Sometimes we all need some help...

Alexander Holden looks at the issue of addiction and professional status

The Christmas period is often a time when we overindulge, be it in food, spending 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. Alcohol consumption in the UK is a problem. The WHO placed the UK in a higher risk category for drinking behaviour patterns than the majority of the developed world. We are used to thinking about alcohol consumption in relation to our patients, but as dentists, we are not immune from involvement in over-consumption or dependence upon alcohol ourselves.

There are many avenues dentists 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: professionals 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 Anonymous are infamous for their meetings for those struggling with alcohol addiction, but it would be surprising to find a dentist at a meeting, lest they bump into a patient. 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. Drinking is socially accepted, but those seen as drinking too much often become the butt of jokes and in a professional capacity, a source of embarrassment and shame for the rest of us. In some social circles, casual drug use is also acceptable. 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 practice. Dentists are, for the time being, financially well rewarded for their work in relation to other professionals. In this way, relatively expensive additions 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 professionals with addiction can become a significant threat to patient safety and the safety of other team members, 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 nitrous oxide are all fairly easily available to those who want them. The stigma that is attached to addictions 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 practice 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 busy time would discourage 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 afternoon. 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 being an issue? A referral to the GDC is perhaps slightly too strong a reaction 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 practice issues, those who speak their minds should be congratulated, potentially even thanked after the event. An appropriate first response to a colleague with an addiction issue would be to speak to a defence organisation or to speak to one of the dentist addiction support groups, for those who are struggling financially as a result of addiction issues, the BDA Benevolent Fund is also a source of help. A support charity group that works exclusively with dentists is the Dentists’ Health Support Trust and is also a trustee of the Benevolent Fund. Alexander is a member of the national Young Dentists’ Committee and is also a trustee of the BDA Benevolent Fund.

Another aspect of dentistry that contributes to the proliferation of addiction is the easy availability of prescription only medication. Benzodiazepines, opiates and nitrous oxide are all fairly easily available to those who want them. The stigma that is attached to addictions 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 practice 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 busy time would discourage 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 afternoon. 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 being an issue? A referral to the GDC is perhaps slightly too strong a reaction for a first response. Whistle-blowing is still a dirty word for most people and I personally dislike 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 practice issues, those who speak their minds should be congratulated, potentially even thanked after the event. An appropriate first response to a colleague with an addiction issue would be to speak to a defence organisation or to speak to one of the dentist addiction support groups, for those who are struggling financially as a result of addiction issues, the BDA Benevolent Fund is also a source of help. A support charity group that works exclusively with dentists is the Dentists’ Health Support Trust and is also a trustee of the Benevolent Fund.

Alcoholism and drug addiction are often solitary illnesses. Drinking is socially accepted, but those seen as drinking too much often become the butt of jokes and in a professional capacity, a source of embarrassment and shame for the rest of us. In some social circles, casual drug use is also acceptable. 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 practice. Dentists are, for the time being, financially well rewarded for their work in relation to other professionals. In this way, relatively expensive additions 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 professionals with addiction can become a significant threat to patient safety and the safety of other team members, 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 nitrous oxide are all fairly easily available to those who want them. The stigma that is attached to addictions 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 practice 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 busy time would discourage 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 afternoon. 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 being an issue? A referral to the GDC is perhaps slightly too strong a reaction for a first response. Whistle-blowing is still a dirty word for most people and I personally dislike 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 practice issues, those who speak their minds should be congratulated, potentially even thanked after the event. An appropriate first response to a colleague with an addiction issue would be to speak to a defence organisation or to speak to one of the dentist addiction support groups, for those who are struggling financially as a result of addiction issues, the BDA Benevolent Fund is also a source of help. A support charity group that works exclusively with dentists is the Dentists’ Health Support Trust and is also a trustee of the Benevolent Fund.

The obvious extension is that this should be avoided in all dentists, but for those in isolated practice, 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 yourself or a colleague with addiction issues, the Dentists’ Health Support Programme can be contacted on 0207 2244 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 relies 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 promotes the health of our professional community.

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

About the author

Alexander Holden MJDF RCS (Eng) qualified as a clinician and completed his Foundation Training in Rotherham where he also qualified as a clinical hypnotherapist. He now works part-time as a general dental practitioner with a special interest in treating dental phobias and anxiety as well as completing further training in laser and oral public health. Alexander is a member of the national Young Dentists’ Committee and is also a trustee of the BDA Benevolent Fund.