



CHAMPS Substance Use Disorder Podcast Series: Season 2
Episode 3: Interview with Dr. Brett Kessler
Trustee, 14th District - American Dental Association,
Past President, Colorado Dental Association,
Past President, Colorado Prosthodontic Society
Provider Substance Use and Fighting Stigma
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Helen Rhea Vernier: Welcome to the third episode of the second season of the Substance Use Disorder Podcast Series, produced by [Community Health Association of Mountain/Plains States](#), better known as CHAMPS. I'm your host, Helen Rhea Vernier, the CHAMPS Programs Coordinator, Population Health. In this session, we will highlight another interesting and innovative way a stakeholder in Region VIII is addressing substance use and its impact on the health of various parties.

Today, we'll be talking with Dr. Brett Kessler who serves as a Trustee, 14th District for the [American Dental Association](#) [ADA] and is a Past President of both the [Colorado Dental Association](#) and the [Colorado Prosthodontic Society](#). Thank you for being here!

Brett Kessler: Thanks for having me, Helen, glad to be here.

Helen Rhea Vernier: Wonderful. Please introduce yourself and tell us a little bit about your work.

Brett Kessler: Sure, thanks. So, I'm Brett Kessler, I'm a practicing dentist in Denver, and I've been in practice for about 25 years. I am in long-term recovery from a substance use disorder – I got sober in 1998 – and after I got my life back together and back on track, spent most of my career not only trying to be the best dentist I could be, but also to be an advocate for recovery. So, I'm pretty sure we're going to get pretty deep into that today.

Helen Rhea Vernier: So, yeah, let's just dive in, what are some of the unique ways that oral health professionals can address substance use in their patient populations?

Brett Kessler: So, I speak around the country on this exact subject and there are a lot of signs that you can see in the mouth that are a direct result of hard living. And, especially when meth amphetamines came to be a drug du jour, it was devastating mouths in [a] very short amount of time. So that's really how I got into this and teaching to other dentists and other healthcare professionals signs to look for. But when we see things like that, I always have a conversation with my patient – no matter what demographic they come from or why they are coming to see me – I talk about that I view our relationship as, [I] might be the dentist, you the patient, as a partnership. My job is to do the best dentistry I can do, your job is to take care of it. When I see signs of meth-mouth or other substance abuse disorders, I'll say, "You know, this doesn't look like you forgot to brush your teeth for a few days in a row – it looks like there's some signs of hard living, is there anything you want to talk about?" Because whatever I do, it won't work, unless we get to the bottom of how it happened in the first place. The beautiful thing about being in private practice is that I get to see my patients over time, and I get to know them on a personal level. And many, many times I've noticed differences in behaviors, or in their oral hygiene, or advanced cavities out of nowhere, grinding or clenching of their teeth, sores in their mouth, and because I

have a relationship with them, it was very easy to have the conversation about wondering how this is happening. And sometimes people would be upfront with telling me what's going on in their lives and the stresses, and how they're managing the stresses – some of them with substances. A lot of them just, I planted seeds and they didn't come forth with what was happening but six months later they did and said, "You know, when you told me I was clenching my teeth all the time, and the cavities I was getting you were really concerned about, and I knew it was because of my drinking. And I sought help and I just wanted to let you know that I'm in recovery now and I wanted to thank you for having the courage to ask." And the key thing for most healthcare professionals is that we don't have the courage to ask, because we don't know what to do with it if they say yes. [Be]cause there's not a lot of opportunities to help our patients with formalized treatment and things like that – but there are many opportunities to help them in many ways other than that.

Helen Rhea Vernier: I think that that's such an interesting thing to try to address is that initial hump to get over of just asking.

Brett Kessler: Yeah, and it takes a lot of courage for the dentist or my dental hygienist to ask those questions, but I've never regretted it – I've never regretted asking. And I always, in my advice to anyone, who's in the healing field is to have the courage to do it, but always come from a position of caring. I always start with the three words, "I am concerned" and it's heartfelt it's not just, "Hey, are you using drugs?" It's, "Hey, I'm really concerned – I'm seeing some changes in you that could indicate you're on a bad path, is there anything I could do to help? Is there anything going on? Is there anything happening?" And I do it in a private way, nonjudgmental, and people are open to that. But if you start bringing that judgmental space they will back off and it's tough to get the communication going.

Helen Rhea Vernier: That makes sense. Alright, so, now we'll pivot a little bit since you touched on this in your intro. Can you give us some background on substance use by health care providers? What are some of the reasons this group of people might start to use substances? And what are some of the barriers they face in seeking treatment?

