Dr. Carter started the night out talking about white spot lesions (WSLs). These white spot lesions are decalcifications that scatter light giving them their white appearance. We have all seen these lesions and struggle with our non-compliant patients. Many times we talk about the risks of orthodontic treatment, but we brush over the most important one, white spot lesions. These are the most common complication of orthodontic treatment.

What percent of patients after orthodontic treatment have WSLs? Everyone in the room had a different answer, but a survey by Hamden, et al, (JADA 2012) found that general dentists reported 20% and Orthodontists only 10%. No matter what the percentage, we all know that WSLs are out there and we struggle on how to prevent and treat them. WSLs can show up in as little as 4 weeks.

Some risk factors for WSLs include socio-economical status, dental history, oral hygiene care, medical conditions, physical conditions and medications. Other factors can include a patient’s diet and biofilm. To decrease the risk of WSLs, we need to get our patients to brush and floss. If that doesn’t work, then delaying bracket placement or taking patients wires out can be another motivator to improve home care. Diet modification is another way to prevent WSLs, but we all know how hard it is to keep soda and candy away from teenagers. Frequent hygiene checks and regular visits to the dentist for cleanings can help to keep the patient on task.

If patients are at high risk for WSLs, fluoride is recommended. In addition to fluoride toothpaste, a patient can use a fluoride rinse (.05% sodium Fl). Compliance is a factor with rinses and one study showed that there was less than 15% compliance with fluoride rinses. Prescription toothpaste (1500-5000ppm) has demonstrated the ability to inhibit demineralization when used twice a day. Some products out there are Prevident (Colgate), ReNew (Sultan) and Clinpro (3M). Xylitol can also help reduce caries in patients. You can find xylitol in gum, mouth rinses, mints, toothpastes and even in a nasal spray (xylitol.org). Patients must use xylitol products for 5-10 min three times a day.

There is still a need for a compliance-free method in preventing WSLs. Some studies (Farhadian, et al, AJODO 2008) have found that topical fluoride varnish can decrease enamel lesion depth adjacent to bonded brackets by about 40% for 3 months. It is advised to use these high-dose varnishes for susceptible and uncooperative patients.

Some other countries have used glass ionomer and RMGI adhesives that contain fluoride for bonding brackets. These have shown to increase F1 near the bracket but there is concern over bond strength. Dr. Carter uses a product called Proseal that he applies to the teeth after the brackets have been bonded. Proseal is a highly filled resin that is fluoride releasing. It will completely set without an oxygen inhibited layer creating a smooth, hard surface that prevents leakage and protects the enamel.

Even with all these techniques WSLs still appear and we are left with how to treat them. One option is remineralization. Lesions have shown to improve after 3 months but usually only the surface will remineralize and the deeper areas will not. Researchers don’t recommend high concentration topical fluorides because they will only react with the outer surface. Use lower concentration products allowing a slow uptake and deeper remineralization (Ogaard 2008).

Teeth whitening is not contraindicated with WSLs. It can camouflage WSLs and along with MI paste some remineralization can take place. MI paste (Recaldent) contains CPP-ACP which is a milk derived product that strengthens and remineralizes teeth. It is contraindicated if a milk allergy exists. A study by Chen, et al, (March 2013 AJO-DO) looked at the use of remineralizing agents and concluded that there is a lack of reliable evidence to support the effectiveness of these agents for the treatment of post orthodontic WSLs. More research is needed when it comes to remineralization.

A new method to treat WSLs is called Icon by DMG America. It is a resin infiltrant that has low viscosity and uses 15% HCL etch. It can be used to treat smooth surface demineralization and for interproximal incipient lesions. Research has shown (Torres, et al, 2010, Paris, et al, 2010) that Icon is more effective at improving appearance and caries resistance compared to topical fluoride alone. The Icon, after polishing and etching the WSLs, is able to penetrate into the lesion pores. The use of the rubber dam or cool dam is recommended to prevent the etch from burning the gum tissue.
EXECUTIVE BOARD

Marion Polk Dental Society Executive Committee
Meeting Minutes:

EXECUTIVE BOARD NOTES – February 3, 2015

Recruitment and retention: 3 New members joined. 1 member re-joined. The numbers: Total=211 Active=158 Retired=53.

