

Preventing Relapse When Surgery Is Necessary

By Dr. Bill Claytor, DDS, MAGD, PA

There may be times when an addict must face surgery. One concern that will arise during recovery is when the addict needs a minor medical procedure or more serious surgery requiring conscious sedation or general anesthesia followed by post-op narcotics. The recovering addict wants to do everything possible not to trigger a relapse by taking a narcotic or other mood-altering substance. Minor procedures (e.g., colonoscopy) or other minor surgeries (e.g., dental, ophthalmic, etc.) usually require no post-op narcotic analgesics but occasionally an acetaminophen or NSAID. However, these procedures are often accompanied by intra-operative IV sedation, commonly using Versed, Fentanyl, or another benzodiazepine. Fortunately, these are short-acting mood altering substances and are usually not a threat to good recovery. Could they trigger a relapse? Possibly.

Patients having major surgery or major pain from a medical condition (coronary bypass surgery due to myocardial infarction, joint replacement, kidney stone pain, rotator cuff injury, etc.) will most likely need narcotics post-op. It is important to stress that there is no reason a recovering addict needs to suffer from severe pain after surgery. However, the recovering addict should not immediately think the only recourse is a narcotic. The role anti-inflammatories (non-narcotics) and ice play can not be overstated. When it is absolutely necessary for the addict to take a narcotic, his sponsor should be in possession of the pills outside of the addict’s whereabouts and should be administered only by the sponsor one pill at a time. The patient should confer with his or her sponsor and rate the pain level from 1-10. All available avenues for pain relief should be explored prior to giving any narcotics.

One area that is often overlooked is the importance and value of maintaining good recovery prior to and after surgery. But what is good recovery? Isolation and “ISM-thinking (I, Self, and Me)” are a disastrous combination for someone dealing with addiction. It is important not to forget that Twelve Step attendance, the group, and participation in the meeting have a tremendous impact on successful recovery and how one deals with life’s issues, such as surgery, illness, or medical procedures. The group can...1) creates a sense of belonging (participation, not just attendance), 2) help the participant identify with others who have/had similar problems or surgeries, 3) encourage the participant to take a personal inventory and share with trusted others, 4) stress the accountability to someone else (AA and “We” program), and 5) allow one to maintain an open mind where one can be teachable and be willing to see things differently by reframing the mind. Sharing in the group your fears and concerns about the upcoming surgery can lessen the power it has over you. Remember, the group can do what an individual cannot! “We (not I) came to believe”... is not just a saying but a reality for those seeking true help and relief from life’s troubles, including surgery.

Lastly, one must not forget that being around supportive and positive people with an uplifting message of hope as in a Twelve Step group can encourage a person to face almost anything that they fear, even surgery. Love, forgiveness, intimacy, prayer and meditation, connectedness with others, and compassion all exemplify the altruistic nature and cornerstone of recovery.

Other people who help one through illnesses or surgeries are a testament and a gift of recovery. These proactive steps give new meaning to not just thinking of post-op pain as “taking a pill” alone, but realizing that in addition to the possible medications, successful long-term recovery is about 5% what you stop doing and 95% what you start doing! Go to more meetings, increase sponsor contact, don’t isolate, especially when you are going to have surgery!

Stress Management

A young lady confidently walked around the room while leading and explaining stress management to an audience with a raised glass of water. Everyone knew she was going to ask the ultimate question, ‘half empty or half full?’...She fooled them all...”How heavy is this glass of water?” she inquired with a smile. Answers called out ranged from 8 oz. to 20 oz.

She replied, “The absolute weight doesn’t matter. It depends on how long I hold it. If I hold it for a minute, that’s not a problem. If I hold it for an hour, I’ll have an ache in my right arm. If I hold it for a day, you’ll have to call an ambulance. In each case its’s the same weight, but the longer I hold it, the heavier it becomes.” She continued, “And that’s the way it is with stress. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won’t be able to carry on.”

“As with the glass of water, you have to put it down for a while and rest before holding it again. When we’re refreshed, we can carry on with the burden - holding stress longer and better each time practiced. So, as early in the evening as you can, put all your burdens down. Don’t carry them through the evening and into the night...Pick them up tomorrow.”

Author Unknown

IN THIS ISSUE

- The Bedroom Project
- Dental Wellness Advisory Committee (DWAC) Update
- Preventing Relapse When Surgery Is Necessary
- Stress Management
- Aging Baby Boomers



North Carolina Caring Dental Professionals
PO Box 1258 Southern Pines, NC 28388

NONPROFIT ORG.
U.S. POSTAGE
PAID
SOUTHERN PINES, NC
PERMIT #39

When You Need Someone to Care



North Carolina Caring Dental Professionals

Published three times yearly in Southern Pines, North Carolina by the North Carolina Caring Dental Professionals, a nonprofit organization. Our goals are to disseminate information about the Caring Dental Professionals, and to provide helpful and informative materials about chemical dependence and mental health issues.