Brett Kessler: Sure. So, in my residency – I did a hospital-based residency after dental school – we had an in-service by an addiction medicine doctor, and she talked to us about the signs of alcoholism and drug addiction in healthcare workers specifically. And the picture she painted for me was that it's usually someone, male, in their fifties who has high blood pressure, diabetes, they start to see things like liver failure, and they start to get shakes, and red faces, and things like that. And in the meantime, I was a drug-abuser at the time with a full-on addiction; I thought that this in-service was actually for me, but it wasn't. And when I figured out it wasn't, I listened but I didn't identify with the painting that she was portraying us as and so I didn't think I had a problem. But one thing she did mention is that every state has a [wellbeing program](#) and if you called the state wellbeing program they would be able to direct the healthcare professional to help while advocating that they can keep their license. [The] biggest barrier for getting help in a healthcare profession is the fear of that person getting in trouble with their license. So, these programs don't absolve anyone if they're breaking the law or practicing impaired and things like that and they're caught. But in the state of Colorado, if I had a substance abuse problem and I reported to the wellbeing program, the state board would never know about me as long as I'm doing what I'm supposed to be doing based on the treatment recommended by the diversion program. Healthcare professionals are prone to substance abuse disorders – it's a human condition, 10 to 15 percent of the human

population can have a substance abuse disorder in their lifetime, and since we are part of the human race, we are prone to that too. Some of the qualifications that make us a little more vulnerable are we're very driven, we don't like to ask for help, we don't like to show signs of weakness, we're used to overcoming any obstacles or challenges in front of us, [we're] high achievers, and we have poor coping mechanisms along the way. Somewhere along the line we decide a drink is very soothing, and we deserve it. Somewhere along the line we decide a pill, or a drug is indicated in this situation because I deserve it. And a certain percentage of us who have a propensity towards addiction, that can take over. And then, getting help for a healthcare professional is a unique situation because we are kind of held to a higher standard than the average person seeking help because we are safety-sensitive workers and we have access to drugs. We have unique, especially as dentists in private practice, we have unique challenges of running a business and you know, everyone that's working for me is relying on me being there to practice so they can have a job. If I'm not there and I'm in treatment, there's no income coming in and then they lose their job too so a lot of times the practice will enable the addiction longer than necessary and longer than it's actually safe too. Then the treatment for a healthcare professional – treatment programs around the country – are awesome, but the best ones are ones that involve groups of other healthcare professionals. You're in a demographic of similar mindset and it feels better that way.

The state has a wellbeing program, as I mentioned before, and it usually involves a contract that would require that person to get treated for their disease in the best possible way, and when they get back from their treatment or finish their treatment, they're involved in a lot of aftercare activities including group therapies, maybe twelve-step meetings, psychiatric evaluations, and ongoing treatment, practice monitors; things that ensure that, from a state's Dental Board standpoint, ensures that you're safe to practice and ensure that they're protecting the public. So, with these things in place, there's a 70 to 75 percent success rate for people who complete these programs. The people that try and get help on their own, it's about a three to six percent success rate. So, there's a lot of stuff that we have to do as a healthcare professional to maintain our license with these contracts, but the success rate is exponentially better. We've invested all sorts of time, money, and energy into our degrees and our abilities to have what we have, wouldn't we want the best possible outcomes, as science people.

Helen Rhea Vernier: Is there any risk of – in those groups of other healthcare professionals as part of the recovery – is there any kind of worry around interprofessional judgement of like, if you work with someone, and even if both people are in recovery, is there worry around stigma within that group?

Brett Kessler: Yeah, the key word there is stigma. We don't, as a community, know how to talk about substance abuse disorders. As a recovering drug addict and a recovering alcoholic, that was one of my biggest fears is getting found out by my peers, getting found out by my patients. And, in the meantime, I'm getting better and it turns out to be like the best thing that's ever happened to me, and why am I so afraid of talking about it, because I didn't really know much about it other than to call the state wellbeing program when I was looking for help. But no one ever talks about the wonderful opportunities that recovery affords us. You asked about professional stigma and over the years I was able to rebuild the trust and confidence of my colleagues enough to the point where I served on the board of my local dental society and then I became president of the Colorado Dental Association because when I got sober I recognized that I had leadership qualities that were being hijacked by my brain disease. Now I serve as the 14th District Trustee to the American Dental Association and I'm very open about my recovery, I've never regretted talking about it, as I said before, and it's because I'm sober,

I've got opportunities. And I don't wear a sign around my neck saying, "Recovering Addict," but I've shared with my patients if I thought it was important, I'm open about it on social media to help lower the stigma. By help[ing in] lowering the stigma, I can maybe be an example that recovery isn't the end of your life, it's the end of a bad part of your life and the beginning of a new part.

