



State Well-Being Program Directory

The Council On Dental Practice Mission Statement

The mission of the Council on Dental Practice is to recommend policies and provide resources to empower our members to continue development of the dental practice and to enhance their personal and professional lives for the betterment of the dental team and the patients they serve.

DISCLAIMER

This publication is informational only and does not constitute professional advice; readers must consult with their own advisors for such advice. The American Dental Association does not necessarily endorse any of the information, recommendations, products and/or services of non-ADA resources that may be identified herein.

Dentist Health and Wellness Council on Dental Practice

American Dental Association
211 E. Chicago Avenue
Chicago, Illinois 60611
Phone: 312.440.2500
Fax: 312.440.2924

Dr. Joseph Unger, Chair
Council on Dental Practice

Alison Siwek
Manager, ext. 2622

Sabrina Collins
Senior Project Associate, ext. 4647

Though every effort has been made to insure accuracy of information in this book, we apologize for any errors. This directory is also available on the ADA's website where updates are done periodically.

Additions, deletions, or corrections should be addressed to:

American Dental Association
Council on Dental Practice
Dentist Health and Wellness
211 E. Chicago Ave.
Chicago, Illinois 60611

or,

Fax to: 312.440.2924
Attn: Sabrina Collins
Email: collinssa@ada.org

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Alabama

Alabama Dental Association

836 Washington Avenue
Montgomery, AL 36104
Phone: 334.265.1684
Email: contactus@aldaonline.org
Web: www.aldaonline.org

Alabama Dental Professionals Wellness Committee

Staff Contact: Dr. Michael C. Garver
Phone: 251.866.5585
800.818.3880 (Secure Hotline)
Email: garvermichaelcdr@bellsouth.net

Alaska

Alaska Dental Society

9170 Jewel Lake Road #203
Anchorage, AK 99502
Phone: 907.563.3003
Email: akdental@alaska.net
Web: www.akdental.org

Dentists of Alaska Recovery Effort "DARE"

Staff Contact: Dr. Michale L. Boothe
Phone: 907.276.5522
Email: mlb4mgb@aol.com

Arizona

Arizona Dental Association

3193 N. Drinkwater Boulevard
Scottsdale, AZ 85251
Phone: 480.344.5777
Email: rick@azda.org
Web: www.azda.org

Dentists Concerned for Dentists

Staff Contact: Ms. Phyllis Yancy
Phone: 480.344.5777 ext. 303
Email: phyllis@azda.org

Arkansas

Arkansas State Dental Association

2501 Crestwood, Suite 205
N. Little Rock, AR 72116
Phone: 501.834.7650
Email: asda@aristotle.net
Web: www.dental-asda.org

Caring Dentist Committee

Staff Contact: Dr. Mark K. Wilson
Phone: 870.563.6900
Email: mwilksodds@rittermail.com

California

California Dental Association

1201 K Street
Sacramento, CA 95814
Phone: 916.443.0505
In CA: 800.232.7645
Email: info@cda.org
Web: www.cda.org

Staff Contact: Jennie Leatherman
Phone: 916.554.4998
Email: jennie.leatherman@cda.org

Northern California

Phone: 530.310.2395

Southern California

Phone: 818.437.3204 or 714.814.7732

San Francisco/Bay Area

Phone: 866.430.0922

San Diego

Phone: 619.275.7180

Colorado

Colorado Dental Association

3690 S. Yosemite, Suite 100
Denver, CO 80237-1808
Phone: 303.740.6900
Email: info@cdaonline.org
Web: www.cdaonline.org

Concerned Colorado Dentists

Staff Contact: Dr. Brett Kessler
Phone: 303.321.4445
Email: bikodds34@gmail.com

Connecticut

Connecticut State Dental Association

835 W. Queen Street
Southington, CT 06489
Phone: 860.378.1800
Email: info@csla.com
Web: www.csla.com

Staff Contact: Dr. Thomas Calnon
Phone: 860.378.1800
Email: tjcal@aol.com

Delaware

Delaware State Dental Society

200 Continental Drive, Suite 111
Newark, DE 19713
Phone: 302.368.7634
Email: dedentalsociety@gmail.com
Web: www.delawarestatedentalsociety.org

