

HOPE in the Face of Addiction

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USA TODAY'S page one cover story on April 15, 1999 was chilling. It described in graphic detail the descent of Dr. Dana Brockington, DDS, into the hell of addiction. After an unspecified amount of time during which he developed the addiction, plus two years of treatment, Brockington, 36, is again practicing dentistry. While the details of Brockington's story are unique, they are not unusual.

In a 1997 survey, the American Dental Association reported that 4% of dentists admitted to having some sort of drug problem, and 20% were found to be at risk of alcoholism or other drug dependencies because of family history, personality, and other factors. Limited literature suggests that up to 20% of dentists have a lifetime risk of chemical dependency. By comparison, other studies show that 14-16% of health professionals and 8-12% of the general population are at risk of addiction.

Why are dentists such an at-risk group? Like all doctors, they have access to drugs. Dentists are likely to be white males, the greatest demographic group at risk of addiction, and they typically practice by themselves. In spite of the fact that they have support staffs, there are often no colleagues around to review practice or take notice of practice problems. Dentists often consider themselves to be perfectionists, but who must confront the reality that daily practice is anything but perfect. Add to these practice characteristics the normal family backgrounds and difficulties that people inherit, independent of a professional choice, and the combination for a powerful problem exists.

But hope CAN co-exist in the face of addiction. Hope shows itself in the form of intervention, treatment and recovery, without automatically losing a license to practice dentistry. In 1990 the Colorado Legislature created the Dentist Peer Assistance Program (DPAP) as an alternative to discipline for chemical dependence, mental illness and psychological problems, or physical problems that could impair a dentist's ability to practice. These diversion programs are effective for the rehabilitation of 90% of participants. Success is measured in terms of public protection, maintaining the license and ability to practice, cost savings to the state, and minimizing intangible losses to the individual and the profession.

Fully funded by license fees, Peer Assistance Services, Inc. provides the services for this program through a contract with the Colorado State Board of Dental Examiners. These services include problem identification and assessment, referral for treatment, monitoring and evaluation of treatment and rehabilitation compliance, facilitated support groups (statewide), prevention education programs, and 24 hour telephone response. The practitioner is responsible for all treatment, rehabilitation and drug screening costs.

Dentists may seek assistance from DPAP, either by self-referral or upon the recommendation of concerned colleagues, family members, employers, employees, the Board, or others. Concerned Colorado Dentists (CCD), a group of dentists who are in recovery from chemical dependency and other impairing problems, is a source of support and assistance. Contact Peer Assistance Services, Inc. at 303-369-0039 (metro area), or 866-369-0039 (toll free) or through the Colorado Board of Dental Examiners, at 303-894-7758. For further information about CCD, visit their web site at www.ccdinfo.org.