NC Caring Dental Professionals Board of Directors

Mark Johnson, DDS —Chairman Ben Brown, DDS NC Dental Society	Glenn Reside, DDS Sam Nesbit, DDS UNC School of Dentistry
David Howdy, DDS Ken Sadler, DDS NC Board of Dental Examiners	Lynn Hurley, RDH Joan Weaver, RDH Dental Hygienists
Bill Claytor, DDS Volunteer Coordinator, Dentists	Nancy K. Davis, MSW, LCSW, LCAS Executive Director

HELPING DENTISTS, DENTAL HYGIENISTS, AND THEIR FAMILIES

For More Information Call...

(910) 944-1150

(800) 230-3934



CARING Connections

JUST REACH OUT

Volume 15, Issue 1

NORTH CAROLINA CARING DENTAL PROFESSIONALS

THE BEDROOM PROJECT

by Nancy Davis, Executive Director



I am hoping the title of this article will attract you to read this to its conclusion.

Recently Susan and I attended a program called “The Bedroom Project” at a local middle school. It was an eye opener and a topic that I had not focused on before. Shannon Rouse Ruiz, the mother of a beautiful, active daughter faced what many of us fear for our teens. Her daughter struggled with prescription addiction for 2 years after an accident that occurred when practicing for a cheerleading competition. She tore her ACL, had surgery and was prescribed

pain medicine. This triggered her addiction. She went to rehab, had some successes but then had a relapse. In June 2011, this teen suffered a fatal overdose and was pronounced brain-dead. Shannon’s daughter was not described as the stereo typical junkie like many may envision when they think of someone overdosing. She was active in sports and maintained an “A” average. After Shannon faced the loss of her daughter she kept thinking about how she could channel the loss and educate people so there would be fewer prescription drug related deaths. The P.E.A.C.E. Foundation was formed. Prescription Education Abuse Counseling Empowerment; a non-profit organization. Shannon travels around with “The Bedroom Project”. She has a traveling bedroom designed to teach parents where their children may hide drugs. The message she emphasizes to the audience: “It is your right to search your children’s bedrooms. This is not an invasion of privacy. If they live in your home then you have every right to look.” She never thought of drug use as she cleaned Kaitlyn’s bedroom. After her death she found her pills were stored in a cute flowered contact lens case that she picked up to dust many times. Kaitlyn did not wear contacts.

I continue to receive calls from dental professionals seeking educational resources and referrals for an adolescent or college student. Last year I wrote an article about the signs of drug use in our youth. This article will focus on paraphernalia and contraband. Drug paraphernalia comes in numerous forms. A host of items/objects found in your child’s pockets, wallets, purses, bedroom or vehicle can be indicators of drug use. These items can initially appear innocent or harmless. Contraband can be anything from unauthorized music and reading material to drugs and alcohol.

Paraphernalia and contraband can be found hiding in some of the strangest places. When you decide to do a search focus on a few of these favorite hiding places.....***in pockets of clothes hanging in the closet, rolled up pant legs in the closet, nasty dirty laundry, in books, behind things that have been pinned or hung up, brims of a hat, soles of shoes or a hollowed out place under the insoles of sneakers, houseplants or nick-knacks around the house, seams of mattresses slit for items to be slipped into, legs of furniture, inside electronic devices, inside of hubcaps, attics, AC vents, behind electrical plates and wall switches, inside of the tracking mechanism that makes up the top section of mini-blinds where the strings go, soap dispensers in the bathroom, lining of jackets, toilet tanks, empty cd case, inside the toilet paper dispenser roll, in rarely used game boxes, breath mint containers.***

Drug paraphernalia comes in numerous forms. At first these items might seem innocent or harmless. You may not have noticed them before. You may think, “That’s odd. What’s this doing here?” Some paraphernalia associated with weed (marijuana): Little cigars, like Swisher Sweets. If you find Swisher cigars, wrappers, or boxes in your kid’s bedroom, (look in the trash), you may find the cigar tobacco that was removed and replaced with weed. Swishers may be a clue that “wacky tobacky” is being smoked. Water bottles or pop cans with little holes poked in

Continued on Page 2



North Carolina Caring
Dental Professionals

North Carolina Caring Dental Professionals

...THE BEDROOM PROJECT (continued)



them possibly covered with aluminum foil is another way weed may be smoked. Smell the bottle or can, it will have an unusual smell. In the more “sophisticated” stage of marijuana use, an unusual looking pipe is utilized. If you find a pipe in your kid’s room, he is not smoking Prince Albert. Another way to smoke weed is in a bowl which is usually made out of colored glass and comes in many shapes. Sandwich baggies lying around the room, in the trash or in a pocket should make you suspicious because weed is often sold in a baggie. Eye drop containers are another clue. In an effort to remove “evidence “of smoking from their eyes, they will resort to putting drops in their eyes.