Staff Contact: Ms. Betty Dencler

District of Columbia

District of Columbia Dental Society
502 C Street, N.E.
Washington, D.C. 20002
Phone: 202.547.7613
Email: info@dcdental.org
Web: www.dcdental.org

Florida

Florida Dental Association

1111 E. Tennessee Street, Suite 102
Tallahassee, FL 32308-6913
Phone: 850.681.3629
Email: fda@floridadental.org
Web: www.floridadental.org

Georgia

Georgia Dental Association

7000 Peachtree Dunwoody Road, N.E.
Atlanta, GA 30328-1615
Phone: 404.636.7553
Web: www.gadental.org

Staff Contact: Ms. Melana McClatchey
Director, Member Services
Email: mcclatchey@gadental.org

Hawaii

Hawaii Dental Association

1345 S. Beretania Street
Honolulu, HI 96814-1802
Phone: 808.593.7956
Email: hda@hawaiidentalassociation.net
Web: www.hawaiidentalassociation.net

Staff Contact: Dr. Loren Liebling

Illinois

Illinois State Dental Society

1010 S. 2nd Street
P.O. Box 376
Springfield, IL 62704
Phone: 217.525.1406
Email: info@isds.org
Web: www.isds.org

Concerned Dentists Program

Staff Contact: Lisa Fowler
lfowler@isds.org

Indiana

Indiana Dental Association

1319 E. Stop 10 Road
Indianapolis, IN 46227-5934
Phone: 317.634.2610
Email: dbush@indental.org
Web: www.indental.org

Indiana Wellness Committee

Staff Contact: Mr. Ed Rosenbaum
Email: edr@indental.org

Ms. Candace Backer
322 Canal Walk
Indianapolis, IN 46202
Phone: 317.514.1865

Iowa (No Program)

Iowa Dental Association

P.O. Box 31088
Johnson, IA 50131-9428
Phone: 515.986.5605
Email: info@iowadental.org
Web: www.iowadental.org

Kansas

Kansas Dental Association

5200 SW Huntoon Street
Topeka, KS 66604-2365
Phone: 785.272.7360
Email: kevin@ksdental.org
Web: www.ksdental.org

Well Being Committee

Staff Contact: Niki Sadler
Email: niki@ksdental.org

Dr. Brian J. Brungardt
2445 SW Wanamaker Road
Topeka, KS 66614
Phone: 785.272.2233
Email: brunb@aol.com

Dr. Gary Pratt
5605 SW Barrington Court South,
Suite 200
Topeka, KS 66614
Phone: 785.272.1313
Email: jm7pra@aol.com

Kentucky

Kentucky Dental Association

1920 Nelson Miller Parkway
Louisville, KY 40223-2164
Phone: 502.489.9122
Web: www.kyda.org

Kentucky Professional Recovery Network

Staff Contact: Brian Fingerson, R.Ph.
Phone: 502.749.8385
Web: www.kyprn.com

Louisiana

Louisiana Dental Association

7833 Office Park Blvd.
Baton Rouge, LA 70809-7604
Phone: 225.926.1986
Email: info@ladental.org
Web: www.ladental.org

Physician Health Foundation

Staff Contact
Dr. Jamie Manders
jamiemanders@yahoo.com

Maine

Maine Dental Association

P.O. Box 215
Manchester, ME 04351
Phone: 207.622.7900
Email: info@medental.org
Web: www.medental.org

Medical Professionals Health Program

Phone: 207.623.9266

Maryland

Maryland State Dental Association

6410 F Dobbin Road, Suite F
Columbia, MD 21045-4774
Phone: 410.964.2888
Email: mddent@msda.com
Web: www.msda.com

Massachusetts

Massachusetts Dental Society

Two Willow Street, #200
Fayville, MA 01745-1020
Phone: 800.342.8747
Email: madental@massdental.org
Web: www.massdental.org

Committee on Health and Wellness

Staff Contact: Ellen Factor
Email: efactor@massdental.org

Michigan

Michigan Dental Association

3657 Okemos Road, Suite 200
Okemos, MI 48864-3927
Phone: 517.372.9070
Email: mda@michigandental.org
Web: www.smilemichigan.com