Newsletter and advertising: Review article by Treasurer this month and Marion County Rep next month. Braatz has agreed to remain as speaker in March after resigning from the Oregon Board of Dentistry last month.

Financial report: New liability policy with DBIC taken out at new MPDS address. Received business VISA.

Speaker Schedule updates: The board is working on filling the 2015-2016 CE course calendars with local speakers. Friday, Dec 4, 2015 will be “Risk Management” by Chris Verbiest.

Adm. Updates: Aptify went live January 15, 2015. Asking all dental members to use your ADA number to log in on ADA website and correct and update your profiles at this time.

New Business: Need volunteers for Peer Review. Also, taking HOD volunteers for September 11-12, 2015 in Bend. Please contact MPDS office for more info on either position. CE course fees to increase to $25 for the September 2015-May 2016 schedule and $30 from September 2016-May 2017 schedule. Fees have remained the same since 2008. MPDS office will be closed March 19- April 2, 2015 for vacation. Non dental emergency calls may be made to the ODA for immediate response to questions. Business to resume April 3, 2015. Newsletter to go out the following week.

Old Business: All board members to remain for another term. Discussion to be continued of increasing membership dues for January 2016 based on the Consumer Price Index. Administrative Secretary annual review at hire date.
February 10, 2015
speaker,
Bart Carter, DMD, MS
of South Salem Orthodontics
presented
“Patient Compliance & Orthodontic
Decalcification.”

Marion Polk Dental Society
welcomed new member
Dr. Trenton LeBaron and visiting
Dr. Samuel Zink.
Dr. Carter ended his presentation by talking about impacted canines. About 2% of the population (Cooke and Wang, 2006) have impacted canines. Labially impacted canines occur in 1/3 of the cases and they are usually due to crowding. Palatally impacted canines occur in 2/3 of the cases and there are two theories, guidance theory and genetic theory. In the guidance theory (Becker 2007) it is thought that the maxillary canine uses the root of the lateral incisor as a guide for eruption so if the lateral is malformed or missing there is an increased risk of impaction. The genetic theory (Baccetti 1998) looks at dental or anatomical anomalies contributing to impaction such as small laterals, missing laterals, enamel hypoplasia, cleft lip/alveolus/palate and supernumerary teeth. It is thought that the cause of impaction is due to the canines developing deep in the maxilla and having the longest path to travel compared to any other tooth in the mouth.

The prognosis of impacted canines depends on the angle of eruption. The more angled the canine the greater chance of impaction, the harder it is to bring in and the more possibilities for damage to the laterals. The key to treating impacted canines is early detection. Some signs to look for include retained primary canines, delayed eruption of the permanent canine and no labial bulge. If no labial bulge is palpated in a 9-10 year old than you can suspect impaction and a pano should be taken. Also look for a bulge on the palate or tipping of the lateral incisors. It is also suggested (Williams 1981) that the primary canines be extracted at 8-9 years old if impaction is suspected. It is also recommended that panos be taken as early as 7-8 years old.

If there is no hope that the canine will erupt on its own then other methods can be used such as orthodontic management along with surgical exposure. The open exposure technique exposes the crown, removes the bone down to the CEJ and then a surgical dressing such as Barricaid is placed. This technique is better for the periodontium and there is less risk of resorbing the roots of the laterals compared to the closed technique.

Failure of the canine to erupt due to the canine being too high to pull down or ankylosis has occurred then the canine must be extracted. The canine can be replaced with an implant or substituting the premolars for canines.

