Sometimes we all need some help...

Alexander Holden looks at the issue of addiction and professional status

T
he Christmas period is of

tern a time when we over in-
dulge, be it in food, spend-
ing or alcohol. Rarely do we think of this over-indulgence as being too much of an issue, but perhaps we ought to consider those for whom alcohol is not just an over-

indulgence but an addiction. Al-

cohol consumption in the UK is a problem. The WHO placed the UK in a higher risk category for drink-

ing behavioural patterns than the majority of the developed world. We are used to thinking about al-

cohol consumption in relation to our patients, but as dentists, we are not immune from involve-

ment in over-consumption or de-

pendence upon alcohol ourselves.

There are many avenues den-
tists can go down to get help with addiction, whether it is for help with alcohol or drugs, but there is often a rather large hurdle; pro-

fessionals in general are not likely to want to access a public service for a sensitive health issue that their patients might also be using. The help group Alcoholics Anony-

mous are infamous for their meet-

ings for those struggling with al-

cohol addiction, but we would be surprised to find a dentist at a meeting, let them bump into a pa-

tient. In certain populations, word of mouth can travel surprisingly fast and this becomes a significant barrier for professionals looking to access appropriate services. It is this issue that makes specialist support groups for dentists and other healthcare professional groups so important.

Alcoholism and drug addiction are often solitary illnesses. Drink-

ing is socially accepted, but those seen as drinking too much often become the butts of jokes and in a professional capacity, a source of embarrassment and shame for the rest of us. In some social cir-

cles, casual drug use is also ac-

ceptable. This suits dentists rather well; we have a tendency towards loneliness (usually working in very small teams which may slip into being dysfunctional) and can often become stressed with the day to day aspects of dental prac-

tise. Dentists are, for the time-

being, financially well rewarded for their work in relation to other professionals. In this way, rela-

tively expensive addictions can be managed and maintained with many who are afflicted becoming adept at working whilst under the influence, being relatively high-

functioning. The impairment in judgement and inhibitions are not as easily managed and profession-

als with addiction can become a significant threat to patient safety and the safety of other team mem-

bers, as well as themselves.

Another aspect of dentistry that contributes to the proliferation of addiction is the easy availability of prescription only medication. Benzodiazepines, opiates and ni-

trous oxide are all fairly easily available to those who want them. The stigma that is attached to ad-

dictions within professions acts as another barrier for professionals looking to seek help. There is that fear that they will end up in front of the GDC in a fitness to prac-

tise hearing. In reality, the Health Committee tends to take a more sympathetic view towards dentists with addiction issues and it tends to be those who refuse help that lose their registration. This has to be a good thing, as the Council acting in a very tough and dis-

couraging dentists from being open about their health issues would only serve to endanger patients and perpetuate a problem.

Some (as I was) might be tempted to think of alcoholism in dentists as being a problem of the past. Only a short time ago (some reading this may even remember) it would have been normal to have a drink at lunchtime and then go on to treat patients in the after-

noon. All increased regulation has done is to push such subversion below the radar so that colleagues may even be unaware that there is an issue.

What should a colleague do if they become aware of a dentist or dental professional’s drinking be-

ing an issue? A referral to the GDC is perhaps slightly too strong a re-

action for a first response. Whistle-

blowing is still a dirty word for most people and I personally dis-

like the term. There are distinctly negative connotations attached to the actions of those who speak up with concerns. Whether this is regarding addiction or other prac-

tise issues, those who speak their minds should be congratulated, potentially even thanked after the event. An appropriate first re-

sponse to a colleague with an ad-

dition issue would be to speak to a defence organisation or to speak to one of the dentist addiction sup-

port groups, for those who are struggling financially as a result of addiction issues, the BDA Bene-

volent Fund is also a source of help. A support charity group that works exclusively with dentists is 
the Dentists’ Health Support Programme which is run in order to offer expert advice to those in need of it.

According to statistics supplied by Dentists’ Health Support Pro-

gramme, 75 per cent of those seek 
help for addiction issues (both al-

cohol and drugs) were male with the largest group being those age 50-59 followed closely by those between 40-49. For me as a young 
dentist, I was surprised to learn of the worry, albeit small, group of dentists under 50 who have had to seek help for addiction issues. This group makes up 6 per cent of those seeking help. There is often a propensity for those entering dental practice after graduating to feel as if they are struggling to cope.

There is an expectation that practice will be an extension of dental school and this just isn’t the case. Some who fail to cope with the transition into practice are left feeling demoralised and alone and addiction issues may evolve as a coping mechanism. Trainers and foundation programme ad-

visors are needed to be aware of this issue; those who struggle should not be alienated and made to feel alone.

The obvious extension is that this should be avoided in all 
dentists, but for those in isolated prac-
	
cise, accessing peer review and support can be difficult and it would be good to try to encourage this more within each local area.

If you need support for your-

self or a colleague with addiction issues, the Dentists’ Health Support 
Programme can be contacted on 0207 2344 671 or emailed on

dentistsprogramme@gmail.com.

Thanks to Rory O’Connor of the Dentists’ Health Support Trust which runs the Dentists’ Health Support Programme for his help with providing statistics and a valuable insight into an under-
discussed subject. This charity re-

lies solely on donations from the dental profession and I hope that all readers will agree with me in feeling that this is a worthwhile and essential service which pro-

motes the health of our profes-

sional community.

The question of why dentists might begin down the path of addiction is not easily answered; I for one can only guess, per-

haps all it takes is one bad day to place an individual on the downward spiral. We spend so much energy in trying to help our patients that sometimes we forget to look after ourselves; it is good to know that if we needed it, such organisations exist. The simple aim of organisa-

tions such as the Dentists’ Health Support Trust and the Benevolent Fund are to help us look after each other; maybe the non-alcoholic spirit of goodwill that pervades the atmosphere at this time of year shouldn’t just be forgotten about mid-January and instead, perpetuated for the good of all.

Alexander Holden

Alexander Holden graduated in 2001 and completed his Foundation Train-

ing in Bournemouth where he also qualified as a clini-

cal hypnotherapist. He now works part-time as a general dental prac-

titioner with a special interest in treat-

ing dental phobias and anxiety as well as completing further training in hypnotherapy.

He is a member of the national Young Den-

tists Committee and is also a trustee of the BDA Benevolent Fund.

About the author

Contact us today for more information or FREEPOST envelopes www.mcrepairs.co.uk | 01253 404774 @mcrepairsltc