



Emotional Health and the Dentist

FIVE IN A SERIES OF SIX ARTICLES

by Paul H. Earley, M.D., FASAM

In our first four articles, we discussed the importance of emotional health for those of us in the medical community. As a group, medical professionals set aside our own needs during training and our careers, focusing on the health of our patients. We introduced you to Noah Marshall, a fictional, bright, energetic dentist early in his career. He started using hydrocodone after an injury and discovered a peaceful energy when he took the drug. He slowly increased its use until he became dependent. His wife, Jeanne, confronted him to no avail. His practice partner finds out about his use after a local pharmacist reports Noah to the College. The College informs Noah that he must obtain treatment. Noah and his wife band together in this crisis, pack his bags and get Noah to the airport.

Noah felt out of place the minute he signed in to treatment. All his life, he had concentrated on science. The people in treatment seemed like they were from a different planet. The admissions counsellor effusively said, "I am so glad you made it here!" To himself Noah thought, "I guess it's good that someone is glad." He was admitted to the detoxification unit where a physician listened to his history and completed a physical. The physician wanted to start Noah on medications to help with his opioid withdrawal, but Noah refused. "I'll be fine."

But he wasn't. Several hours after his arrival, Noah felt abdominal cramps, chills and sweats. When he said something to the nurse, she chuckled, "That's just narcotic withdrawal. Are you sure you don't want some medication?" Noah refused, gritting his teeth. He would do anything to avoid the obvious truth: he was physiologically dependent on hydrocodone. Restless, he wandered about the small detoxification wing of the centre. As he walked, he compared himself to the other patients he saw there. "Well, he is in alcohol withdrawal, shaking and confused. And she is obviously a street drug abuser, not like me." He slept poorly with vivid dreams that awakened him from fragmented sleep. By morning he was awash in a sea of dread.

After several days, the physician declared him fit to move over to the treatment side of the centre. He packed up his belongings and sat on the bed waiting to be escorted to the other side of the building. Much to his surprise, a 28-year-old tattooed man ambled into his room. "Noah Marshall?" he asked. When Noah replied in the affirmative, the young man laughed. "I'm Jeff, your new roommate! Let me grab your things. What are you here for?" Noah softly replied, "I took too many hydrocodone medications." Jeff laughed again, saying, "Don't we all!" He slapped Noah on the back and carried his suitcase out the door.

This was the beginning of a difficult time for Noah. He sat in groups listening to the other patients tell their stories of hurt, loss and out of control alcohol and drug use for days on end. On the surface, he tried to remain attentive, but to himself he kept saying, "I am not like those drug

addicts! They took street drugs! And those sad alcoholics, all sickly and shaking. I am not like that at all.” His roommate Jeff was in some ways the most difficult. Jeff had been injecting heroin for five years, almost to the point of homelessness. “If it wasn’t for my aunt, I’d still be out there scamming to get more dope.” Noah found himself liking Jeff’s frank and easy-going nature, but went to sleep those first nights being thankful he wasn’t Jeff. Noah wrote to his wife, telling Jeanne he was at a centre with “all kinds of people, but no one like me.”

After two weeks of minor assignments, it came time for Noah to present his addiction history to his group. The therapist nodded her head to Noah and he began. “I have been taking a high-dose of the medication hydrocodone for four years.” He heard a giggle from across the room, but continued. “I never took illegal drugs and all of my medications were valid prescriptions.” He went on to describe how he obtained his “medications” emphasizing that he was never out of control and carefully sidestepping how he pilfered drugs from his patients. When he finished the therapist said: “Feedback?” An intense flurry of questions came at him. “Why did you continue taking medications when the pain went away? How can you say these were valid prescriptions when you wrote them for your wife but took them yourself? It sounds like you stole drugs from your patients...right?” And a cryptic comment from one patient: “Medications treat illness, addicts take drugs.” Even his easy going roommate, Jeff, was blunt with him, saying: “Sounds like you and me are a lot alike. Doing crimes to get high.”