If a child advances to hard drugs, other signs will begin to appear. To get a quicker, more pronounced high, drug users grind up pills into powder and snort it through the nose. Usually, this is done with rolled up dollar bills, straws, or empty pen containers. Sometimes they will leave behind the traces of the powdery remains, smeared on a desk or other hard surfaces. You may come across an unexpected pill you don’t recognize. Call or visit the pharmacy so they can tell you what it is. The abuse of prescription painkillers is rising dramatically, but many users are not swallowing them, they are snorting them. Spoons in a room are definite red flags. Spoons are used in the melting process of opiates. Many will say they had a bowl of ice cream and forgot to return the spoon. If the spoon supply is decreasing, this could be a sign of drug use. Other everyday household items may be a sign of drug use. Q-Tips, Aluminum Foil, little rolled up pieces of cotton are used in the process of heroin use and production. Large rubber bands, belts, shoe laces lying around could very well be instruments to enhance the injection of drugs into the veins. Syringes may be found under television stands, dressers, drawers, shelves, shoes, and a host of other places. The syringe is the most sobering sign of drug addiction.



Shannon described so many different things that I never would have thought of as paraphernalia. The GLASS FLOWERS you see on the counter at convenience stores are used as crack pipes. PACIFIERS become protection from grinding teeth after use of certain drugs. BALLOONS “Whip It” are filled with CO2. WATER BOTTLES may have hidden compartments. A COMPUTER MOUSE when taken apart might reveal a scale. WHITE OUT can be sniffed. COFFEE CUPS might have hidden scales on the bottom. VAPOR CIGARETTES may be filled with hemp oil. KEY CHAINS and CONTACT LENS CASES are used for pills. TUBE SOCKS can be used for huffing paint. VICKS VAPORUB on the face intensifies the high on kids using Ecstasy.



“The Bedroom Project” program was received in a positive light from the local crowd. I suggest any parent or grandparent, especially ones with teenage children should make an effort to see this presentation when it is available in your area. It was extremely informative. For more information about “The Bedroom Project”, visit www.peacefoundationnc.org.



Please feel free to phone us with any questions or referral information. We are here to assist all dental professionals and their families. If we don’t have the answer right away, we will hopefully find the answer through our many resources.




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!!!

Dr. Mark W. Johnson, DDS - Chairman, Fundraising Committee

Dental Wellness Advisory Committee (DWAC) Update

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



On March 6, 2015, I had the honor and privilege of attending my first Dental Wellness Advisory Committee (DWAC) meeting as a board member. It was held at the ADA Headquarters in Chicago. The members consist of healthcare professionals from different specialties including dentistry, ergonomics, substance abuse and medicine dealing with work-related injuries and issues, such as carpal tunnel syndrome, back pain, and burnout, amongst others. This committee is instrumental in recommending and directing change in the dental profession as it relates to the health and well-being of our practitioners.

Topics discussed included:

The 2015 Conference on Dentist Health and Wellness: The conference will be held on September 17 & 18, 2015 at the ADA Headquarters in Chicago. The pre-meeting on September 17th gives the opportunity for state programs to participate in several advocacy training sessions. The meeting on September 18th is designated to enhance the state dentist health and wellness programs, offering information on Substance Use Disorder (SUD) treatment, marketing state dentist health and wellness programs to membership, leadership and communication, and addressing the SUD agenda with state legislators and dental boards.

The 2015 Dentist Well-Being Survey: This survey, which will hopefully be available June 2015, is a newly revised survey that was originally done in 2003 and will include more relevant and timely issues as it relates to Wellness in 2015.

Webinars in 2015 on Opiate-related Addiction: The Substance Abuse and Mental Health Services Administration and the American Academy of Addiction Psychiatry (SAMHSA/AAAP) announces the funding and availability of Provider’s Clinical Support System on Opioid Prescribing (PSCC-O), which includes in 2015 four webinars about Appropriate Use of Opioids in the Treatment of Pain and Opioids-related Addiction (PCSS-O). The purpose of this grant is to develop a free national mentoring network that will provide clinical support, through clinical updates, consultations, evidence-based outcomes and training, for dentists and other medical professionals in the appropriate use of opioids for the treatment of chronic pain and opioid-related addiction.

