



## Recovery When Traveling

I have been in recovery for a little over 5 years. It has changed my life. My life prior to entering recovery was tumbling out of control. The obsession for alcohol dominated my life and I no longer felt like I could choose. My disease had me. My life revolved around relieving my stress and anxiety with alcohol every night. I tried and tried to stop drinking, but I couldn't. Unfortunately (or fortunately, depending on how you look at it) I had to come to the end of my own attempts to stop drinking. The obsession became so great, that I lost control and could no longer function on a normal level anymore. I had been a functional alcoholic for years, but now was to the point where I didn't want to go to work or even go out of the house. I couldn't even make the simplest of decisions. My anxiety was off the charts and everything seemed bigger than what it really was to me. Not until I admitted that I was powerless over alcohol did things begin to change. I gave up control and for the first time admitted that I could not stop drinking on my own. I needed God's help and the accountability and tools of the AA program to finally make changes that would last. I could finally live life on life's terms and not self-medicate trying to find relief from my stress and anxiety. Life has never been the same and I am so grateful for the Caring Dental Professionals' help in turning things around for me. I couldn't have done it without them.

Recently, my wife and I decided to take a 2 week trip out of the country as part of a biblical study program. The area that we were traveling to was a borderline 3rd world country where most of the people would not speak English. I knew there would not be very many recovery meetings and even if I found one, it would not be in English. Also, the area that we were traveling to was somewhat dangerous due to recent terrorist activity so I knew we would not be allowed to leave the group we were traveling with. I searched online for meetings and there were none close to any of the places we would be staying as we traveled. I then searched for online meetings, but I couldn't find any that I could do because of the time difference as most of the online meetings were based in the United States and therefore would be in the middle of the night. Long story short, I gave up my search and emailed the CDP telling them that I was not finding meetings that I could do while traveling for the 2 weeks we would be gone. They were not happy and

they quickly got back to me with an international Skype meeting that I could do at 9 p.m. any night I wanted to while I was gone. Their comment to me was that they felt like they were working harder on my recovery for the upcoming trip than I was and unfortunately it was true.

Basically, even after 5 great years in recovery and knowing how important regular meetings are to my recovery I was ready to take a "vacation" from recovery until I returned to the States. That was bad thinking because recovery is always still one day at a time and because I have the disease of alcoholism, I still have to take my "medication" on a regular basis to prevent relapse. I am no different than a diabetic taking their insulin on a regular basis to prevent a diabetic coma. The CDP also suggested looking for people in our group who might be in recovery to have meetings with as we traveled. What a novel idea! I had not thought of that.

The trip was incredible and there is so much I could write about. Recovery was amazing on the trip. Out of 40 people, there were several people working their own recovery program in AA and Alanon. Also there were many people struggling with addiction issues in their own families. I was able to share my story seven times with individual people who were experiencing active addiction issues in their immediate families. I also had meetings with several of the AA and Alanon people as we traveled. Spiritually the trip was also amazing. Seeing the places where scripture took place and where Paul traveled and fought so much adversity culturally, spiritually and politically to spread the gospel of Jesus Christ was life changing for my wife and me. Recovery is definitely a spiritual journey and the trip deepened my faith and trust in God for all things.

When traveling in the future, I will now know how easy it is to continue to work my recovery program wherever I go. Recovery is truly one day at a time and has to happen every day, everywhere I go. There are no "vacations" from recovery!

*"A Grateful Traveler in Recovery"*

## The Opioid Epidemic: How Will Our Profession Respond?

*By Bill Clayton, DDS, MAGD, PA, NCCDP Volunteer Coordinator*

America is in the midst of a prescription opioid misuse and abuse epidemic. In 2014, over 47,000 people died from drug overdoses, and 40 percent of those involved opioid analgesics. Nearly 2 million Americans reported abusing or being dependent on prescription pain relievers. It is estimated that 6.5 million Americans and 2.5% of the population age 12 years and older are current nonmedical users of psychotherapeutic drugs. Of these, 4.3 million, or 66.2%, reported the use of pain relievers for nonmedical purposes.

As a member of the ADA's Dental Well-Being Advisory Committee, we take this epidemic seriously and are in the process of revising the ADA's Statement on the Use of Opioids in the Treatment of Dental Pain (from 2005), specifically dealing with acute dental pain.



The proposal below is an updated draft that our committee is proposing to the ADA House of Delegates by the end of August, 2016.

### Proposed ADA Statement on the Use of Opioids in the Treatment of Dental Pain

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications and history of substance abuse.
2. Dentists should follow and continually review CDC and State Licensing Boards recommendations for safe opioid prescribing.
3. Dentists should register and utilize prescription drug monitoring programs (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
5. Dentists should review the ADA's 2005 Statement on Provision of Dental Treatment for Patients with Substance Use Disorders to ensure proper counseling and safe treatment of patients with or in recovery from a substance use disorder.
6. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
7. Dentists should coordinate care with pain specialists when considering opioids for management of chronic orofacial pain.
8. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
9. Appropriate education in addictive disease and pain management should be provided as part of the core curriculum at all dental schools.
10. The ADA urges dentists to seek continuing education in addictive disease and pain management. The ADA encourages continuing education about the appropriate use of opioid pain medications to promote both responsible prescribing practices and limit instances of abuse and diversion.

## CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

*Scoring:* Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant.

The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders.

A number of other screening tools are available.

CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty, and Eye-opener

CAGE Source: Ewing 1984

## The Man in the Glass

**W**hen you get what you want in your struggle for self  
And the world makes you king for a day  
Just go to the mirror and look at yourself  
And see what that man has to say.

**F**or it isn't your father, or mother, or wife  
Whose judgment upon you must pass  
The fellow whose verdict counts most in your life  
Is the one staring back from the glass.

**S**ome people may think you're a straight-shootin' chum  
And call you a wonderful guy,  
But the man in the glass says you're only a bum  
If you can't look him straight in the eye.

**H**e's the fellow to please – never mind all the rest  
For he's with you, clear to the end  
And you've passed your most difficult, dangerous test  
If the man in the glass is your friend.

**Y**ou may fool the whole world down the pathway of years  
And get pats on the back as you pass  
But your final reward will be heartache and tears  
If you've cheated the man in the glass.

## PLEASE CONSIDER

Please consider making a tax deductible donation to the NC Caring Dental Professionals Endowment Fund or the Jake Thorpe Fund. This money is used to provide interest free loans to assist impaired dental professionals. The NCCDP was created for the dental team and their families with the intention of promoting a healthy recovery and lifestyle. You can be a part of this health and wellness effort by making a tax deductible donation TODAY!!!

Dr. Mark Johnson, DDS – Chairman, Fundraising Committee