

Chemical Dependency Continuing Education Article for the Year 2007

This article is available to all dentists and dental auxiliary personnel licensed or registered in Tennessee. **It offers the reader the option of earning one (1) hour of continuing education specific to chemical dependency, required by the Rules of the Tennessee Board of Dentistry.** To obtain credit, read the article, answer the questions that follow and return the completed exam page with the appropriate fee to: Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067. If you correctly answer **twelve (12) of the fifteen (15) questions** you will earn the one (1) hour of continuing education credit required by the Tennessee

Board of Dentistry for 2007.

Your answers will be graded by the Tennessee Dental Association, a recognized continuing education provider.

You will be notified by mail of your score and credit award. That certificate should be retained in your continuing education file. For TDA member dentists, ACE program credits will be automatic.

Your answers must be received no later than January 31, 2008. If you have any questions, call the Concerned Dental Professionals Program Director at 615/628-3200.

The Dental Family and the Prescription Pad

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Concerned Dental Professionals Committee/ Tennessee Dental Association

The average dentist, having negotiated the rights-of-passage, in rather routine fashion, will apply for a state dental license. Having acquired one makes him/her eligible to apply for a 'narcotics' license. Both are done more as a matter of practical necessity. Few dentists spend much time reflecting upon the legal burdens imposed upon them by these seemingly routine acquisitions.

This obvious truth results from the fact that, at this early stage in professional life, the majority of dentists know themselves to be honest, ethical, and well informed; maybe even invulnerable. Beyond their practical value, few dentists are fully conscious of the psychological and emotional importance such licenses have to their dental being. Not until they are threatened by charges of wrongdoing — in language that implies one is dishonest, unethical or poorly informed — does their psychological importance become a conscious reality.

This article makes aware some of the legal pitfalls inherent with these licenses. It points out that often the dentist becomes a victim as much as a perpetrator of wrongdoing. It has relevance to malpractice claims, as well as preventing the loss of self-esteem when legal complications are encountered.

A major attribute of the human race is its susceptibility to pain. A complicating phenomenon within the American

population is its low tolerance for unhappiness and displeasure or preoccupation with pleasure. Unfortunately, the first line of attack on these symptoms is most often chemical, most of which are classified drugs with varying degrees of efficacy and varying degrees of abuse and dependency potential.

Caught on the horns of a dilemma are those professionals whose mind-set dictates "I am expected to relieve," whose conscience generates guilt and shame "if I don't or can't" and whose gut reaction fires off fear of legal repercussions "if I do." The result is a boundary line of frustration — equivalent to social warfare — between providers and the licit/illicit demands of the public. The practitioner's task imposed by this dilemma is twofold:

1. To relieve legitimate suffering whenever it is encountered, in proper degree and duration.
2. To avoid becoming a victim in the process.

Licensure and DEA Registration

This twofold challenge necessitates two kinds of licensure. A state dental license and a Drug Enforcement Agency (DEA) Certificate of Registration.

A state dental license corresponds to a specific number. Once issued to a practitioner, there is established a one-to-one correlation between that number and the

name and last known address of the individual to whom it is assigned. The ultimate authority by which it is awarded is the state's Board of Dentistry. Every practitioner needs to know that prior to receipt of a license, their application is thoroughly scrutinized by several parties, and held to very rigid standards. In recent years, this has become more true than ever before. Normally the practitioner will maintain this number for a lifetime.

When accepting a state dental license, a practitioner signs a contract in which he/she agrees to abide by the state's Dental Practice Act and its statutes regulating controlled substances. It behooves one to know what these laws entail.

The awarding of a Drug Enforcement Agency Certificate of Registration (DEA Number) is solely within the purview of this agency of the Federal Government. All applications are carefully scrutinized within this often slow-moving bureaucracy consisting of individuals very protective of their power and authority. One does not want to get on the wrong side of this agency. Once an individual is awarded a DEA number he/she should nurture and protect it constantly.

Here, too, there is a one-to-one correlation between the DEA number and the name and last known address of the

individual to whom it is assigned. By accepting a number, the practitioner is brought into a 'closed' system designed to regulate the manufacture, distribution and dispensing of controlled substances. The overriding goal of this system is twofold:

1. To reduce the diversion of controlled substances from legitimate channels into illicit markets; and
2. To reduce the incidence and prevalence of individual abuse of addiction to these substances.

In accepting a number the practitioner signs a contract in which he/she agrees to abide by the Federal Controlled Substance Act of May 1, 1971, and any subsequent amendments. Again, it behooves one to be familiar with this act.