The key to treating canine impactions is early intervention. Taking panos by 7-8 years old, extracting primary canines, exposing canines early with a window when impacted and when in doubt, refer to an orthodontist.
Have you… Reviewed your employee handbook recently? It should have up-to-date policies and procedures, including those covering anti-discrimination, harassment, and social media. You should also:

- Maintain detailed employee personnel files.
- Keep current copies of any professional licenses.
- Document verbal warnings and any discussions regarding job performance.
- Have and document annual performance reviews.
- Do background checks.
- Document yearly OSHA and HIPAA trainings.

An Employment Practices Liability policy (EPL) can protect you in case of an employee civil action against you.

Peer Review and HOD Volunteers needed!

**Marion and Polk Dental Society** are looking for volunteers to be on Peer Review Committee. Currently the 2014-2015 committee is made up of Dr. Stephen Hough, Dr. Holly Chamberlain, and Dr. Paul Bonar. Dr. Daren Goin is on the State peer committee. Please call the MPDS office (503) 581-9353 or contact Lori Lambright at ODA (800) 452-5628 Ext 104 or 503 218-2010 Ext 104 for more information.

**2015 HOD is recruiting for the Fall.** The MPDS office has the necessary paperwork and resolutions which are due in June for July 6 deadline. This will be held again in Bend Friday and Saturday, September 11th and 12th, 2015.
Quality of service & craftsmanship:
Excellent as usual!
Thank you for working on this case, it's always a pleasure. Your craftsmanship and professionalism is bar none.
MP’s goal is to make this newsletter informational and educationally relevant to the membership. If there is a topic you would like to see covered, or an article you are dying to write, please send your suggestions to mpdental-ce@qwestoffice.net.

Our dentists prefer Zenostar: a high translucency, pre-shaded, 100% full-milled zirconia. Zenostar is a restorative solution that not only meets the high performance demands of challenging cases but the aesthetics your patients demand.

- Less than half the price of a gold crown
- Aesthetic alternative to gold restoration and PFM
- 1200 MPa flexural strength
- Excellent marginal fit
- Conventional or adhesive cementation
- Polished Zirconia results in exceptionally low wear to opposing dentition
- Indications: posterior crowns and bridges, implant restorations and ideal with limited occlusal clearance

“We ensure consistent quality -case after case. Our remake percentage is less than 2.5-well below industry standard.” - Assured Dental Lab

“I am so pleased with the crown and bridgework you provide for me. The contours, margins and esthetics are great. We hardly have to do any adjustments at all.” - Maureen Giernicki DDS, Harrison, MI

“The preferred restoration of choice for full contour Zirconia”

Our dentists prefer Zenostar: a high translucency, pre-shaded, 100% full-milled zirconia. Zenostar is a restorative solution that not only meets the high performance demands of challenging cases but the aesthetics your patients demand.

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SMILE FOR LIFE

Time to smile, time to laugh, time to focus on oral health. March 20 is World Oral Health Day, an opportune time to raise awareness for dentistry worldwide.
**TUESDAY – MARCH 10, 2015**

**“Sedation & Drug Updates”**  
Patrick Braatz

<table>
<thead>
<tr>
<th>LOCATION: West Salem Roth’s</th>
<th>Staff encouraged at attend!</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME: 5:30 social hour</td>
<td>6:00 dinner</td>
</tr>
<tr>
<td></td>
<td>6:30 speaker presents</td>
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**Course Objectives:**  
To update on sedation and drug roles

**Course Description:**  
Updates from the Board of Dentistry

**COST:** $20 members, cash or check please, with meal. (Traditional meatloaf, mashed potatoes, green beans, tossed salad, roll, and brownie)

**DEADLINE:** Thursday March 5, 2014, Noon. All meals reserved and not honored will be billed. You may cancel on or before March 5th without charge.

**PARKING:** Parking is temporarily available in front of the store at no charge. Please enter in front taking the stairs/elevator up to the Founder’s room.

**RSVP:** Sabrina H. (503)581-9353 or e-mail mpdentalce@qwestoffice.net. You are asked to reserve with or without a meal in order to have the proper amount of seating available.

