

(Continued from page 3)

- Abusing depressants can cause slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures (upon withdrawal from chronic abuse).
- Abusing over-the-counter drugs that contain Dextromethorphan (DXM)—which usually involves taking doses much bigger than recommended for treating coughs and colds—can impair motor function (such as walking or sitting up); produce numbness, nausea, and vomiting; and increase heart rate and blood pressure.
- Abusing any type of mind-altering drug can affect judgment and inhibition and may put a person at heightened risk for HIV and other sexually transmitted diseases (STDs).

Aren't Prescription Drugs Safer Than Illegal Drugs Such as Cocaine or Heroin?

No. Many people think that abusing prescription drugs is safer than abusing illicit drugs like cocaine and heroin because the manufacturing of prescription drugs is regulated or because they are prescribed by doctors. These circumstances don't mean these drugs are safe for someone who was not prescribed them or when taken in ways other than as prescribed.

A FEW FACTS

- The average age of a boy who tries alcohol is 11, girls are on average 13.
- Teens that started drinking before the age of 15 are 5 times more likely to become addicted to alcohol later on, unlike those kids who waited until after they were 21. Alcohol is the substance abused most frequently by adolescents, followed by marijuana and tobacco.
- When a parent talks to their teenager regularly about the dangers of drugs and alcohol they lessen the chance of their child using drugs by 42%. However, only 25% of teens report on actually having these conversations.
- Alcohol is the leading factor in the top 3 causes for death in 14-15 year olds, which are auto crashes, homicides and suicides.

The N.C. Caring Dental Professionals is proud to be a resource for families of not only the addicted dental professional, but for the children and teenagers of the entire dental community in North Carolina. If you have questions concerning your children or teenager, please contact us for resources that are available to you during this difficult time. We must never forget that "addiction is a family disease".

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National Drug IQ Challenge

- In 2009, what percentage of 16 or 17 year olds drove under the influence of drugs or alcohol?
A. 1.2% B. 3.6% C. 6.3% D. 10.7%
- Which of the following statements about the popular ADHD drug Adderall is true?
A. It can make a person smarter. C. It causes your body to need less sleep.
B. It can help a person focus even if they don't have ADHD. D. None of the above
- A study that followed 1000 people for more than 38 years showed that people who started smoking marijuana regularly as teenagers actually lost IQ points as they got older; and they never got them back, even if they quit as adults. On average, how many points were lost?
A. 2 B. 4 C. 8 D. 12
- Some young people who abuse opioid painkillers like OxyContin switch to heroin – True or False?
A. True B. False
- Tobacco is the leading preventable cause of disease and death in the U.S. It causes:
A. About 1 in every 5 early deaths
B. About 1 in every 20 early deaths
C. About 1 in every 100 early deaths
D. About 1 in every 200 early deaths
- Alcohol and marijuana are the drugs most abused by teenagers. What comes next?
A. Ecstasy (MDMA) B. Cocaine C. Bath Salts
D. Prescription drugs & cough medicine E. Tobacco
- What is the most common two-drug combination that results in death?
A. Alcohol and cocaine
B. Marijuana and alcohol
C. Prescription pain killers and alcohol
D. Prescription pain killers and LSD
- We have heard a lot about the dangers of drugs called "bath salts". Which things are true?
A. They cause paranoia, hallucinations, and violent behavior.
B. They are made with amphetamine-like chemicals called cathinones.
C. People often end up in the emergency room after taking them.
D. They often contain unknown ingredients.
E. All of the above
- K2 or Spice refers to a variety of herbal mixtures that produce experiences similar to marijuana, but in some cases more powerful and unpredictable. Which fact is NOT true about K2/Spice?
A. They are more popular among boys than girls.
B. The active ingredients come from natural plant material.
C. They are abused by 8% of high school seniors.
D. Some teens have had heart attacks after smoking them.
E. Flavors are sometimes added to encourage you to buy them.
- About how many 8th graders have tried an inhalant to get high?
A. 1 in 5 B. 1 in 10 C. 1 in 25 D. 1 in 200

See page 2 for answers.

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North Carolina Caring Dental Professionals

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JUST REACH OUT

CARING Connections

Volume 14, Issue 1

NORTH CAROLINA CARING DENTAL PROFESSIONALS

Teenage Drug Use, Abuse and Addiction

by Nancy Davis, Executive Director



Being a teenager and raising a teenager are individually, and collectively, enormous challenges. For many teens and young adults, illicit substance use and abuse become part of the landscape of their teenage years. Although, most adolescents who use drugs do not progress to become drug abusers or drug addicts in adulthood, drug use in adolescence is a very risky proposition. Drug and alcohol use by a child is one of a parent's worst fears.