Resolution 34-Dental Student Health and Wellness: The ADA House of Delegates adopted Resolution 34H-2014 which stated a need for appropriate educational resources and support for dental students affected by addiction, burnout and/or depression. The Resolution asks DWAC and state health well-being programs to work with dental schools to offer complimentary resources on emotional health and drug and alcohol misuse to dental students.

Resolution 28-Chairside Medical Screening: The ADA House of Delegates adopted Resolution 28H-2014 which states the appropriate ADA agencies research the implications of incorporating appropriate medical screening methods into patient evaluations and ultimately report back to the ADA House of Delegates.

Friends of Bill W. Meetings at the ADA Annual Meeting: Discussion around these AA meetings at the annual ADA session was discussed and resolved to continue these meetings with appropriate meeting times of the day discussed.

University of Utah School on Alcoholism and Other Drug Dependencies: Discussed the closure of the school after 63 years and the possible effects it may have on the recovery community and possible avenues to continue the school in another venue. Resources that are available from the ada.org website, including the Center for Professional Success, which addresses well-being and addiction under the “Live: Balance Your Life” section.

Finally, I had the opportunity to do a video taping of my personal experiences and work in the addiction area along with my time with the NCCDP. This video will be available on the American Student Dental Association (ASDA) website for informational purposes about well-being.

PEARLS OF WISDOM

Almost everything will work again if you unplug it for a few minutes, including you.

Ann Lamott

Things to ponder....

Author unknown

Accept the fact that some days you’re the pigeon, and some days you’re the statue!	Since it’s the early worm that gets eaten by the bird, sleep late.
Always keep your words soft and sweet, just in case you have to eat them.	When everything’s coming your way, you’re in the wrong lane.
Always read stuff that will make you look good if you die in the middle of it.	Birthdays are good for you. The more you have, the longer you live.
Drive carefully. It’s not only cars that can be recalled by their Maker.	Some mistakes are too much fun to make only once.
If you can’t be kind, at least have the decency to be vague.	We could learn a lot from crayons. Some are sharp, some are pretty and some are dull. Some have weird names and all are different colors, but they all have to live in the same box.
If you lend someone \$20 and never see that person again, it was probably worth it.	A truly happy person is one who can enjoy the scenery on a detour.
It may be that your sole purpose in life is simply to serve as a warning to others.	Save the earth..... It’s the only planet with chocolate!
Never buy a car you can’t push.	Be the kind of person that when your feet hit the floor each morning the devil says~~ “Oh darn, He or She is up!”
Never put both feet in your mouth at the same time, because then you won’t have a leg to stand on.	

AGING BABY BOOMERS (1946-1964)

I recently read an interesting article about Aging Baby Boomers and how older adults are abusing drugs, getting arrested for drug offenses and dying from drug overdoses. Many of us can recall the 70’s and the coming of age, where some rebelled, grew long hair, surfed, formed rock bands and were regularly getting high on marijuana and other drugs. Those were the wild times and as we grew older those times receded. We stopped any excessive use of alcohol and quit the use of drugs. We may have become suburban professionals taking care of our families.

Many baby boomers will take excellent care of themselves with proper diet, exercise, drinking in moderation or not at all. I often hear from dental professionals in our brief conversations when they reach out to CDP how drugs and alcohol were a past event. They describe an accident that occurred around middle age (50) from running, skiing, tennis, and other activities that keep them in shape. When they show up at the Emergency Room or in the doctor’s office they are prescribed something for the pain. They will take the medication for the pain and may even have a cocktail to wash it down. This may be the reminder of “getting high and getting loaded. The mind never forgets that.

Older adults are abusing drugs, getting arrested for drug offenses and dying from drug overdoses at increasingly higher rates. These surges have come as the 76 million baby boomers, reach late middle age.

Stepping into the senior years will test both the body and mind. Some of the risks that may be associated with the growing trend of addiction may be the boomer going through a divorce, loss of a job, a sense of loss after retirement, or greater us of prescription drugs due to aging.

More and more treatment programs are focusing on how to handle an increase in the number of older adults. A few treatment centers have already designed “Baby Boomer” specific programs. The prediction from government researchers estimates more than 5.7 million people over the age of 50 will need substance-abuse treatment by the year 2020.

I feel it is important to carry this message to all dental professionals who will be retiring. Please remember the NCCDP is always a resource for you to get the appropriate referral.

Nancy

created by dentists for dentists and dental hygienists to promote a healthy recovery and lifestyle