I am that person now answering the phone calls when someone is wondering how to get help, and I get a couple calls a month from colleagues who are concerned about their friends. I get calls from people who are wondering if they have a substance abuse problem. I get calls from patients; I get calls from concerned families. And if they're calling me it's a good thing because the people that are calling care enough about that person that they want to get them help and not want to get them in trouble. In my work over the years, there's been several dozen of my colleagues that we've been able to get them back on a straighter life and get them to treatment and they're doing very well as a result. I guess I'm paying back the person that answered the phone for me when I was seeking help and I'm honored to be able to afford that to someone who is seeking help as well. All the calls that I get are anonymous, I don't take notes, and I don't keep notes – anything that's subpoena-able – it's all in my head. So, it's completely anonymous I don't ever report anybody unless I think they're in danger, and I've had a couple of people over the years who I thought were a danger, not only to themselves but to their patients. You know, they were falling asleep while doing a procedure – that's never a good thing; I was concerned once about someone potentially committing suicide. So yes, I will do that in the best interest of saving a life.

We're in a pandemic situation right now and we as a profession hadn't been working to the level we were used to for the first time in our lives really, and so a lot of anxiety – we are people that like to be in control of everything and all of a sudden we're thrust into a position where we're not in control of anything – and so there's been a lot of anxiety, a lot of depression. I've been getting a lot of calls over the past few months while we've been on emergency cases only. There's been four dentists' suicides over the past two months, alcohol use is way up, drug abuse is way up, and that's concerning. This too shall pass. It's sad that, whenever we get a dentist who decides to commit suicide, I understand, but it's sad that we couldn't get them the help that they deserved because they weren't bad, they were just sick. So, I take it to heart when I hear stories like that.

Helen Rhea Vernier: Yeah, definitely. So, I think that you have this really unique and powerful position that you come from and offer allyship to so many folks, but I'm wondering if you have suggestions for folks without that lived experience or suggestions for resources they could access to start to learn how to have these conversations with colleagues without that lived experience.

Brett Kessler: Yeah, thanks for asking that. I've been sober for 21 years and I've been head of the wellbeing program for about 18 of those 21 years and one of the things I'm most proud of is that we've been having these conversations for almost two decades now where people now are asking themselves questions in a much earlier time in their own journey with substances. They don't have to hit the bottom that a lot of us hit. So, I'm getting calls from those that are concerned about their own drinking or their own substance use behaviors. And then I get a lot of calls from colleagues who are concerned about their friends so I guide them to ask questions and, like I said before, the three most important words you can say is, "I am concerned." And if you come from a position of concern and not a position of judgment, and you let them know that you're there to help them and want to see them thrive, it's much more beneficial to that person.

A lot of times, part of the disease – it is a brain disease by the way, I just have to mention that, it's not just a weakness of will. Our brains are different than normal brains; and when we put a substance in our body we want more and we crave more and we can't control that. And the behaviors that we exhibit often are very damaging to relationships and careers, etc. and so that's where the stigma comes in because of the behaviors. But it is a disease and [a] big part of the disease is denial so a lot of times if you say, "I am concerned," they'll say, "Oh, no, I'm good, I'm not drinking that much." But if you specifically recall behaviors that you've noticed and how you felt about witnessing those behaviors or how you felt based on the result of those behaviors, it kind of opens that person's eyes. So, my recommendation is to just to get it out there and if the person who you're concerned about takes the bait, maybe they'll be able to change on their own but if then you witness it again then it's time to get help that's – they may not be able to stop on their own – so that's where people like me, and people on my committee that can really help get them the help they need that they may not even know they need or want at the time. But the end result of addiction is hospitalization, institution, or death. Hospitalization meaning, they could get some serious health problems – overdose, liver problems, kidney problems, hypertension. We had a dentist friend who ended up in the hospital a couple weeks ago with an overdose and we were able to get him help pretty quickly after that. And that's a pretty big wakeup call when you wake up in the hospital with tubes coming out of different orifices, but that's where it ends up. And so, that's hospitalization. Institutions are rehabs, group therapy sessions, stuff like that, jail, that's another institution. I've had some of my colleagues who have been in prison because of drug diversion activities – it's never good for your practice if you're in jail. The only time I think a dentist should be in jail is to help the inmates with their dental problems. And then death, as I mentioned before, either by suicide or overdose. And that's the end result. So, you, know, if you're concerned about somebody, please garner enough courage to ask, because if something happened to them and you kind of knew it but didn't want to get them in trouble, quote unquote, and now they're dead, would you be okay with that? So, the call to action is if you're feeling it, go for it and ask.

