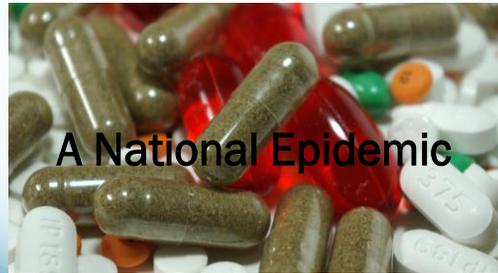


## Substance Abuses in Dentistry & State Responses

Bruce Seidberg, DDS, MScD, JD, FCLM  
 Nicholas Panomitros, DDS, JD, LLM, FCLM  
 American College of Legal Medicine  
 February 27, 2016

Today



may lead to this



and this



### Risk as a healthcare professional?

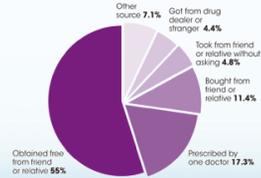
- Don't know of anyone yet whose reason for becoming a dentist was drug access.



## \*How the Dentist Is Impacted

## \*Sources of Opioids

People who abuse prescription painkillers get drugs from a variety of sources\*



## \*Risks of Addiction

- Few primary care practitioners (or pain specialists), and almost no dentists, do adequate screening of patients for risk factors for addiction
  - Unfamiliar with how to assess risk
  - Uncomfortable about asking questions
  - Afraid of losing patients
  - Don't have time
- Patients at high risk or who are already addicted may not be open and honest with their health care providers

## \*Assessing Addiction Risk

- Ask the important screening questions
- OR**
- Use appropriate screening tools

## \*Ask the Important Screening Questions

- Experience with pain medication?
- Drinking? Your use of other drugs?
- Family History of drugs/alcohol?
- Medication for a mental health disorders?

## Screening Tools

- C.A.G.E.
- AUDIT-C
- NM-ASSIST
- Opioid Risk Tool (ORT)

## The C.A.G.E.

- Have you ever felt you should **C**ut down on your drug use or drinking?
- Have you ever felt **A**nnoyed when someone else criticized your drug use or drinking)?
- Have you ever felt bad or **G**uilty about your drug use or drinking?
- Have you ever taken a drug or drink first thing in the morning (**E**ye-opener) to steady your nerves or get rid of a hangover?

## The Audit-C Questionnaire

- About how often did you drink in the past year?
  - Never(0)
  - Monthly or less (1)
  - 2 to 4 times monthly (2)
  - 2 to 3 times weekly (3)
  - 4 to 5 times weekly (4)
  - 6 or more times weekly (5)
- About how many drinks did you drink on days you drank in past year?
  - 1 to 2 drinks (0)
  - 3 to 4 drinks (1)
  - 5 to 6 drinks (2)
  - 7 to 9 drinks (3)
  - 10 or more drinks (4)
- About how often did you have five or more drinks on any one occasion in the past year?
  - Never (0)
  - Monthly or less (1)
  - Monthly (2)
  - Weekly (3)
  - Daily or almost daily (4)

**TOTAL**  
4 or more = high risk

## NIDA-Modified A.S.S.I.S.T.

- Online screening tool
- Asks about tobacco, prescription drugs, illicit drugs, alcohol
- Can be used in healthcare practitioner's office on computer monitor
- [www.drugabuse.gov/nmassist/](http://www.drugabuse.gov/nmassist/)

## The Opioid Risk Tool (O.R.T.)

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Factor	Score	
	F	M
1. Family History of Substance Abuse	Alcohol	( 1)(1) ( 1)(3)
	Illicit Drugs	( 1)(2) ( 1)(3)
2. Personal History of Substance Abuse	Prescription Drugs	( 1)(4) ( 1)(4)
	Alcohol	( 1)(3) ( 1)(3)
	Illicit Drugs	( 1)(4) ( 1)(4)
	Prescription Drugs	( 1)(5) ( 1)(5)
3. Age (if between 16 to 45)		( 1)(1) ( 1)(1)
4. History of Preadolescent Sexual Abuse		( 1)(3) ( 1)(0)
5. Psychological Disorder	ADD, OCD, Bipolar, or Schizophrenia	( 1)(2) ( 1)(2)
	Depression	( 1)(1) ( 1)(1)
		<b>TOTAL Score</b>