The NCCDP receives many phone calls each month from dental professionals asking about younger adult and adolescent substance use. These calls have generated the need for us to share some of the information, statistics and resources we receive on a daily basis about these populations. If you think this topic is not something you need to read about and are about to toss this newsletter in the waste basket, please stop. Addiction to alcohol and other drugs is an equal opportunity disease – it can happen to anyone. Addiction can happen to the dental professional's children, grandchildren, young patients, your colleague's family and the person walking down the street.

The teenage years are a prime time for experimenting and asserting independence. As teens transition into adulthood, they often become tempted by adult activities. They want to follow their parents' lead, try the activities already done by their friends and establish their own identities. Many teens turn to marijuana, prescription drugs, club drugs, alcohol or other substances during their teenage years.

Teenagers and young adults get involved with alcohol and drugs for many reasons.

Some examples include:

- Curiosity: They want to know what it feels like to get high or be drunk.
- Peer Pressure: Their friends are doing it.
- Acceptance: Their parents or role models are doing it.
- Defiance: They want to rebel against societal rules.
- Risk-taking behaviors: They need to send out a call for help.
- Thrill-seeking activities: They want to experience something other than numbness.
- Boredom: They feel they have done everything else exciting.
- Independence: They want to make their own decisions.
- Pleasure: They want to feel good.

The first few instances of drug use may be fun, but the behavior can quickly turn into substance abuse and addiction.

Teens that drink or do drugs can develop addictions. No one sets out wanting to become addicted or chemically dependent. Addiction is not a character flaw or the result of poor willpower. It is a true biological response that fools parts of the brain into acting abnormally.

Recent research emphasizes how early-onset drug use is the single best predictor of future drug problems in an individual. Individuals who experiment with nicotine, alcohol, or marijuana before the age of 12 are four to five times more likely to experience major addiction problems than those who wait until they are 18 or 19. Individuals who delay the first use of these substances until after the age of 25 rarely develop chemical dependency problems (about 17 times less likely). Important research on the adolescent brain has discovered that the brain develops slowly from back to front and is not mature until age 25.

If you sense that a son, a daughter, a young adult patient, or a teen patient is using alcohol or other drugs, trust your gut and reach out to get answers. The NCCDP is a phone call away. Young people can and do get sober every day. They can find freedom from addiction.



North Carolina Caring
Dental Professionals

What Can Parents Do?

Communicate - Teens that have an open relationship with their parents, and know that their parents are against drugs, are much less likely to try drugs.

Educate - Many teens believe that experimentation is okay and view trying drugs or alcohol as “no big deal”. When teens are educated and informed of the dangers and risks, it lessens the chance of them experimenting with drugs.

Be honest - Some parents are concerned that if they are honest about their own experiences with drugs that their kids won’t respect them; this is not the case. Studies have shown that when a parent is honest and expresses their concerns and their own struggles, their child is actually more apt to listen.

Don’t judge - If you want to have a good relationship with your teen, avoid becoming too judgmental. If your teen thinks you are too harsh or judgmental, they won’t come to you when there is an issue.

Be smart - If you see the warning signs or your child has friends that display signs, be smart! Don’t leave them unsupervised, lock up your alcohol and prescription drugs and pay attention to the substances you have at your house.

Don’t dismiss the warning signs - Become more involved in your teen’s life. Ask questions. Make sure you know where they are going and who they are going to be with. Set some rules. Talk to your teen. If he or she is using drugs, it’s time to confront them and offer help. If the problem is too big for you to handle on your own, seek professional help. Thousands of kids suffer from drug addiction, but there is help.

Parents in the Dark

A recent survey done on behalf of the Hazelden Betty Ford Foundation was designed to “take the pulse” of parent attitudes and beliefs regarding adolescent alcohol and other drug use and abuse. Surveyors polled a total of 2,454 parents with children between the ages of 12 and 24, with households mirroring the U.S. population in terms of geography, income, and race/ethnicity. Key findings are listed below.

LACK OF CONCERN BY MOST PARENTS

Nearly 6 in 10 (59.2 %) parents of youths ages 12–24 say that they are not concerned about their children’s possible use or abuse of alcohol or other drugs despite government surveys showing that illicit drug use among teenagers remains high.