Helen Rhea Vernier: You mentioned the committee, is the committee the state wellbeing program? Those are one in the same?

Brett Kessler: Yeah, the state wellbeing program. So, I have a bunch of us that have gone through the program I can call upon to help me with people that are suffering. I live in Denver but if I have concern of someone in Durango I've got someone in Durango that I can call that will go and meet with this person and feel it out and try to get them help so I don't have to drive to Durango. It's almost like sleeper cells in the CIA, you know, I call them and activate them when necessary. I provide a call to action and they know what to do.

Helen Rhea Vernier: That's awesome. And do you know if the state wellbeing program in most states sort of operate that same way? That's the model?

Brett Kessler: Yeah, yeah. I was part of the [ADA Wellbeing Program](#) for 13 years and we made sure that every state has a wellbeing program.

Helen Rhea Vernier: You mentioned stigma as playing a role in this, can you elaborate on the role stigma plays in health care provider substance use?

Brett Kessler: Stigma is a big barrier for someone to seek help. As a dentist, especially nowadays, it's so competitive. So, the people entering the field now are the best of the best – they're really smart and they've achieved on their own so much. Coming forward with addiction could equate to failure in our brains, that we failed in this, and we're not used to failing in anything. When I first got sober, I didn't go to a treatment anywhere near where I was practicing or living [be]cause I didn't want any chance of anyone finding out. I went to recovery meetings and I didn't go anywhere near where I lived or where I worked because I didn't want anyone to find out. I was so guarded with talking about it until I recognized how great my life was becoming as a result of the recovery. So, the stigma is real, a lot of us do some unesteemable things while in pursuit of our addiction, and we may not have been the best practitioner – we might have practiced impaired, we might have broken the law – and it's hard to face that. But when we do, we become free and clear of those burdens that drag us down. You can look me up online on the [DORA \[Department of Regulatory Agencies\]](#) website. When I moved to Colorado I was still early in my recovery so I was put on the public track, and I have a probationary ding on my license, you can look it up, it says substance abuse, and there's the terms of my probation, blah, blah, blah. But the internet wasn't that robust back then and it is a little bit more robust now, and so the odds of someone finding out if there was a judgement from the board are much higher. But, in all my years, no one's ever looked me up and said something and accused me of poor dentistry as a result of drug abuse or alcohol abuse, as I said before, because I'm so open about it. I think that in Colorado, and in the dental world, there's a lot more discussions, especially among the younger generation dentists. I've attended many seminars, many conventions for new dentists and the dental students over the years and, I mean, they are proactive about self-care. It's just so wonderful it almost brings a tear to my eye. They are going to just have a different career than I had because of the way things are today, but they're going to be happy and they're going to do things that bring them satisfaction and fulfillment as a professional while they're taking care of themselves as a person.

Helen Rhea Vernier: I think that's so important and interesting – we talk a lot about resiliency and burnout prevention in the health center world, just like the rest of the healthcare professional world, but I'm wondering if you have any thoughts or suggestions on what some of that self-care looks like for healthcare professionals as preventative measures.

Brett Kessler: So, our biggest asset in our careers is our body and our mind so we have to take care of our bodies, and dentistry is very, very hard on the body; chronic back problems, neck problems, shoulder problems, hip problems, wrist, hands, it's awful. So, we have to find ways to practice so our bodies can survive the long haul. So, proper ergonomics are really important, taking care of our bodies with some forms of exercise – yoga, weight training, cardio, nutrition. All the things I talk to my patients about, I talk to our colleagues about as well. So, taking care of our bodies is of primary importance. Dentistry is very demanding emotionally as well and it's very difficult mentally, millimeters are miles – the exactness of our work is engrained in us in dental school. An open margin that looks huge on an x-ray is actually one tenth of a millimeter, you can't even see it in your naked eye, but we look at it and we see an x-ray, and we get this complete failure feeling overwhelming us and so our perfectionistic ideals have to be moderated to more humanistic ideals. So, we have to take care of ourself. And patients hate us – they don't hate me – but in general, they love going to the dentist, right? But we're affiliated with pain, we're affiliated with expensiveness, high-cost procedures, not a big benefit for the buck, insurance doesn't cover it we've got to have all these different conversations. So, you know, over time, it drags on us. And then we may have staff issues or cashflow issues. It's very, very hard so we need to take care of ourselves and depression runs rampant through our profession and no one talks about that either. That's another stigma that