Special Committee on Peer Review Health & Well Being

Staff Contact: Chris Wilson
Email: cwilson@michigandental.org

Minnesota

Minnesota Dental Association

1335 Industrial Boulevard N.E., Suite 200
Minneapolis, MN 55413-4801
Phone: 612.767.8400
Email: info@mndental.org
Web: www.mndental.org

Dentists Concerned for Dentists

Staff Contact: D.J. Enga
Phone: 651.275.0313

Mississippi

Mississippi Dental Association

439 Katherine Drive, #B
Flowood, MS 39232-9781
Phone: 601.664.9691
Email: connie@msdental.org
Web: www.msdental.org

Mississippi Association of Recovering Dentists

Staff Contact: Tamra Shepard
Email: office@msdental.org

Missouri

Missouri Dental Association

3340 American Avenue
Jefferson City, MO 65109
Phone: 573.634.3436
Email: info@modental.org
Web: www.modental.org

Dental Well Being Foundation

Paul Roberts, director
Email: paul@modental.org
Phone: 800.688.1907 ext. 108

Rebecca A. Mowen, administrator
Email: wellbeing@modental.org
Phone: 314.571.6284

Montana (No Program)

Montana Dental Association

P.O. Box 1154
Helena, MT 59624-1154
Phone: 406.443.2061
Email: dave@montanadental.org
Web: www.mtdental.com

Nebraska

Nebraska Dental Association

7160 S. 29th, Suite 1
Lincoln, NE 68516
Phone: 402.476.1704
Email: nda@windstream.net
Web: www.nedental.org

Dentists Concerned for Dentists Hotline

Nebraska Licensee Assistance Program
Phone: 800.851.2336

Staff Contact: Dr. William Corcoran
Phone: 402.397.3636
Email: Dr.William.Corcoran@gmail.com

Nevada

Nevada Dental Association

8863 W. Flamingo Road, Suite 102
Las Vegas, NV 89147
Phone: 702.255.4211
Email: info@nvda.org
Web: www.nvda.org

Northern Nevada Health & Wellness Program

Dr. Michael Day
Phone: 775.337.0296

Southern Nevada Health & Wellness Program

Dr. Richard Walker
Phone: 702.733.8700

New Hampshire (No Program)

New Hampshire Dental Society

23 South State Street
Concord, NH 03301-3721
Phone: 603.225.5961
Email: nhds@nhds.org
Web: www.nhdental.org

Resource Contact: Dr. Eric Hirschfeld

New Jersey

New Jersey Dental Association

One Dental Plaza
P.O. Box 6020
North Brunswick, NJ 08902-4313
Phone: 732.821.9400
Email: ameisel@njda.org
Web: www.njda.org

Professional Assistance Program (PAP)

Staff Contact: Linda Pleva
Phone: 609.919.1660
Email: linda.pleva@papnj.org

Dr. Louis Baxtor, Director
742 Alexandra Road, Suite 105
Princeton, NJ 08540

New Mexico

New Mexico Dental Association

9201 Montgomery Boulevard NE,
Suite 601
Albuquerque, NM 87111
Phone: 505.294.1368
Email: mmoores@nmdental.org
Web: www.nmdental.org

New Mexico Monitored Treatment Program

Staff Contact: Dr. Ken Merritt
Phone: 505.271.0800
Web: www.monitoredtreatment.com

New York

New York State Dental Association

20 Corporate Woods Boulevard, Suite 602
Albany, NY 12211-2396
Phone: 518.465.0044, ext. 251
Email: info@nysdental.org
Web: www.nysdental.org

Committee on Chemical Dependency

Staff Contact: Judith L. Shub, Ph.D.
Phone: 518.465.0044 ext. 251
Email: jshub@nysdental.org

Staff Contact: Robert J. Herzog, D.D.S.,
Chairman
Peer Assistance Coordinator
2727 Main Street
Buffalo, NY 14214
Phone: 716.833.2727
Email: rherzog@roadrunner.com

North Carolina

North Carolina Dental Society

1600 Evans Road
Cary, NC 27513-2790
Phone: 919.677.1396
Email: ncdds@ncdental.org
Web: www.ncdental.org

North Carolina Caring Dental Professionals

Staff Contact: Nancy Davis
Phone: 910.944.1150
Email: ndavis@nccaringdental.com

North Dakota (No Program)