**SPONSORS:** Artisan Dental Labs, Assured Dental Lab, Saalfeld Griggs, and WEO Media

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Marion Polk Dental Society has been designated an approved PACE program Provider by the Academy of General Dentistry. This program provider’s formal CDE programs are accepted by the AGD for membership maintenance, Fellowship, and Mastership credits. The current term of approval that has been requested by the Oregon AGD, from National AGD on your behalf is from (8/1/2011) to (8/31/15). Provider ID#212405
Win a 2015 Toyota Camry SE Plus $500 Cash Drawing
Get your Motor Mouth Car Raffle tickets online now to support the ODA’s charity and programs like the Tooth Taxi. Need not be present to win, and the car drawing will take place at the Oregon Dental Conference on Saturday, April 11, 2015.

Order your ticket online or download the snail mail registration form and mail it to the DFO at PO Box 2448, Wilsonville, OR 97070 or fax to 503-218-2004.

Special thanks to Gresham Toyota for helping us secure this great car.

FROM THE ADA….

Foods, the American Dental Association says are the most damaging to teeth include hard candies, ice, large amounts of acidic foods such as citrus fruit, sticky foods such as dried fruit, crunchy foods such as potato chips, sugary drinks, and alcohol. Reports of “constant exposure to sugar can be harmful to your teeth,” adding that “frequent exposures to acidic foods can erode enamel” as well, “making teeth more susceptible to decay over time.”  

Tea, soy sauce, balsamic vinegar, curry, wine, and berries may be among the foods that carry increased risk of staining teeth. “Stained teeth do not go unnoticed by Americans, with three in four (73 percent) agreeing that yellow teeth ruin the effect of a person’s smile,” according to a survey conducted by the American Dental Association and Crest.
Howerton, Hopkin, & Kennedy
Oral & Maxillofacial Surgery
Center for Dental Implants

Medical Emergency Meeting
Wednesday, March 4, 2015
5:30-9:30 pm
At Salem Hospital Wedel Auditorium
Snacks provided
Free for doctor and staff
CE credit for required Medical Emergencies and Nitrous Oxide
RSVP due to limited space
503-375-2000

Oregon Dental Conference
April 9-11, 2015
Oregon Convention Center in Portland
Earn up to 18 CE credits!
Early Registrations deadline:
March 5, 2015

Lane County Dental Society presents
Wayne Ormsby, M.D. & Haidy Lee, M.D.
Willamette Valley Cancer Institute and Research Center speaking on
Oral Oncology for the Dental Professional
Tuesday May 12, 2015 5:30 - 8:00 p.m. dinner included
Valley River Inn, Eugene
2 CE Credits

This program covers oral oncology and radiation therapy including anatomy, staging, review of treatments and outcomes, and the role of dentists and oral surgeons in the prevention and treatment of typical acute and long term side effects of treatment.

The learning objectives include:
1. A brief review of pertinent data.
2. Familiarizing participants with the initial diagnostic and staging process.
3. Introducing treatment strategies including surgery, radiation therapy, chemotherapy, and targeted therapy.
4. Review outcomes and prognosis.

Recommended for dentists, specialists, hygienists, assistants & students.
complete program details and registration at
lanedentalsociety.org/programs

Mission of Mercy VI
November 23–24, 2015
Portland, Oregon
The sponsorship program enables MPDS to have nationally renowned speakers and programs. Sponsors are invited to all the MP CE meetings and are recognized for their generous continued support. This allows MP to offer dentists in our society important education opportunities at reduced costs. When you see sponsors at each meeting please thank them by checking out their products and displays.

*Sponsors of the February 10th CE*

Carestream Dental- Zack Cross  
Citizen’s Bank- Derik Munns and Brandon Drivon  
O’Brien Dental Lab– Mike Wilson and Jason Kroessin  
WEO Media– Stew Bartlett
Does MP have your current e-mail address?