The Board of Dentistry has no authority to issue a DEA number; however, by having control of the license it can control how a practitioner may or may not use his/her prescribing privileges of classified drugs. In the final analysis both agencies have the power to restrict or deny a professional's classified drug prescribing privileges. While the ultimate authority rests with the DEA, the two entities do communicate in a spirit of mutual cooperation.

The motivational forces involving the license and DEA Registration number seem to be a dynamic process, and by the time a professional applies for a license and DEA number they have acquired either a DDS or DMD degree — sometimes referred to as the "D.D. Deity Complex" — they will have incorporated into their ego a sense of power, privilege and entitlement. One can observe this in any dentist who may suddenly encounter some unanticipated delay in their being awarded these numbers (license and/or DEA). Once obtained they, too, become incorporated into the ego as a manifestation of privilege, power and entitlement. They become an unconscious part of the self-identity of dentistry. To believe this one has only to observe the ego defense mechanisms acted out by any professional whose right to possess them is challenged in any fashion.

Paradoxically, it is not the ego, but rather the conscience (superego) that more commonly gets the professional into legal trouble involving licensure and DEA privileges. For a dentist besieged by the *compulsion* to be all things to all

people at all times, the superego (conscience) gives origin to the shame and guilt the dentist feels over not relieving pain and suffering whenever it is encountered, leading some to begin practicing outside the scope and boundaries of dentistry. Consequently, the dentist is often the victim of his/her own unconscious forces rather than a perpetrator of wrongdoing on a conscious level. For this reason the CDPC has taken an interest in this as a form of psychological impairment.

Woe be unto the dentist, however, who is discovered to be responding to more basic intrapsychic drives of aggression and sexuality; so called 'id' drives. Use of the DEA and licensure privileges for pure profit motives — in exchange for sexual favors, or other overt criminal actions — are unacceptable and such practitioners, once convicted, will certainly lose their privileges and may spend time in prison. Quite naturally, the CDPC embraces no such action.

There exists, therefore, a profound reciprocal relationship between the dental license, the DEA Certificate of Registration, and the psychological health of the dentist and, eventually, the entire dental family. What adversely affects one may adversely affect the other.

The healthcare practitioner must function under both state and federal authority to ensure that controlled substances continue to be available for legitimate medical, dental and scientific purposes while preventing their diversion into the illicit market. The abuse of prescription drugs is a serious social and health problem in the United States today and every healthcare professional must share responsibility for solving the prescription drug abuse and diversion problem. The healthcare professional has:

- A legal and ethical responsibility to uphold the law and to help protect society from drug abuse;
- A professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that patients have medication available when they need it;
- A personal responsibility to protect the practice from becoming an easy target for a drug diversion, to become aware of the potential situations where drug diversions can occur, and safeguards

that can be enacted to prevent this diversion.

The Drug Abuser Patient

The recognition of a 'drug abuser patient' can be aided by the dental staff, and they should be trained in attempting to identify these patients. There are common characteristics of the drug abuser and your staff should be trained to recognize these qualities. Actually, the staff should be considered as the first line of defense in the identification of a drug-seeking patient.

Some of these common characteristics of the drug abuser are:

- Unusual behavior in the waiting room;
- Assertive personality, often demanding immediate action;
- Unusual appearance — extremes of either sloppy or being overdressed;
- May show unusual knowledge of controlled substances and/or gives medical/dental history with textbook symptoms or gives evasive or vague answers to questions regarding medical/dental history;
- Reluctant or unwilling to provide reference information. Usually has no regular physician or dentist and often has no health insurance;
- Will often request a specific controlled drug and is reluctant to try a different drug;
- May exaggerate medical/dental problems;
- Claims to be from out of town and to have lost a prescription, forgotten to pack medication, or says that it was stolen;
- Not interested in having complete dental examination or undergoing diagnostic tests (x-rays);
- Has no interest in referral — wants a prescription now.

These drug abuser patients will seek out the practitioner because he/she can give them access to controlled substances. These are people who have become dependent on prescription drugs as a matter of survival, and they have learned to be very good at getting practitioners to give them what they want. They know how to appeal to your vulnerabilities — maybe they'll say they've heard that you are a very good dentist, or that a friend had a very good experience with you. They know how to appear to be respectful of your time — they know it's the end of the day, and you've proba-

bly got plans for the evening; it's the weekend and they'd hate for you to have to come into the office, and could you just phone something in? Preferably Vicodin! They know exactly what symptoms to give you. They've done their homework. There are internet sites that tell drug abusers just what to say to get what they want. They know what drugs to ask for and will cite adverse effects they've experienced from other drugs you might want to give. They also know how to manipulate professionals with threats to report you if you refuse to see or treat them. They know exactly what to say to get what they want. There's a grapevine among the drug abusers for sharing info about what works and who (meaning which practitioners) are the easy marks.