North Dakota Dental Association

P.O. Box 1332
Bismarck, ND 58502-1332
Phone: 701.223.8870
Email: ndda@midconetwork.com
Web: www.nddental.com

Ohio

Ohio Dental Association

1370 Dublin Road
Columbus, OH 43215-1049
Phone: 614.486.2700
Email: dentist@oda.org
Web: www.oda.org

Dentists Concerned for Dentists – DCD

Staff Contact: Ms. Suzanne Payne-Brooks
Email: suzy@oda.org

Oklahoma

Oklahoma Dental Association

317 NE 13th Street
Oklahoma City, OK 73104
Phone: 405.848.8873
Email: information@okda.org
Web: www.okda.org

Oklahoma Health Professionals Program

Phone: 405.601.2536
Email: ohpp@okmed.org

Oregon

Oregon Dental Association

P.O. Box 3710
Wilsonville, OR 97070-3710
Phone: 503.218.2010
Email: dbretthauer@oregondental.org
Web: www.oregondental.org

Dentist Well Being Committee

Staff Contact: Dr. Susan Rustvold
Phone: 503.659.5246
Email: susanrustvold@mac.com

Dr. Anna Knecht
Phone: 503.775.4000
Email: drannamk@qwestoffice.net

Dr. David Renton
Email: duckdaver@hotmail.com

Pennsylvania

Pennsylvania Dental Association

3501 N. Front Street
Harrisburg, PA 17105-3341
Phone: 717.234.5941
Email: ckc@padental.org
Web: www.padental.org

Concerned Colleague Committee

Staff Contact: Ms. Kathleen Bumpers
Phone: 717.234.5941 ext. 102
Email: kek@padental.org

Rhode Island

Rhode Island Dental Association

875 Centerville Road, Building 4, Suite 12
Warwick, RI 02886-4381
Phone: 401.825.7700
Email: ridental@ridental.com
Web: www.ridental.com

Staff Contact: Dr. Robert Bartro
Phone: 401.825.7700
Email: bob@ridental.com

South Carolina (No Program)

South Carolina Dental Association

120 Stonemark Lane
Columbia, SC 29210-3841
Phone: 800.327.2598
Email: lathamp@scda.org
Web: www.scda.org

South Dakota

South Dakota (CRDTS)

804 N. Euclid Avenue, Suite 103
Pierre, SD 57501-1719
Phone: 605.224.9133
Email: info@sddental.org
Web: www.sddental.org

Staff Contact: Dr. Paul Knecht
Email: paul.knecht@sddental.org

Tennessee

Tennessee Dental Association

660 Bakers Bridge Avenue, Suite 300
Franklin, TN 37067-6461

Phone: 615.628.0208
Email: tda@tenndental.org
Web: www.tenndental.org

Wellness Committee

Staff Contact: Dr. Wayne McElhiney
Email: wmc@tenndental.org

Texas

Texas Dental Association

1946 South Interstate
Austin, TX 78704-3644
Phone: 512.443.3675
Email: tda@tda.org
Web: www.tda.org

Professional Recovery Network

Staff Contact: Ms. Courtney Hulbert
Email: chulbert@texaspharmacy.org

Utah

Utah Dental Association

1151 E. 3900 South, Suite 160
Salt Lake City, UT 84124-1216
Phone: 801.261.5315
Email: uda@uda.org
Web: www.uda.org

Utah Concerned Dentists

Staff Contact: Mr. Monte Thompson

Vermont

Vermont State Dental Society

1 Kennedy Drive, Suite L3
South Burlington, VT 05403-7165
Phone: 802.864.0115
Email: info@vsds.org
Web: www.vsds.org

Staff Contact: Mr. Vaughn Collins

Virginia

Virginia Dental Association

P.O. Box 3095
Henrico, VA 23228-9701
Phone: 804.288.5750
Email: info@vadental.org
Web: www.vadental.org

VDA Caring Dentists Committee

Staff Contact: Ms. Bonnie Anderson
Email: anderson@vadental.org

Washington

Washington State Dental Association

126 N.W. Canal Street
Seattle, WA 98107-4970
Phone: 206.448.1914
Email: info@wsda.org
Web: www.wsda.org

Washington Physicians Health Program (WPHP)