EASY ACCESS TO DRUGS AND ALCOHOL

One in four homes reports having prescription painkillers (opioids) in unlocked cabinets or accessible to children. More than half of the homes surveyed (54.4 %) store alcohol out in the open.

FALSE SENSE OF KNOWLEDGE

Even though almost 8 in 10 (78.9 %) parents think they have adequate education about child alcohol and other drug abuse, on average they could name only 2 out of 38 commonly known warning signs or indications that a child is drinking or using drugs.

DON’T KNOW WHERE TO TURN FOR HELP

Approximately one in five parents (18 %) admitted they would not know where to turn for help if their child were struggling with alcohol or drugs. One in five (20 %) said they would seek out their primary care physician. Most doctors, however, lack training in identifying substance abuse. Less than 20% of primary care physicians consider themselves “very prepared to identify alcohol or drug dependence,” compared to more than 80% who are very comfortable diagnosing hypertension and diabetes, according to the National Center on Substance Abuse at Columbia University.

I Think My Teenager Has A Drug Problem...What Now?

By Bill Claytor DDS, MAGD, PA, Volunteer Coordinator, NCCDP



As parents, one of the most difficult challenges we face is what to say and do when our children are experimenting with drugs and alcohol. The N.C. Caring Dental Professionals office has an ever increasing number of phone calls each month from participants in the program and from the general dental community at large about what to do when their child is using or suspected of using alcohol and drugs, especially prescription drugs. This article will touch on some statistics about teenage drug abuse and dependency and steps parents can take to be proactive in combating this national epidemic and major public health issue.

Every day in the United States, an average of 2,000 teenagers use prescription drugs for the first time without a doctor’s guidance. Among youth who are 12 to 17 years old, 14.8% of high school seniors reported past-year non-medical use of prescription medications. According to the 2012 Monitoring the Future survey, prescription and over-the-counter drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, synthetic marijuana (e.g., “Spice” and K2), and tobacco. Youth who abuse prescription medications are also more likely to report use of other drugs.

COMMON QUESTIONS ABOUT TEENAGE DRUG USE, ABUSE, AND ADDICTION

What Are The Most Common Drugs Abused?

In the past month, 40 percent of high school seniors reported drinking some alcohol, almost 15 percent of adolescents abused marijuana, and 13 percent of adolescents reported smoking cigarettes.

Alcohol

More adolescents drink alcohol than smoke cigarettes or use marijuana—combined. Within the past month, four out of 10 high school seniors report drinking some alcohol and more than one in three have engaged in “binge drinking.” Drinking endangers adolescents in multiple ways including motor vehicle crashes, the leading cause of death for this age group. More than one in four adolescents has ridden in a car with a driver who had been drinking. Genetic factors and life stressors influence adolescents’ alcohol abuse, but parents and guardians can help by monitoring adolescents’ activities and keeping channels of communication open.

Tobacco

Cigarette smoking among adolescents has declined dramatically in the last 15 years. Today, most adolescents do not smoke, but about one in eight has smoked within the past month and the use of smokeless tobacco has increased slightly in recent years. Tobacco use harms

nearly every organ in the body, and more than six million children born between 1983 and 2000 will die in adulthood of smoking-related illnesses. Multiple factors influence whether an adolescent becomes a regular smoker, including genetics and having parents or peers who smoke. Many adolescents start trying tobacco products at a young age, so prevention efforts in schools, in communities, and in homes, can help and should begin early.

Illicit and Non-Illicit Drug Use

Illicit drug use—which includes the abuse of illegal drugs and/or the misuse of prescription medications or household substances—is something many adolescents engage in occasionally, and a few do regularly. By the twelfth grade, about half of adolescents have abused an illicit drug at least once. The most commonly used drug is marijuana but adolescents can find many substances to abuse, such as prescription medications, glues, and aerosols in the home. Many factors and strategies can help adolescents stay drug free: Strong positive connections with parents, other family members, school, and religion; having parents present in the home at key times of the day; and reduced access in the home to illegal substances.

Where Do Teens Get Prescription Drugs?

The majority of both teens and young adults obtain prescription drugs they abuse from friends and relatives, sometimes without their knowledge. And according to the 2012 Monitoring the Future survey, about 50 percent of high school seniors said that opioid drugs other than heroin (e.g., Vicodin) would be fairly or very easy to get. One of the most common and readily accessible sources for teens to obtain drugs is from medicine cabinets of friends and relatives.

Why Do Teens Abuse Prescription Drugs?