So, how can you keep yourself from being conned? Just say No! Say no to all requests from people who are not patients of record and who will not come for an exam. Remember that you have a responsibility to protect yourself and your practice from becoming a target of drug abusers. Do whatever you can to verify the story of an unfamiliar patient who does come to the office. Check with his/her home pharmacy if they claim to have forgotten a prescription on a trip. Check with the dentist they claim provided the treatment for which they need a prescription. Verify the patient's identity and contact information by putting a photocopy of their driver's license in their chart. Perform a thorough examination appropriate to the condition. Document examination results and the questions asked the patient.

The Dental Office Staff

Unfortunately, 'office fraud' regarding staff obtaining controlled substances is increasing. A staff member may use the dentist's prescription to write for friends, family members or themselves, enabling an addiction. Telephoning fraudulent prescriptions to pharmacies has become a substantial problem for the dental practitioner. Although the misuse of illicit drugs is on the decrease in this country, the misuse of prescription drugs is on the increase. The pharmaceutical quality of these substances is superior, they are cheaper and, in most cases, easier to obtain. The 'dental family' should be concerned if an individual's attitude toward co-workers changes, or if he/she

begins to exhibit mood swings, overreacts to real or imagined criticism, blames others or makes excuses for mistakes, exhibits absenteeism or participates in an excessive number of personal telephone conversations. Also of concern are performances that decline by mistakes due to inattention, poor judgment, forgetfulness, lack of concentration, inability to recall details, or symptoms of anxiety and abuse. Financial difficulty is another major symptom of drug abuse and addiction.

Keep Within Your Scope of Practice

"Dispensing, prescribing or otherwise distributing any controlled substance or any other drug not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease" is grounds for suspension or revocation of licenses! This is the law in Tennessee, and the Dental Family today, more than ever, is feeling the ramifications of the misuse of prescription drugs by the 'dental family' and the population as a whole. There is more public awareness of this increasing problem, due to high profile cases. Also, the regulatory agencies are becoming much more aggressive in investigating the mis-prescribing activities by licensed professionals. The abuse of prescription drugs is one facet of America's drug problem that is particularly complex because access to prescription drugs must be maintained for some purposes and contained for others. Mis-prescribing may be witting or unwitting and may occur for several reasons. Doctors classified as 'disabled' or 'dishonest' may mis-prescribe for personal use or financial gain. Others mis-prescribe because they are 'dated' in their knowledge or skills, are 'duped' by drug-seeking patients, some are 'dysfunctional' due to being overworked or overextended, have a 'disregard' for prescribing standards, or 'disbelieve' that the standards apply to all of their patients. Common problematic behaviors include inappropriately dispensing controlled substances from office practices, prescribing overly large doses or quantities to individual patients, prescribing at too-frequent intervals and/or failing to document completely (or at all) the rationale for treatment. Mis-prescribing also includes writing scripts for family

members and friends. A prescription written for Lortab by a dentist for a neighbor with pain in his shoulder due to an inflammatory disease is not within his 'scope of practice' even though 'it is close to the mouth.'

A Growing Public Health Problem

The non-medical uses and abuse of prescription drugs are a serious and growing public health problem in this country. Most people take prescription medications responsibly; however, an estimated 48 million people (ages 12 and older) have used prescription drugs for non-medical reasons in their lifetimes. This represents approximately 20 percent (20%) of the U.S. population.

Also alarming is the fact that the 2004 National Institute on Drug Abuse's (NIDA's) "Monitoring the Future" survey of eighth, tenth and twelfth graders found that more than nine percent (9%) of twelfth graders reported using Vicodin without a prescription in the past year, and five percent (5%) reported using OxyContin, making these medications among the most commonly abused prescription drugs by adolescents.

The 'stigma' of the use of illicit drugs, does not appear to be related to prescription drug misuses and abuse. After all, these compounds are perceived by the abuser as legal and can often be found in the family medicine cabinet. The dental staff has an excellent opportunity to talk with their younger patients about the misuse of these 'legal drugs' and the legal and health considerations of such activity.