Phone: 800.55.7235
206.583.0127
Web: www.wphp.org

West Virginia

West Virginia Dental Association

2016 1/2 Kanawha Boulevard East
Charleston, WV 25311-2204
Phone: 206.448.1914
Email: info@wvdental.org
Web: www.wvdental.org

Wisconsin

Wisconsin Dental Association

6737 W. Washington Street, Suite 2360
West Allis, WI 53214
Phone: 414.276.4520
Email: mpaget@wda.org
Web: www.wda.org

Dentists Concerned for Dentists

Ad Hoc Committee of the WDA
Staff Contact: Ms. Susan John
Phone: 414.755.4118
Email: sjohn@wda.org

Wyoming

Wyoming Dental Association

259 S. Center Street, Suite 201
Casper, WY 82601-2570
Phone: 307.237.1186
Email: wyodental@gmail.com
Web: www.wyda.org

Wyoming Professional Assistance Program

Phone: 307.472.1222



AIDS Education and Training Centers (AETC)

The AIDS Education and Training Centers are a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate state-of-the-science comprehensive care for those living with or affected by HIV. The network is comprised of 11 regional centers (and more than 100 local performance sites), 3 national centers, 9 telehealth centers and 8 graduate/health profession programs. To locate your regional and local center visit <http://aidsetc.org/directory>.

2015 Dentist Well-being Advisory Committee

Dr. Christopher Smith, chair

1501 7th Avenue
P.O. Box 6430
Charleston, WV 25387-2305
Office Phone: 304.343.9131
Home Phone: 304.342.8488
Fax: 304.343.2416
Cell Phone: 304.541.6539
Email: smittie@smithdental.net

Dr. Michelle L. Mazur-Kary, vice-chair

Central Maine Endodontics
219 Mount Auburn Avenue
Auburn, ME 04210-8521
Office Phone: 207.783.1671
Home Phone: 207.946.7551
Fax: 207.946.3717
Cell Phone: 207.576.9730

Ms. Sharon Bryant

Alliance of the American Dental Association
P.O. Box 280
Santa Ana, TX 76878
Cell Phone: 214.770.4488
Email: spbryant@sbcglobal.net

**Mr. Timothy J. Caruso, P.T., M.B.A., M.S.,
C.E.R.T., M.D.T.**

1578 W. Holz Avenue
Addison, IL 60101-1930
Cell Phone: 630.965.8176
Fax: 630.628.8178
Email: carusopt@ameritech.net

Dr. J. William Claytor, Jr.

107 Grover Street
Shelby, NC 28150-3803
Office Phone: 704.484.0531
Email: drbill@carolina.rr.com

Ms. Tamara M. James, M.A., C.P.E.

488 Berry Hill Drive
Clarksville, VA 23927-4302
Office Phone: 919.681.3140
Home Phone: 919.655.5145
Fax: 919.286.6763
Email: tamara.james@duke.edu

Dr. Brett Kessler

Town Center Dentistry & Orthodontics
7479 East 29th Place
Denver, CO 80238
Work Phone: 303.321.4445
Fax: 303.321.4504
Email: bikodds34@gmail.com

Dr. Christine Landes

12 Penns Trail, Suite Tooth
Newton, PA 18940
Office Phone: 215.504.5437
Email: ndfk@rcn.com

Dr. Craig Ratner

7030 Hylan Boulevard
Staten Island, NY 10307
Office Phone: 718.984.1652
Cell Phone: 908.338.1644
Email: cratdmd@gmail.com

Judy S. Rivenbark, M.D.

P.O. Box 15580
Fernandina Beach, FL 32035
Work Phone: 904.710.9142
Email: judywhrjsr@gmail.com

Ms. JoAnn Scofield, M.S., R.D.H.

1101 Hill Street
McKinney, TX 75069
Home Phone: 214.542.0778
Email: joannscfield@sbcglobal.net

Dr. Adam C. Shisler

732 Nicholson Street
Houston, TX 77007
Cell Phone: 713.666.7884
Email: acshisler@gmail.com

Dr. Curtis Vixie

3020 Johnstonville Road
Susanville, CA 96130-8739
Email: cvixie@citlink.net
Work Phone: 530.310.2395

Robert A. Werner, M.D.