- Low Score = 0 to 3 low risk
- Moderate Score = 4 to 7 moderate risk
- High Score = ≥8 high risk

## Colleagues

## We would like to return to this:

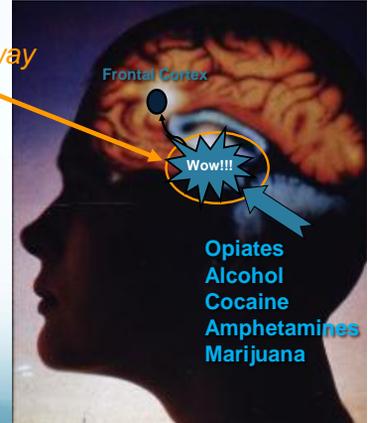
- Successful practice



## Addiction

Reward Pathway

Addiction  
is a  
brain disease



## Addiction behaviors:



## Another definition of the disease from Father Vernon Johnson

- “(Alcoholism), chemical addiction, is a disease, the very nature of which renders the victim incapable of recognizing the severity of the symptoms, the progression of the disease or of accepting any *ordinary offers of help*.”

## Substance-Use Disorder

- A maladaptive pattern of substance use leading to clinically significant impairment or distress

## Dentists with Substance Use Disorders

- Same incidence of alcoholism (11-12% lifetime prevalence)
- Lower incidence of addiction to illicit drugs
- Higher incidence of addiction to prescription drugs, especially oral opioids
- Addiction to nitrous oxide common among dental professionals

### Why Are Addicted Dentists Different?

- Often detected and referred for treatment at an earlier stage of illness
  - Increases strength of denial
  - Ultimately improves prognosis if diagnosis accepted
- Safety and regulatory issues may be involved
  - Demand for assurance of adequate treatment
  - Ongoing monitoring required to insure compliance and continued abstinence
- Personality traits and enabling systems protect professional and support denial

### Why Dentists Prefer Opioids

- Prescribing
  - Opioids work well in relieving acute pain
  - Opioids make patients happy
  - Not prescribing opioids makes patients unhappy
  - Dentists' family members expect dentists to prescribe opioids
- Self-prescribing
  - Opioids work well in relieving acute pain (and anxiety and depression and exhaustion and existential angst and ...)
  - Opioids facilitate continued work in spite of injury, illness, tiredness, dependency, etc. etc.

### Some Indicators of Possible Substance Use Disorder

- Changes in behavior or appearance
- Change in productivity and/or relating to patients
- Mistakes and delays in charting and other documentation

### When Addiction Is Suspected

- Comprehensive evaluation is needed
- Treatment plan then developed depending on findings of evaluation

### DSM IV: Diagnosis of Addiction (3 out of 7)

1. Tolerance
2. Withdrawal

#### Loss of Control:

3. Used more and longer than planned
4. Unsuccessful attempts to quit or control use
5. Excessive time spent obtaining, using, or recovering from use
6. Important activities given up
7. Continued use despite adverse consequences

### DSM V: Diagnosis of Addictive Diseases

1. Tolerance
  2. Withdrawal
- Moderate: 2-3 criteria positive**  
**Severe: 4 or more criteria positive**
- Loss of Control:
3. Recurrent use resulting in failure to fulfill obligations
  4. Recurrent use in physically hazardous situations
  5. Continued use despite social or interpersonal problems
  6. Used more and longer than planned
  7. Unsuccessful attempts to quit or control use
  8. Excessive time spent obtaining, using, or recovering from use
  9. Important social, occupational, ...activities given up
  10. Continued use despite having physical or psychological problems
  11. Craving or a strong desire or urge to use a specific substance

## 2011 Constituent Dental Society Well-Being Committee Survey

- **Sample:** The sample for this Web-based survey consisted of the well-being program director (or executive director, if no well-being program director was known) of each constituent dental society.
- **Methodology:** A link to the survey was e-mailed to 53 addresses on February 8, 2011. Reminder e-mails were sent to non-respondents on February 16 and February 28, 2011.
- **Response:** Data collection ended on March 9, 2011. A total of 28 dental societies responded to the survey. The final response rate was 52.8%.
- **Purpose:** The survey was conducted to gather information from constituent dental societies about their well-being programs.