Stay in the loop. If you have a change of address, please update with the MP office so you will continue to receive your fax and e-mail blasts for upcoming CE courses, newsletters and more.

Newsletter Articles…

Deadlines for all contributions, articles and sponsored ads is the 15th of the prior month. MP members and staff are encouraged to submit articles, events, trips, awards, announcements, or photos. Please send your suggestions or articles to: mpdentalce@qwestoffice.net

APTIFY UPDATE…

Aptify an Important Component of ‘Power of Three’

The Power of Three is about a common commitment by the local, state and national associations to work together in order to increase the value our members find in Membership. The Aptify solution is a key part of that effort. Implementing Aptify at the national, state and local associations helps our organization optimize the business processes involved in serving the membership and gather information about members to provide a highly personalized and consistent member experience. ADA
CE course fees will increase to $25 in September 2015 - May 2016 and then to $30 September 2016 - May 2017. Our fees have not increased since 2008.

How often do you do spore testing?

The center for Disease Control and Prevention (CDC) recommends that autoclaves be tested weekly for spore control.

"If the plan doesn't work, change the plan, but never change the goal."

MPDS is urging all members to go online to the ADA website using your ADA # to proof and update your APTIFY profile.

This program will allow our component to use the PayPal option for registration and payment of CE courses. It will also provide digital tracking for CE credits and AGD Pace accreditation for dental members and their staff.

"If the plan doesn't work, change the plan, but never change the goal."
Dental Assistants Recognition Week March 1-7.

In continuing coverage, the Oral Health Journal (CAN) (2/12) reports that March 1-7 is Dental Assistants Recognition Week, a time to recognize that “dental assistants are vital to the success of the dental practice.” The Oral Health Journal adds, “This year’s theme, ‘Dental Assisting: Embracing the Changes of the Profession,’ acknowledges the importance of dentistry’s role in healthcare and the many ways that the field of dental assisting continues to diversify and expand.” The week is sponsored by several organizations, including the American Dental Association.

~ADA Morning Huddle

We’ve got a pocketful of tools for prevention and restoration, too.

- Practice sales, acquisitions and transitions
- Employment issues
- Employee benefits
- Estate and tax planning
- Real estate and land use

Visit www.sglaw.com for a complete list of dental services and white papers.

A very special “THANK YOU” to Drs. Woodward, Trevor, NguyenNguyen, Finlayson, Frankel, Carter, Trotman, and Moon Pierce (our current board members) for volunteering to continue on the 2015-2016 Marion and Polk OREGON DENTAL ASSOCIATION

Dentists Well-Being 24-hour Hotline 1- 503-550-0190

Confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges.

Services are available to all Oregon dentists and OHSU dental students in need of help, regardless of their affiliation with the ODA. You may also contact the ODA's central office at (800) 452-5628 Ext. 108.
Thank you Dr Paul Turgesen for your time spent volunteering for the Peer Review Committee. We wish you the best on your retirement!

Volunteer Corner — Part 4

This year, instead of MP Dental Day 2015, Marion-Polk Dental Society is encouraging you and your staff members to volunteer at one of the many local free clinics. Below is a snapshot of two more of the many organizations seeking dental volunteers. Please contact them to help out. You will be greatly appreciated!

**Medical Teams International**

Medical Teams International Dental Vans
PO Box 10, Portland, OR 97207
Contact person: Denny Sanders, Manager, Mobile Dental Clinic Manager
503-930-9522 or dsanders@medicalteams.org

Medical Teams International has been providing mobile dental services since 1989. Clinics are held locally, in most parts of Oregon and Washington, and even in foreign countries. There is something for everyone.

Clinics are held Monday – Saturday and on rare occasion on Sundays. The mobile dental units (Dental Vans) are motor homes modified to be two-chair dental offices. MTI partners with schools to treat kids when they have urgent needs that are not being taken care of either

Continued on Pg.16
through lack of accessibility or family reasons. Most other clinics are scheduled with community partners for adults around the availability of volunteer dentists. Our focus is on urgent needs. Extractions and restorations are the most common services provided.

