able to moderate their use despite negative consequences. It is this group that qualifies for alcohol or drug-related medical diagnoses.

Research on the nature of addiction has revealed that the phenomenon develops from the interaction of genetic, pharmacological, and environmental variables. Once established, the course of addiction is similar to that of other chronic diseases such as hypertension, diabetes, and asthma.

Treatment for addiction is effective.<sup>7</sup> But, as with most chronic relapsing illnesses, there is as yet no cure. Relapse is the hallmark of the illness, but it is not a sign of hopelessness. Alcoholics Anonymous and Narcotics Anonymous have been two of the most successful supports for people seeking help for addiction.

The medical profession has not yet improved much on the basic formula of abstinence and mutual support as keys to recovery. The scientific community is actively seeking more knowledge as to the etiology, biology, and neurochemistry of addiction. Many advances have been made. Years of research have established that 40 to 60 percent of the risk for alcoholism is genetic.<sup>8</sup>

Throughout recent history, women who drink suffer additional stigma, including the belief that they are poor mothers and sexually promiscuous. The NIH study has identified several predictive variables for drinking-related problems in women.<sup>9</sup>

As already mentioned, there is a highly prevalent belief that alcohol makes women feel less sexually inhibited. Women who subscribed to this belief were significantly more likely to increase their drinking over the next 10 years. Many women with sexual dysfunction use it to improve their sexual responsiveness. Fear of a returning sexual problem may stand in the way of their being able to address their drinking problem.

The study also found that women juggling multiple roles -- marriage, kids, a job outside the home -- were actually the least-likely to have alcohol-related problems. Women with either a stable marriage or work role were intermediate; women with none of those roles were most likely to have problems.

Another surprise was that divorce was not a simple risk factor for alcohol related problems.<sup>1</sup> Women who were experiencing alcohol-dependence symptoms and later got divorced or separated were more likely to be significantly better at the next five-year follow-up than those who remained in their relationship. Women with sexual dysfunction and/or a heavy-drinking partner also tended to get better following divorce.

Two of the strongest predictors for women developing alcohol or drug-related problems as adults were starting substance and sexual intercourse at a younger age.

Family factors that were correlated with increased risk of alcohol-related problems include the death of a parent, or parental divorce before a child turned six years of age. A woman's frequency of binge drinking or intoxication was more likely to resemble her mother's drinking pattern than her father's. Rejection by her father and heavy drinking by her mother were the parental factors predictive of a woman's alcohol-related problems, high-risk sex, and substance abuse. Women who suffered childhood sexual abuse were at much higher risk for alcohol-related problems.

### **Do I have a problem?**

Four questions can reliably predict those who are likely to have problems with substance use:

1. Have you ever tried to cut down your use of a substance?
2. Have you ever been annoyed by comments about your alcohol or substance use by friends or family?
3. Have you ever felt guilty about your drinking or substance use?
4. Have you ever had an eye-opener (drink in the morning) to get going?

If you answer positively to at least two of the above, there is only a 4 percent chance that you do not have a problem with alcohol or drugs.<sup>10</sup> If you answer positively to three questions, you are having problems and should consult a substance abuse professional for evaluation and recommendations.

In the mid-1990s a number of medical organizations published alcohol consumption rates that were consistent with a low risk of alcohol-related problems.<sup>11.</sup>

For women, such consumption was one drink per day, seven drinks per week, and no more than three drinks on any one occasion. If pregnant, total abstinence is indicated. For men, the consumption rate was two drinks per day, 14 drinks per week, and no more than four drinks on any one occasion. For the elderly, the guidelines for women apply.

A drink is defined as 12 oz. of 6 percent beer, 5 oz. of wine, or 1.5 oz. of distilled spirits.

### **Reporting Requirements**

If you know of a colleague you suspect of having a substance abuse problem, you have an ethical, and, since 1994, a legal obligation to report him or her.<sup>12</sup> The purpose of reporting is two-fold: to protect the patient public, and to get treatment for a suffering colleague. A brief intervention with the colleague is also warranted and can be effective. It should include an expression of caring support, telling him or her of the observed behaviors of concern, and a suggested course of action, evaluation, and consultation.

The MDA Special Committee on Peer Review/Health and Well Being can accept anonymous reports for dentists via the Dr. Care program at (517) 373-9070 (see last month's *Journal* for more on Dr. Care). Additionally, Michigan law mandates reporting to the Health Professional Recovery Program at (800) 453-3784. Reports can be made anonymously. Identified professionals will be contacted and asked to complete an evaluation to determine whether they in fact have a treatable substance abuse or mental health illness. They will be offered an opportunity to receive treatment and be monitored to insure that they are receiving treatment and are thereby safe to practice. If they refuse, they may then be reported to the state.

Though the threat of legal sanction may seem excessive to some, it must be remembered that the outcome of untreated substance abuse and mental disorders is progressive deterioration and risk of harm to themselves and others. Recovery is possible, and is actually more likely to be effective for doctors than for the general chemically dependent population.

## References

1. Jancin B. Among women, hard drinking is more frequent. *Clinical Psychiatry News*;31(3).
2. Bissell L, Skorina JK. One hundred alcoholic women in medicine. *JAMA* 1987;257(21).
3. Bissell L, Haberman PW. *Alcoholism in the professions*. New York: Oxford University Press; 1984.
4. Cornelius, JR. Disproportionate suicidality in patients with comorbid major depression and alcoholism. *American Journal of Psychiatry* 1995;152:358-364.
5. Hughes PH, Brandenburg N, DeWitt CB, et al. Prevalence of substance use among U.S. physicians. *JAMA* 1992;267(17).
6. Brewster JM. Prevalence of alcohol and other drug problems among physicians. *JAMA* 1986;255(14).
7. O'Brien CP. Research advances in the understanding and treatment of addiction. *American Journal on Addictions* 2003; Vol. 12:S36-S47.
8. Cloninger CR. Neurogenetic adaptive mechanisms in alcoholism. *Science* 1987;236:410-416.
9. Miller BA, Wilsnack SC, Cunradi CB. Family violence and victimization: treatment issues for women with alcohol problems. *Alcoholism: Clinical and Experimental Research* 2000;24(8):1287-97.
10. Ewing JA. The CAGE questionnaire. *JAMA* 1984;252:1907.
11. U.S. Dept. of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism: *Physician's guide to helping patients with alcohol problems*. NIH Publication No. 95-3769, 1995.
12. Fletcher CE. Michigan's unique approach to treating impaired health care professionals. *Journal of Addictive Diseases* 2001;20(4).

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