Ann Arbor Veterans Administration
Health System
2215 Fuller Road, Suite 117
Ann Arbor, MI 48106
Work Phone: 734.845.3106
Fax: 734.845.3285
Email: rawerner@umich.edu

ADA Resources

Frequently, you may have questions that require the attention of staff with expertise in a variety of areas.

Specific well being questions or concerns may be referred to:

Legal	2874
Insurance	2620
Membership	4699
Scientific Affairs	2852
Library	2719

ADA Website

ADA.org

For Well Being Issues and Questions:

Alison Siwek ext. 2622

Email: siweka@ada.org

For Well Being Literature:

Sabrina Collins ext. 4647

Email: collinssa@ada.org

Additional Resources

AA World Services

Phone: 212.870.3400

ALANON

Phone: 800.344.2666

757.563.1600

American Society of Addiction Medicine (ASAM)

Phone: 301.656.3920

Fax: 301.656.3815

Email: email@asam.org

Web: www.asam.org

American Psychological Association

750 First Street, NE

Washington, DC 20002

Phone: 800.374.2721

202.336.5500

Web: www.apa.org

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road

Atlanta, GA 30329

Public Inquiries: 800.232.4636

Web: www.cdc.gov

PCDC National Prevention Information Network (NPIN)

Phone: 800.458.5231

TTY: 800.243.7012

M-F, 9 a.m. to 6 p.m. Eastern Time

Email: info@cdcnpin.org

Gay Men's Health Crisis

446 West 33rd Street

New York, NY 10001

Phone: 212.367.1000

Email: webmaster@gmhc.org

Web: www.gmhc.org

Hazelden Publishing

Phone: 800.328.9000

Web: www.hazelden.org

National Library of Medicine

Web: www.nlm.nih.gov

NACoA

10920 Connecticut Avenue

Suite 100

Kensington, MD 20895

Phone: 888.554.COAS

Email: nacoa@nacoa.org

Web: www.nacoa.org

NAMES Project Foundation
AIDS Memorial Quilt
204 14th St. NW
Atlanta, GA 30318-5304
Phone: 404.688.5500
Fax: 404.688.5552
Email: info@aidsquilt.org
Web: www.aidsquilt.org

NIAAA
General Enquiries Email:
niaaaweb-r@exchange.nih.gov
Web: www.niaaa.nih.gov

NIDA
Phone: 301.443.1124
Web: www.drugabuse.gov

ADA Policy Statements on Dentist Health and Wellness, Substance Use Disorders, and Guiding Principles for Dentist Well-Being Activities at the State Level

October 2005

7H-2005. Resolved, that the following ADA Statement on Dentist Health and Wellness be adopted.

Statement on Dentist Health and Wellness

To preserve the quality of their performance and advance the welfare of patients, dentists are encouraged to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, addictive disorders, disabilities and occupational stress. When health or wellness is compromised, so may be the safety and effectiveness of the dental care provided. When failing physical or mental health reaches the point of interfering with a dentist's ability to engage safely in professional activities, the dentist is said to be impaired.

In addition to maintaining healthy lifestyle habits, every dentist is encouraged to have a personal physician whose objectivity is not compromised. Impaired dentists whose health or wellness is compromised are urged to take measures to mitigate the problem, seek appropriate help as necessary and engage in an honest self-assessment of their ability to continue practicing.

Dentists are encouraged to participate in the ADA's Health Screening Program when they attend annual session, both to assist them in monitoring key indicators of personal health and to contribute to the body of knowledge about dentist health and well-being.

Dentists are strongly encouraged to have adequate disability and overhead protection insurance coverage which they review on a regular basis.

The ADA and/or its constituent and component societies, as appropriate, are encouraged to assist their members in being able to provide safe and effective care by:

- Promoting health and wellness among dentists
- Supporting peers in identifying dentists in need of help
- Intervening promptly when the health or wellness of a colleague appears to have become compromised, including the offer of encouragement, coverage or referral to a dentist wellbeing program
- Encouraging the development of mutual aid agreements among dentists, for practice coverage in the event of serious illness
- Establishing or cooperating with dentist (or multidisciplinary) well-being programs that provide a supportive environment to maintain and restore health and wellness
- Establishing mechanisms to assure that impaired dentists promptly cease practice
- Reporting impaired dentists who continue to practice, despite reasonable offers of assistance, to appropriate bodies as required by law and/or ethical obligations
- Supporting recovered colleagues when they resume patient care

8H-2005. Resolved, that the following ADA Statement on the Use of Opioids in the Treatment of Dental Pain be adopted.