A typical clinic day is 5 hours long, with the start time often determined by the volunteer dentist’s preference. We average 11 patients per clinic. We ask patients to tell us their most pressing need, and limit the examination to one or two areas.

All dental professionals are welcome. You may specify which age groups you as a volunteer like to treat. Come as a team, come on your own, or become part of a team. Tell us when you are available to volunteer, and we will work around your schedule.

Come and join in on our mission. You’ll find that it’s very enjoyable and rewarding.

**DFO Tooth Taxi**

Dental Foundation of Oregon Tooth Taxi
Contact person: Carrie Peterson, Tooth Taxi Program Manager
503-594-0880 or Carrie.Peterson@Modahealth.com

The Tooth Taxi is a 38' dental office on wheels with two dental chairs. It visits schools throughout Oregon to provide free dental care and oral health education to uninsured and underserved children. The Tooth Taxi needs volunteer dentists, hygienists, and dental assistants who enjoy working with children.

The van spends anywhere from a day to a week at a school providing dental screenings, cleanings, sealants, X-rays, fillings, minor oral surgery and in-classroom oral health education. Students are screened and rated for their level of decay. Based on those findings and other factors, qualifying children are scheduled for appointments in the Tooth Taxi.

Each child also receives oral hygiene instruction and a toothbrush, toothpaste, floss, and a brushing timer. Every school receives colorful children's books about oral health that teachers can use in their classrooms to pass on the message that good oral health is important.

The Tooth Taxi will be at the State Capitol in Salem on 2/18/15 for ODA Dental Day, 2/19-2/20 at Valor Middle School in Woodburn, 3/30-4/3 at Edwards Elementary in Newberg, and at the ODC in Portland 4/8-4/11. Stop by, take a peek, and sign up to help out. We’d love to have you!

**A dentist may be able to identify or report a health issue before any traditional medical tests are taken. For example, a study in 2014 found that “nearly two-thirds of dentists said they’d refer a patient with periodontitis for a diabetes evaluation,” while a 2007 meta-analysis “found that people with periodontal disease are significantly more likely to develop heart disease than folks with good oral health.” Other reported health issues including dementia, osteoporosis, acid reflux and even pregnancy may be able to be identified by a dentist.**
Volunteer Corner — Part 4

Other Places to Volunteer

**Salem Free Dental Clinic**
1300 Broadway St NE Suite 104
Salem, OR 97301
Contact Trina Fowler: 503-990-8772 or trina@salemfreeclinics.org

**Salem-Keizer School District/Neighborhood Dentist Program**
PO Box 12024
Salem, OR 97309
Contact Jessica Minahan: 503-399-3101 or Minahan_Jessica@salkei.k12.or.us

**Union Gospel Mission of Salem**
P. O. Box 431, Salem, OR 97308
Dental Clinic Location: UGM Simonka Place, 5119 River Rd N, Keizer, OR 97303
Contact Sharalyn Bechtel, 503-967-6388 or sbechtel@ugmsalem.org

**Boys & Girls Club of Salem**
1395 Summer St., NE
Salem, OR 97301
Contact Jodi Loper, 503-581-7383 Ext. 34 or jloper@bgc-salem.org

**ODA’s Mission of Mercy, November 23-24, 2015**
Portland Convention Center
Volunteer registration will open in Spring 2015
For more info: [http://www.oregondental.org/i4a/pages/index.cfm?pageid=3766](http://www.oregondental.org/i4a/pages/index.cfm?pageid=3766)

Thank you for all you do to make our community a better place!  
*Selma Moon Pierce*

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**WELCOME MP’S Newest Members**

- Dr. Sayij “Sai” Makkattil graduated in India in 1993 and Indiana University in 2014. She is an associate periodontist joining TCD.

- Dr. Trenton LeBaron was a 2008 graduate from Indiana. He bought Dr. Gerald Anderson’s practice now named “Keizer Smile Center.”