Remember, the use or misuse of the DEA Registration number is the *sole* responsibility of the individual who is assigned that number. In order to protect that responsibility, an office policy should be created with some of the following suggestions:

- Establish a good working relationship with local pharmacists. They are a good source of information about drug seeking patients;
- Have an excellent health history of your patient, including a list of all current medications;
- Keep your prescription pad in a secure place. Drug seeking patients are constantly on the lookout for unattended pads;
- Have a written policy regarding controlled substances, refills, lost medica-

tion and phoned in prescriptions. This allows you to verbally express office procedures to each patient;

- Documentation of scheduled drugs prescribed is a Board of Dentistry Rule. A notation of dates, types and amount of pharmaceuticals prescribed or dispensed;
- Do not prescribe a controlled substance to a family member, unless that person is a patient of record, with a proper diagnosis and treatment plan that

requires that substance. Family members immediately become suspect for diversion to personal use, when discovered to have prescriptions for controlled substances;

- Do not write a prescription for a controlled substance just to get rid of drug-seeking patients; and
- Do not prescribe, dispense or administer controlled substances *outside* the scope of your professional practice or in the absence of a formal practitioner-patient

relationship.

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Complete the exam on page 5 and submit with payment to the TDA Executive Office. The exam page may be duplicated for use by multiple individuals.

Exam for 2007 Chemical Dependency CE Article

- The first line of attack for symptoms of pain, displeasure, unhappiness in the American population is most often:
 - psychotherapy
 - acupuncture
 - chemicals
 - spiritual enhancement
- The awarding of a Drug Enforcement Agency Certificate of Registration is solely within the purview of:
 - state Board of Dentistry
 - the Federal Government
 - the T.B.I.
 - the TDA
- Since the Tennessee Board of Dentistry has no authority to issue a DEA number, it has *no* control over how a practitioner uses that number.
 - True
 - False
- The motivational force involving a dental license and DEA number incorporates in the Ego of an individual a sense of:
 - entitlement
 - power
 - privilege
 - all of the above
- The abuse of Prescription drugs is:
 - not a problem in the U.S.
 - a serious social and health problem in the U.S.
 - not the concern of the Dental Community
 - can be regulated by prescribing inadequate amounts of pain medication
- The first line of defense a dental practitioner has in the identification of a drug-seeking patient is:
 - urine drug screens
 - examination of the chief
 - the dental staff
 - checking the internet compliant, including x-rays
- Some common characteristics of a drug-seeking patient are:
 - unusual appearance
 - reluctant to provide information
 - may exaggerate a dental problem
 - all of the above
- The over-riding goal of the 'closed' DEA system is to:
 - decrease the use of generic drugs
 - reduce the diversion of controlled substances
 - reduce incidences of individual abuse and addiction
 - both b and c are correct
- A dentist besieged by the compulsion to be 'all things to all people' (superego/conscience) is now considered:
 - dishonest
 - best serving the needs of his/her patients
 - psychologically impaired
 - immune from licensure and/or the DEA trouble
- According to the National Institute of Drug Abuse (NIDA), the most commonly abused prescription drugs by adolescents are:
 - Vicodin (hydrocodone)
 - Demerol
 - OxyContin
 - both a and c are correct
- A prescription written by a dentist for Lortab at the request of a neighbor, without a proper diagnosis, is considered:
 - acceptable standard of practice
 - just a favor for a friend
 - a violation of the Dental Practice Act
 - O.K. since they are playing golf together
- Dentists who use their DEA and licensure privileges in exchange for sexual favors or other overt criminal actions, once convicted, may:
 - spend time in prison
 - lose their privileges
 - be embraced by the Concerned Dental Professionals Committee (CDPC)
 - both a and b are correct
- What percentage of the population in the U.S. have used prescription drugs for non-medical reasons in their lifetimes?
 - 10%
 - 15%
 - 20%
 - 25%
- The popularity of prescription drug misuse or abuse is due to:
 - they are perceived as legal by the abuser
 - less expensive
 - relative ease of obtaining these drugs
 - all of the above
- The misuse of a practitioner's DEA Registration number is:
 - the responsibility of the pharmacist filling the prescription
 - the responsibility of the dental staff manager
 - the sole responsibility of the assigned individual
 - none of the above

EXAM INSTRUCTIONS

- Complete the exam above and the form to the right;
- Mail, along with your check or credit card payment, to the Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067, prior to January 31, 2008.

Date: _____ *Credit is granted, upon successful completion of the exam, in the year materials are read and the exam submitted.*

TDA Member Dentist: \$25.00 Hygienist: \$25.00 Registered Assistant: \$25.00
 Non-Member Dentist: \$40.00

Name: _____

If dentist, ADA ID Number: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Enclosed is my check, made out to the TDA, for: \$ _____

- Or - Process: MasterCard VISA for \$ _____.

Card Number: _____ Exp. Date: _____

Three Digit CV V2 Code (on back of card following card #): _____

Name: _____
 Signature of Cardholder: _____

You will be notified by mail of your score and credit award. That certificate should be retained in your continuing education file. For TDA member dentists, ACE program credits will automatically be recorded.