Statement on the Use of Opioids in the Treatment of Dental Pain

1. The ADA encourages continuing education about the appropriate use of opioid pain medications in order to promote both responsible prescribing practices and limit instances of abuse and diversion.
2. Dentists who prescribe opioids for treatment of dental pain are encouraged to be mindful of and have respect for their inherent abuse potential.
3. Dentists who prescribe opioids for treatment of dental pain are also encouraged to periodically review their compliance with Drug Enforcement Administration recommendations and regulations.
4. Dentists are encouraged to recognize their responsibility for ensuring that prescription pain medications are available to the patients who need them, for preventing these drugs from becoming a source of harm or abuse and for understanding the special issues in pain management for patients already opiate dependent.
5. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
6. Appropriate education in addictive disease and pain management should be provided as part of the core curriculum at all dental schools.

10H-2005. Resolved, that the following ADA Statement on Alcoholism and Other Substance Use Disorders be adopted.

Statement on Alcoholism and Other Substance Use Disorders

1. The ADA recognizes that alcoholism and other substance use disorders are primary, chronic, and often progressive diseases that ultimately affect every aspect of health, including oral health.
2. The ADA recognizes the need for research on the oral health implications of chronic alcohol, tobacco and/or other drug use.
3. The ADA recognizes the need for research on substance use disorders among dentists, dental and dental hygiene students, and dental team members.

11H-2005. Resolved, that the following ADA Statement on Substance Abuse Among Dentists be adopted.

Statement on Substance Abuse Among Dentists

1. Dentists who use alcohol are urged to do so responsibly. Dentists are also urged to use prescription medications only as prescribed by an appropriate, licensed healthcare professional and to avoid the use of illegal substances.
2. Colleagues, dental team members, and the dentists' family members, are urged to seek assistance and intervention when they believe a dentist is impaired.
3. Early intervention is strongly encouraged.

4. Dentists with addictive illness are urged to seek adequate treatment and participate in long-term monitoring protocols to maximize their likelihood of sustained recovery.
5. Impaired dentists who continue to practice, despite reasonable offers of assistance, may be reported to appropriate bodies as required by law and/or ethical obligations.
6. Dentists in full remission from addictive illness should not be discriminated against in the areas of professional licensure, clinical privileges, or inclusion in dental benefit network and provider panels solely due to the diagnosis and recovery from that illness.
7. The ADA encourages additional research in the area of dentist impairment and the factors of successful recovery.

12H–2005. Resolved, that the following ADA Statement on Substance Use Among Dental Students be adopted.

Statement on Substance Use Among Dental Students

1. The ADA supports educational programs for dental students that address professional impairment associated with substance abuse.
2. Dental students who use alcohol should strive to do so responsibly. Dental students are also urged to use prescription medications only when prescribed by an appropriate, licensed healthcare professional and to avoid the use of illegal substances.
3. Dental school administration and faculty are encouraged to promptly intervene once aware of inappropriate substance use by a student.
4. Dental schools are strongly encouraged to support a student's referral to an addiction treatment program, if appropriate, and indicated by a thorough evaluation, prior to making disciplinary decisions.
5. Dental schools are encouraged to support only the responsible use of alcohol on their premises or at their functions or by faculty when with students in social settings.

14H–2005. Resolved, that the following ADA Statement on Provision of Dental Treatment of Patients with Substance Use Disorders be adopted.

Statement on Provision of Dental Treatment for Patients with Substance Use Disorders

1. Dentists are urged to be aware of each patient's substance use history, and to take this into consideration when planning treatment and prescribing medications.
2. Dentists are encouraged to be knowledgeable about substance use disorders — both active and in remission — in order to safely prescribe controlled substances and other medications to patients with these disorders.
3. Dentists should draw upon their professional judgment in advising patients who are heavy drinkers to cut back, or the users of illegal drugs to stop.
4. Dentists may want to be familiar with their community's treatment resources for patients with substance use disorders and be able to make referrals when indicated.
5. Dentists are encouraged to seek consultation with the patient's physician, when the patient has a history of alcoholism or other substance use disorder.
6. Dentists are urged to be current in their knowledge of pharmacology, including content

related to drugs of abuse; recognition of contraindications to the delivery of local anesthetics; safe prescribing practices for patients with substance use disorders — both active and in remission — and management of patient emergencies that may result from unforeseen drug interactions.