- Dr. Thomas Peters was a 1979 graduate of Indiana University. He has joined Willamette Dental Group on Lancaster.
Born in Lafayette, Indiana, in 1953, I completed my undergraduate studies at Purdue University and Indiana University, where I graduated in 1975 with a BA in Biology. I graduated from Indiana University School of Dentistry with a DDS in 1979.

I spent three years in the US Navy as a dental officer, where I served at the Mare Island Nuclear Submarine Base in California, then with the US Marines in Okinawa, Japan, finishing up in Pensacola Naval Air Station in Florida.

In 1981, I married my wife, Dianne on Saint Patrick's Day and have enjoyed my good fortune. I spent nearly 30 years in private dental practice in Portage, Indiana, on the shores of Lake Michigan rearing 3 children with Dianne. In 2001, we unexpectedly assumed the full care and custody of our 4 infant grand-boys!

In 2011, I relocated my family to Seattle, Washington, to assist relatives and to fulfill our dreams of returning to live on the West Coast. While there, I practiced dentistry as an independent contractor with two dental offices. In June, 2014, I relocated to Keizer, Oregon where our now 4 teenaged grandsons enjoy the neighborhood, and I obtained a dental position with Willamette Dental Group on Lancaster Avenue in Salem, Oregon.

During the course of my career, I was a Rotarian where I served several terms as president of my local club. I am a Paul Harris Fellow. I have served on the Board of the Boys and Girls Club in Porter County, Indiana, as well as several board positions at my church.

I have been an active member of the American Dental Association since 1979. During that time, I was a member of The Indiana Dental Association, The Northwest Indiana Dental Society, The Chicago Dental Society, The Washington State Dental Association and the Seattle King County Dental Society. I am looking forward to my membership in the Oregon Dental Association and the Marion and Polk Dental Society.

I was involved in several missionary dental trips to Paraguay, Honduras, Dominican Republic where we offered care to impoverished people and orphans. The trips were sponsored by different agencies including the Christian Medical and Dental Association, MAP International and KidsAlive International. The mission dentistry introduced me to learning dental Spanish, which I still use nearly every day.

I have enjoyed practicing dentistry and my goal is to continue to help people for as long as I am able while taking time with my family to explore and enjoy Oregon.
By Randall Sutton, Saalfeld Griggs PC

Reliable and productive staff are the backbone of every dental practice. It is well known that substance abuse problems can interfere with work. Unreliable attendance, lack of focus, and poor decision making are common outcomes of staff substance abuse. For these reasons, many dental practices find it critical to maintain a drug-free workplace.

With that in mind, it should come as no surprise that the legalization of marijuana for recreational use poses new challenges for dental employers. If the experiences of Colorado and Washington are any indication, Oregon is likely to see a significant increase in the number of employees testing positive for marijuana. In the year following legalization in both states, positive tests increased by over 20% according to a recent study by a national testing lab. Moreover, the decriminalization of marijuana and resulting drop in prices, combined with tightened controls on prescription drugs, has led to a surge in the manufacture and importation of heroin into the United States from Mexico. Given the level of dependability, skill and professionalism required of dental staff, these developments make an enforceable drug and alcohol policy and testing program more important than ever.

The recent change in the law has also brought changes to perceptions and expectations about marijuana use, particularly on the question of whether the drug should be subject to looser regulation by Oregon employers. As of July 1 of this year, marijuana will join alcohol as the only legal intoxicants that can be used recreationally. Given the significant change in that your staff may erroneously anticipate that marijuana use will be treated the same as alcohol use. Under Oregon law, a dental practice cannot test for alcohol use unless a trained individual determines that the staff member is presently (and visibly) under the influence. Similarly, staff may believe that after July 1, 2015, they may use recreational marijuana away from work so long as they do not appear to be under its influence while at work.