- 89% of the responding constituent dental societies have a well-being program for dentists. In addition, 61% have a mandated diversion or alternative program for substance abusing dentists.
- 79% reported that they have a well-being committee or chemical dependency council that meet two or three times per year.
  - 75% indicated that monitoring contracts last 4-5 years.
  - 75% reported that they have a hotline for dentist well-being issues.
    - The most common ways of promoting the hotline are through constituent dental society journals and online.

### Other Agencies

- 61% of the responding constituent dental societies reported that no other organizations provide well-being services to dentists in their state.
  - Of the 39% constituent dental societies that have other agencies providing well-being services in their state, 64% indicated that volunteers from their dental society work with providers, 64% also said providers make regular reports to the dental society.

### Relationships

- 86% indicated that it represents the entire state.
  - 64% indicated the committee is involved in providing education on addiction to dental students 45% sponsor ongoing education programs to component dental societies, and one-third sponsor education programs on addiction or similar topics.
  - 62% describe its relationship with the state board of dentistry as consistently cordial and supportive.
  - 12% have considered or considering removing removing anonymity clause.

### Well-Being Program

- Of the 25 responding dental societies with a well-being program:
  - 12 reported that someone is paid to manage the daily operations of the well-being program, while another four use the services of a volunteer. About 40% stated that the person managing operations is a dentist.
  - Twelve have written policies or procedures for the well-being program.
  - The most common form of funding for well-being program activities is gained through dental society line items (12 societies).
  - 36% reported that monitoring programs are conducted through lab management agencies and another 36% indicated they are conducted through other means.

- Overall, 39% of the 28 responding constituent dental societies are very satisfied, and another 39% are satisfied, that the well-being needs of dentists in their state are being met.

## State Prescription Monitoring Program

## What Treatment Is Needed for an Addicted Dentist

- Initial intensive phase
- Continuing care for all identified problems

## Pharmacological Assistance

- Antagonist treatment- naltrexone
  - Blocks mu receptor, preventing action of opioid drugs
  - Can be administered orally or intramuscularly
    - Oral (Revia®)- daily or three times weekly dosing
    - IM (Vivitrol®)- monthly injection
- Agonist treatment
  - Buprenorphine (Suboxone®, Subutex®)- partial mu agonist
  - Methadone- full mu agonist

## What do we do with them then?

- Assessment unless they admit
- Treatment of some type
- Monitoring agreement
- Help them get ready for return to "life"

## Monitoring

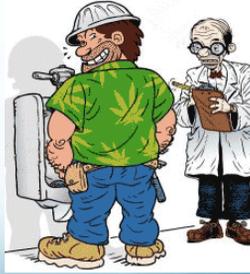
- Usually occurs under direction of peer assistance or other alternative to discipline program
- Monitoring usually includes
  - Toxicology screening
  - Adherence to treatment plan
  - Attendance at required mutual support groups
  - Re-entry into practice

## Advantages of monitoring

- Improves prognosis for recovering professional
- Maintains commitment to recovery activities
- Protects public safety

## Other things

- Meeting documentation forms
- Medication use lists
- Monthly self-report form
- Urine Drug Screens



## Practice Modifications

- What are the relapse risks involved in re-entry to practice?
- What interventions can reduce or eliminate risks?

## To whom do I turn for help?

- Do you call the professional's licensing Board?
- Board balances regulation with compassion
- Is it a bad person in need of punishment or an ill person in need of care?

## But or However...

- The licensing Boards have something to say about this too! Their #1 job is protection of the public.
- "The Office of the Board shall require an acceptable plan of correction and may use any one (1) or more of the following sanctions when disciplining a dentist, dental hygienist, dental specialist, or dental assistant or any entity regulated by the board."

## Consequences

- Private admonishment
- Public reprimand
- Fines
- Revocation of licensure or registration



## Consequences

- Suspension of licensure or registration until a time certain
- Suspension until a certain act or acts are performed
- Limitation of practice permanently



## Consequences

Probation for a specified time and conditions of probation or

Costs of the disciplinary action as defined by administrative regulation

Repassing a portion of the clinical examination



## And...very seriously...

- If it is found the person who is licensed or registered by the board has been convicted of, pled guilty to, or entered into an Alford plea to a Class A, B, or C felony offense, or has completed a diversion program for a Class A, B, or C felony offense, the license or registration shall be **REVOKED**.

Yes...Rehab does work!