Teens abuse prescription drugs for a number of reasons, including to get high, to treat pain, or because they think it will help them with school work. Interestingly, boys and girls tend to abuse some types of prescription drugs for different reasons. For example, boys are more likely to abuse prescription stimulants to get high, while girls tend to abuse them to stay alert or to lose weight. .

What Happens When You Abuse Prescription Drugs?

Abusing prescription drugs can have negative short and long-term health consequences:

- Stimulant abuse can cause paranoia, dangerously high body temperatures, and an irregular heartbeat, especially if stimulants are taken in large doses or in ways other than swallowing a pill.
- Abuse of opioids can cause drowsiness, nausea, constipation, and, depending on the amount taken, slowed breathing.

(Continued on last page)

...When you have to...

External motivation does not seem to work for me. You tell me to do something, even for my own good, and I can come up with a dozen reasons that I don’t have to do it. Defiance seems to be my middle name. I’m different. I don’t have to follow the rules. Even though I know better, I think I can get away with it until I have to change. Only I can decide when that is.

When I got arrested for drugs, I had to quit. It was the only way to keep my license. I thought at the time, I could just wait until the coast was clear, and then, when nobody was interested in my behavior, I would start drinking to take the edge off. No, I was NEVER going to do drugs again, but a little beer every once in a while wouldn’t hurt, would it? Then I went off to treatment and learned about my disease of addiction. It has many faces. They all want to destroy me. Chemical abstinence, total abstinence was the only way. All mood-altering drugs.... I abstained and it worked.

Other faces of my disease are process addictions. You know, the justifiable needs that are not black and white, yes or no, but those which require moderation. Like shopping, eating, helping others, even healthy things like exercise and working for a living. Just like I don’t know what “normal” is, I have never had a good working definition of “moderation”. More has always been better.

Perfectionism makes me stumble in attempting moderation. I don’t know when I have crossed the line between healthy behavior and obsessive thoughts of achieving the best possible. I think I need a life coach, but then, as in the first part of this article, I would come up with those dozen reasons.

I am overweight. “Morbidly Obese”. I have fought diabetes with every medicine known to endocrinology, except for diet and exercise. I have been defiant. Back in 2001, the day I chose to quit smoking, due to chest pain and dizziness from a whole pack of green meenies I smoked one morning, I heard from my hospital bed as I prepared for my stress echo, a loud voice from down

the hall. I never met the man, but what he said became my defiant battle cry of a diabetic in non-compliance. He hollered to his wife, “I am not letting some high-falooting doctor tell me what I can and can not eat!”

I passed that stress echo in 2001 and two other tests for the same intermittent chest pain. One cardiologist told me I was having a panic attack. All my treating physicians have advised me to lose weight and begin exercise. I lived to eat, and that didn’t happen. One Thursday in January, 2014, that same pain became constant and insistent. I could not ignore it. It was time to choose. Was I going to sit at home and die of a heart attack, waiting for the pain to go away? It didn’t go away.

It’s amazing what you can do when you have to.

Emergency room. Long wait. More symptoms. Enzymes elevated. Cardiac cath. Found two 100% obstructions in the posterior coronary artery. Stented. Released from hospital. Cardiac Rehab. New diet, exercise. Weight plummeted, Blood sugars controlled on ¼ of the insulin. More energy. Wow.

I can take no credit for this miracle. God must not be done with me.

I had a plan to deal with the need for medicine during this ordeal. I had two IV doses of morphine and a fair amount of versed and fentanyl during the cath. I called the NCCDP and told them what was up and that I was going to be accountable to them during this process. I did the same with my sponsor. I did have significant pain, but the meds did not make me high. I don’t know why. They just made the pain go away. I went home with no need for pain meds.

I am so grateful for a new plan, the support and care of a great surgical team, nursing team and the NCCDP to help me deal with my addiction issues. I just passed through the number one relapse scenario intact and better. Who has ever been grateful for a heart attack? There’s a first time for anything.

Grateful - JN

PLEASE CONSIDER

Make a tax deductible donation to the NC Caring Dental Professionals Endowment Fund or Jake Thorpe Fund. This money goes to provide interest free loans to assist impaired dental professionals. The NCCDP was created by dentists for dentists and dental hygienists with the intention of promoting a healthy recovery and lifestyle. Most of the funding is provided by the grass roots of dentistry being the dental profession itself. Please consider being a part of this health and wellness effort by making a tax deductible donation TODAY!!!

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