However, testing protocols and Oregon employment laws treat marijuana very differently than alcohol, and the new law allowing recreational use does nothing to change that. Marijuana is fairly unique among the drugs typically included in an employment-related test panel. Unlike other drugs, which leave one’s system in a matter of hours or days, THC (the active ingredient in marijuana) is stored in fat cells in the body and tests may be positive even weeks or months after the staff member’s last use. Second-hand smoke can also trigger positive results, but testing cutoff protocols are intended to screen out results that arise solely from spending time around pot-smoking friends or colleagues. In any event, marijuana is unlike alcohol because there is no recognized test to determine whether your staff member is presently impaired by marijuana.

Not only are testing protocols different for alcohol and marijuana use, but Oregon laws treat them differently—even after legalization of recreational marijuana. Since Prohibition ended in the 1930s, alcohol has been legal at the federal level. In contrast, marijuana continues to be illegal under federal law. For employers, this distinction is critical. Given that federal law continues to identify marijuana as a Schedule I controlled substance with no accepted medical use, the Oregon Supreme Court held in a 2010 decision that Oregon employers can enforce zero tolerance policies, even against authorized medical marijuana users. Measure 91 does little to change that holding, as the new law specifically does not “amend or affect in any way any state or federal law pertaining to employment matters.”

In other words, Measure 91 does not require that you abandon zero tolerance drug and alcohol policies or make significant changes to testing protocols. But, in light of changing perceptions about the drug, we recommend that our dental clients update their policies to address the issue of recreational marijuana use
I’m happy to be here in the Willamette Valley and to be a new member of the Marion and Polk Dental Society! My family and I are new to the Salem/Keizer area. Last August, I purchased the practice of Gerald “Jerry” Anderson in Keizer and renamed it “Keizer Smile Center.” The last several months have been quite fun and challenging, however, it has all been a good experience. I’m excited to start my career as an owner dentist. Before moving to Keizer, I practiced as an associate dentist in Virginia, Kentucky, North Bend/Coos Bay Oregon, and as a resident dentist in South Carolina. Yes, there have been A LOT of moves and not small ones either. Now that we are here, we are finally starting to get settled and feel like we can call Salem/Keizer our home.

In 2008, I graduated from the University Of Kentucky College Of Dentistry (GO ‘CATS!) receiving my D.M.D. Afterwards, I completed a rigorous 12-month General Practice Residency at Palmetto Health Richland and Dorn VA Medical Centers in Columbia, SC, where I received advanced training in implants, surgery, and anesthesia. My family and I then started our “tour of America” which lasted for about 5 years, living and practicing in 3 different states. We finally decided that Oregon was the best place for us to raise our 5 children (yes, I did say five); the Willamette Valley in particular. So, when I saw the opportunity to acquire this practice, we decided to hop on the Oregon Trail and make one final cross country move to the great Pacific Northwest.

So, that is my history; the short version. Currently, I am practicing as a solo dentist doing pretty basic general dentistry. In time, with the acquisition of the necessary instruments/equipment and staff training, I will incorporate the more advanced procedures I was trained in during my residency and have been doing previously. My main dental interests include all-things implants and fixed restorative. Personal interests of mine mostly revolve around my family and the activities in which they are involved (school, music, church, Cub Scouts, outdoor recreation, etc.). I’m also an avid college football and basketball fan when I get the time; although, I haven’t yet decided whether I’m a Ducks or Beavers fan.

I look forward to meeting, learning with, and working with you in the coming weeks and months.
and make it clear that the drug is still illegal under federal law and prohibited under the practice’s drug and alcohol policy.

This is also a good time to ensure that your drug and alcohol policy strictly complies with the myriad of complex drug testing legal requirements. In Oregon, there are restrictive regulations governing whether or not a termination resulting from a positive drug test affects the staff member’s ability to collect unemployment benefits, and it can be challenging to win unemployment appeals if the practice’s policy is not sound and all regulations are not followed. For these reasons, dental practices should work with employment counsel to review and update their drug and alcohol policies before recreational marijuana is decriminalized on July 1st.

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