7. Dentists are obliged to protect patient confidentiality of substance abuse treatment information, in accordance with applicable state and federal law.

15H–2005. Resolved, that the following ADA Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients be adopted.

Statement on Alcohol and Other Substance Use by Pregnant and Postpartum Patients

1. Dentists are encouraged to inquire about pregnant or postpartum patients' history of alcohol and other drug use, including nicotine.
2. As healthcare professionals, dentists are encouraged to advise these patients to avoid the use of these substances and to urge them to disclose any such use to their primary care providers.
3. Dentists who become aware of postpartum patients' resumption of tobacco or illegal drug use, or excessive alcohol intake, are encouraged to recommend that the patient stop these behaviors. The dentist is encouraged to be prepared to inform the woman of treatment resources, if indicated.

16H–2005. Resolved, that the following Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients be adopted.

Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients

1. Dentists are urged to be knowledgeable about the oral manifestations of nicotine and drug use in adolescents.
2. Dentists are encouraged to know their state laws related to confidentiality of health services for adolescents and to understand the circumstances that would allow, prevent or obligate the dentist to communicate information regarding substance use to a parent.
3. Dentists are encouraged to take the opportunity to reinforce good health habits by complimenting young patients who refrain from using tobacco, drinking alcohol or using illegal drugs.
4. A dentist who becomes aware of a young patient's tobacco use is encouraged to take the opportunity to ask about it, provide tobacco cessation counseling and to offer information on treatment resources.
5. Dentists may want to consider having age-appropriate anti-tobacco literature available in their offices for their young patients.
6. Dentists who become aware of a young patient's alcohol or illegal drug use (either directly or through a report to a team member), are encouraged to express concern about this behavior and encourage the patient to discontinue the drug or alcohol use.
7. A dentist who becomes aware that a parent is supplying illegal substances to a young patient, may be subject to mandatory reporting under child abuse regulations.

17H–2005. Resolved, that the ADA supports efforts by constituent and component dental societies in the development, maintenance, and collaboration with effective programs to identify and assist those dentists and dental students affected by conditions which potentially impair their ability to practice dentistry, and be it further

Resolved, that constituent and/or component dental societies be urged to adopt the following Guiding Principles for Dentist Well-Being Activities at the State Level.

Guiding Principles for Dentist Well-Being Activities at the State Level

1. Constituent dental societies are encouraged to have some level of which potentially or actually impair their ability to practice dentistry.
2. State-level programs to prevent and intervene in dentist and dental team member impairment should be strengthened, supported and well publicized as the most humane and effective method of protecting the interests of the public and of dental professionals.
3. Dental societies should be advocates for dentists to have the same rights of privacy and confidentiality of personal medical information as other persons.
4. Those dental societies that administer dentist well-being programs are urged to maintain a strong working relationship with their state boards of dentistry and with the ADA's Dentist Well-Being Program.
5. The dental society should ensure that those who serve as dentist peer assistance volunteers are provided immunity from civil liability, except for willful or wanton acts.
6. The dental society should also ensure that those who serve as dentist peer assistance volunteers are appropriately trained and supervised in these activities.
7. Dental societies in states where services are provided to dentists by multidisciplinary or physician health programs are urged to develop strong relationships with those programs, in order to:
 - (a) Educate service providers about the particular needs of dentists and the dynamics of dental practice
 - (b) Assist providers in outreach to dentists in need of assistance
 - (c) Support dentists and families if treatment is necessary
 - (d) Assist program providers in developing monitoring contracts appropriate to individual dentist's practice situations
 - (e) Assist program providers in advocating for program participants with the dental board or licensing agency
8. Constituent and component dental societies are strongly encouraged to offer continuing education programs on the prevention, recognition and treatment of professional impairment.
9. Dental societies are encouraged to support well-being volunteer liaison activities to their dental schools

and be it further

Resolved, that Resolution 18H-1996 (Trans.1996:693), Guiding Principles for Dentist Well-Being Programs, be rescinded.