we have to overcome so, if you're not feeling right over a period of time, go get help. We are human and we suffer from human ailments too and we can recover from these human ailments. So, sometimes it's not just, "I feel bad," sometimes it's a brain chemistry imbalance that needs some kind of medication to rebalance. I find that I've done my best work when I am mentally and emotionally fit. And my spirit soars as a result of that, and I feel great, and I've got great connections with my patients. I mean, it's not every day that that happens, but 95 percent of the days it is. So, we need to take care of our bodies, we need to take care of our minds, because that's how we're going to practice what we've spent all these years training to do. I've seen too many of our colleagues cut their careers short as a result of these ailments.

Helen Rhea Vernier: You've said one call to action around just asking if you have concerns about someone, but do you have any other calls to action around what you hope to see your colleagues and fellow healthcare professionals do? What can folks do to support their peers and colleagues as well as patients with substance use disorders?

Brett Kessler: Every dentist, on average, you look at, we effect, probably 1,000 to 1,500 patients in our practices. That's how [many patients] pretty much every dentist has access to. So, we're community leaders. I think we have an obligation to be leaders, not only with guiding our patients to the best possible oral health, but mouth is attached to the body, and sometimes we forget that. I had a mentor from [The Pankey Institute](#) early on that taught me, "I never had a tooth walk into my office, it was always attached to somebody. So, treat that somebody as a somebody and you might get to treat their teeth. You might get the honor of treating their teeth." The practices that we have, the people are attracted to us as a result of the values we portray. So, I think we have an obligation to live those values in the best possible way – if we see something that we don't feel is right, we need to talk about it, and we need to help find solutions. And it may be outside of how to do a better D.O. composite filling on tooth number 30, it may be saying, "Hey, your blood pressure is way out of line and I'm really concerned." Most of my patients are like, "Really, why are you taking my blood pressure in the first place?" "Well it's 210 over 140, you're a walking stroke." There's all sorts of opportunities I think for us to really help our patients in a proactive way. I feel that we have this opportunity that physicians don't have – physicians are so overwhelmed with disease care and we're fully based on preventative care and so when we see something that isn't right, we talk to our patients about it. Yes, there is work to do that exists, but we spend a lot of time in prevention of how we can prevent this from happening in the first place. If we can motivate somebody to floss, we can motivate someone to get better with whatever they're ailing with.

Helen Rhea Vernier: What are the top three things you would like health care providers and support staff to know about this subject and take away from this?

Brett Kessler: I would first of all say that addiction is a disease – a human disease that all humans are eligible to get, unfortunately, that's number one. Number two is that it is a treatable disease – a lot of times it's not treated by our own selves in moderation, so sometimes we need to seek outside help. So, just know that outside help is available, and that help is available with dignity where we can maintain our licenses. And then third is that recovery is a beautiful thing, and anything is possible. I did the Hawaii Ironman in 2018 and 2019 and one of the mantras in Ironman world is "anything is possible" and I keep believing that because of recovery. [With] addiction, you're locked up in your head and we've got a very skewed vantage point while we're in that. And so

we could break open that vantage point, I think more people would be better, and that's both from our colleagues' and from our patients' standpoint.

Helen Rhea Vernier: Thank you very much for sharing that information and advice with our Region VIII health centers and thank you for joining us today for the third episode of the second season of the CHAMPS Substance Use Disorder Podcast Series.

Brett Kessler: Thank you, Helen, for having me, and I appreciate that you are creating conversations around this. More conversations that are created around this lowers the stigma and the barriers for people to get help. So, I really appreciate the work you're doing. If anyone is concerned about themselves or someone they care about, please don't hesitate to reach out to me, my contact information will be available through Helen.

Helen Rhea Vernier: Thank you. This and other episodes will be available for free download at www.champsonline.org. Typed transcripts of each episode are also available. Links to the resources mentioned in today's podcast will be included there. If you're interested in recording an interview for our series, please let us know by sending an email to helen@champsonline.org. Thank you for listening!