Interview Transcript – Dr. Aaron Burry

Chiraz: Hello and welcome to CDA Oasis. As we continue our conversation about the legalization of cannabis and its impact on the dental practice, both private and public, I have invited today Dr Aaron Burry, Associate Director of professional affairs here at CDA. Aaron is practicing dentist in dental public health and i have invited him because I have two distinct questions that I'd like to ask him that are related to substance impairment which is unquestionably related to dental practice. So, Dr. Barry, thank you very much for taking the time to speak with me today and I welcome you to this conversation.

Chiraz: So, like I mentioned, I have two very specific questions. One is related to the dentist and the second is related to the patient. The first one is when is a dentist considered legally impaired and do we have guidelines or standards to say, here is where and when I shouldn't treat a patient or here's where, when I'm not supposed to practice?

Aaron: No. Generally, across the provinces it's the regulatory authorities that deal with what the requirements are of a dentist in a specific province. But what you will see is that it's been a long-standing part of most of the ethical guidelines for practice; and certainly, practicing while under the influence or being intoxicated would be considered inappropriate and would be professional misconduct. So, there's language in most of the provinces' licensing requirements that speak to that. I think the general concept in the discussion is the question of how many hours before I've had an intoxicant before I can go into practice? And I think this is an emerging discussion. Something that is moving very quickly. Yesterday for example, the military came out and they were debating specifically the question of cannabis: is it a 24-hour rule after you've had some cannabis that you can actually go to work or can't be on duty for 24 hours? And so, I think these are things that dentists need to think about in terms of going into practice. We have a professional responsibility, but this is a new area, this is a new territory. This is something where a substance that was illegal for a long time now is on the verge of being legal, a lot of questions and a lot of things that we're thinking about and what does that actually mean.

Chiraz: And you an I Aaron had a conversation and we talked about the difference between cannabis, marijuana, pot and/or alcohol for example, and, the case being that we can measure alcohol presence in the body versus the presence of marijuana or cannabis. Can you tell us briefly about that?

Aaron: Well, just what we have been learning because what we find here at CDA is that we spend a lot of time reading, reviewing, listening to what other people are talking about: what are the key conversations? And one of the key conversations right now I think has to deal with impairment in the country. So, on the legal side, the question is" when are you legally impaired? Our legal system pretty much defines that if you're .08 alcohol or more, you're legally impaired and that's a criminal offense federally. and, lower levels have different fines attached to them and so on. Where this gets really difficult is when alcohol is combined with cannabis: what are the different levels of impairment for that

combination? So, what you'll see is even with lower levels of alcohol and lower levels of cannabis, you're now legally impaired. So, the combination of these two substances is not really something that a lot of jurisdictions in the world have had to deal with. So, this is the first major conversation that we're having. And I think for dentists, it's a whole new world and a whole new way of thinking.

Chiraz: Food for thought, for sure. Now my second question is related to the patient. What should a dentist do if he or she suspects that a patient is impaired? How should they communicate with the patient and what is the treatment recourse?

Aaron: So, this again is another question that we're getting a lot here at CDA. Again, I think for many years our patients used cannabis as an illegal substance. They used it and they didn't disclose it. or tell us about it. I practice in a public setting, and in public settings this is really common in terms of patient substance use and in terms of non-disclosure. As soon as the discussion started around legalization, patients were coming in and they were disclosing that they were using cannabis. Often, they are regular users, so their THC levels are quite high. They often would come into clinics and they are what we refer to as 'high'. So, that creates some real dilemmas for us. Number one is I think identifying when someone comes into that sort of clinical setting. We have individuals who are referred to us from hospital emergency departments who can have multiple drugs in their system.

Aaron: So, over the years, you should have developed an approach and part of that approach is to start a conversation. Rather than relying on medical histories, often what we'll do is have a conversation and actually start filling out the medical history together with the patient. That gives us a pretty good sense of where they're at cognitively, how they respond to questions and so on. What I found through just establishing a rapport with someone over the years in a very non-judgmental and open way on many different subjects that you're discussing with them, they often will disclose. So, then the notion is: what are we going to be doing today and what treatment is going to be involved? So, let's say we've taken an x-ray, we determined that we now need to do a surgical extraction. I think the question is: can we do that safely on someone who's really impaired and in my view and in my experience, no, you really cannot.

Aaron: So, then the discussion with the patient is to say, how much did you have? If you had a fair amount, it really isn't safe for me to do this based on the drugs. Another thing we do is take temperature, take their blood pressure and take their heart rate, and generally you'll find changes in in the latter two: the heart rate and/or the blood pressure which are indications that this probably isn't the safest thing to do right now. So, then the question is when can we do it? We say, well, after you've had an absence, come back in and see me tomorrow morning and I'd be happy to treat you provided you haven't got any substances and generally it's the basis of I don't want to give you something that could have a real bad reaction here.

Aaron: And that's kind of how we present it, in a very general way. And I found that over 25 years of doing this, that 98% of the time the patient accepts that, they don't want the risk. But the big key piece is: "I'm going to see you tomorrow at this time and here's the proviso of when you come back in." You have to approach this in a very reasonable, thoughtful way, and in a very nonjudgmental way. And we do this with everything related to their lives. I think that's the key: having that conversation and never relying solely on medical histories. My 25 years tells me they never write down any of the things they've taken, even when they've been prescribed. You really have to go back and re-ask and re-inquire in a very non-invasive way.

Aaron: And there are clients out there today who don't believe that marijuana is actually a drug. They think of it as, oh, it's going to be legal, so it's just something I've got off the shelf. They don't think that there are many complications to doing this. So, that's another key piece of the information we gradually provide them with: well this is a drug that does increase your blood pressure, can have some effect on your respiratory care and we're not sure exactly what you had in smoke. So, I don't want anything that I give to you to have a bad reaction.

Chiraz: So ultimately, it's the patient safety that we are after. In the same vein, we did get a comment from a dentist asking what if, when I start explaining this and I tell the patient, I can't treat you today, you're going to have to come back again. They think that I am refusing or denying them treatment, which is a no no for a dentist, so how should they approach that?

Aaron: So, this really isn't, in my opinion, a refusal to treat. You are agreeing to treat the person, but you're providing the conditions in which you can do this safely. And that's a very different question and really patient safety comes first in terms of that. The other aspect with this comes down to consent. If you are working with someone who's intoxicated, they really don't have the ability at that particular point in time to consent to something that has potential consequences. And that's why again, that 24 hours or whatever period it's going to be to allow someone to not have those drugs in their system. You'll often find you'd have a very different conversation with them the next day. It's just around safety. I mean, you have so many things that are compromised when you have drugs in terms of swallowing or you just don't want to go there in my view and their safety comes first and they're not necessarily in the right frame of mind to be able to make a safe decision,

Chiraz: The conversation promises to continue. I don't think we're done. We're just at the threshold of all this; these things happening and we at CDA and waste this promise, our readers and viewers that we will be back with more information and trying to answer all their questions, their comments and their suggestions.

Aaron: I think in terms of a subject, we learn more and more about this every day there are more sort of twists and turns and subtleties and this is really a new world that we're moving into and it just requires some cautious and careful thought.

Chiraz: Definitely. Thank you so much again Aaron for taking the time to speak with me today.

Aaron: My pleasure.