Noah left the session feeling defeated and misunderstood. He went back to his room and flopped on his bed, wondering how his life had veered so far off track. That night, he lay in bed unable to sleep a wink. The walls closed in on him. In desperation, he woke Jeff up asking him to talk. Jeff turned on the bedside light and, to Noah’s surprise, was eager to help. “I get kind of lonely here too,” he said. Noah asked why the group was so tough on him. Jeff did not answer, instead he said, “You don’t seem like the kind of guy that has done anything wrong your entire life, much less drug felonies, right?” “No, never!” Noah exclaimed. “So why would you do so many despicable things to get your pills?” Jeff asked.

Noah put his hand to his chin, thought for a moment and quietly replied, “After a while, I needed them.” “Right. You had to have it. Just like I had to have my heroin. I am a dope fiend,” Jeff explained. Noah sat thinking for a while, looking paler by the minute. “Do you think I am like you?” To this Jeff replied, “Well not *just* like you. You ruined your career and your marriage. I could never get it together to get any of those things so I could go on to trash them later.” Jeff erupted into laughter at his cleverness, which tickled Noah into laughter as well. The dam broke and the roommates shared their souls on into the night.

The next day, Noah went back into groups and asked them to repeat yesterday’s feedback. “Gently,” he implored. The group worked through his rationalizations, minimizations and denial of his illness. In contrast to the previous day, Noah felt less confused than he had in a long time. More pain, maybe, but less confused. More importantly, he recognized that he had friends in the centre, friends who cared enough to help him see himself for what he had truly become. Over the ensuing weeks, Noah continued to explore how his addiction illness subtly, but pervasively, changed his thoughts, beliefs, behaviours and values. He came to recognize how he had been lying to himself. He learned his compulsive and somewhat perfectionistic tendencies helped him be a good dentist, but also fuelled his addiction. He learned about self-help groups and how a recovering addict uses them to keep their illness at bay.

Noah discovered that he never was very comfortable with his feelings. His family never talked about them and as a young boy, he felt defective if he was overcome by any strong emotion. A picture of his wife Jeanne and their two young children sat on the bedside table he shared with Jeff. The picture triggered many conversations about the importance of his family. Strangely enough, Jeff's recovery commitment increased the more Noah talked about his family and his addiction disorder. An unexpected and unconventional bond developed between the two roommates. The days moved faster and faster as Noah realized how much work he had to do to maintain his nascent hard-won peace.

After many weeks in treatment, the team of staff at the centre let Noah know that it was time to begin work on his continuing care plan. Noah sat down with a counsellor who outlined the plan. "Almost anyone can remain in recovery here," she said. "The real work begins after you return home." The staff understood the importance of recovery for health care professionals, "You stay drug-free for yourself *and* to ensure that you practise safe dentistry. It is a matter of public safety." The continuing care plan included the name of a sponsor who is a dentist with long-term recovery in Noah's home town. Noah will continue random drug screens for five years. "They seem inconvenient at first, but you get used to them," the continuing care counsellor affirms. The plan states that Noah must attend 12-Step support group meetings. He will also start couples therapy with his wife. Looking over the plan with a worried look on his face, Noah said, "It seems like a lot!" "It is a lot, but necessary to ensure your illness remains in remission," the counsellor replied. A solemn Noah agreed.

Stay tuned for the final installment, where Noah returns home, uncertain of what he will find.

CDRAF AND CDA JOINT PROJECT

The development and distribution of this article is a joint project with the Canadian Dental Regulatory Authorities Federation (CDRAF) and the Canadian Dental Association (CDA). The goal of the project is to raise awareness of dentists in Canada about addiction disease and the opportunities for treatment and recovery. Dr. Earley was a keynote speaker at the national symposium collaboratively organized by CDRAF and CDA held in Toronto in October 2011 to profile addiction for the organizations' leadership.

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Dr. Earley speaks nationally and internationally on topics of addiction, its treatment and addiction among health care professionals. He is the author of numerous books and articles on addiction and its treatment, including *The Cocaine Recovery Book*. He is one of the authors of the American Society of Addiction Medicine (ASAM) Textbook: *Principles of Addiction Medicine*, including the chapter, "Physician Health Programs and Addiction among Physicians." His work was featured in the documentary series on addiction entitled *Close to Home* by Bill Moyers. He has championed recovery in two appearances on the Oprah Winfrey show. Dr. Earley is a Fellow of ASAM and has been on the board of ASAM for over 10 years in several capacities. He has also served as the Medical Director of two nationally acclaimed addiction programs specializing in the care of addicted health care professionals.