

ARE YOU ADDICTED TO YOUR CELL PHONE?

Research has identified signs of any type of substance or behavioral addiction. The 6 signs are salience, mood modification, tolerance, withdrawal, conflict, and relapse. They all apply to cell phone addictions as well.

Read the definitions of these 6 signs below and by the time you have completed the task, you will have a better idea of whether you have reached your tipping point. Give yourself one point for each item you can answer with a yes.

- **Saliency:** A behavior becomes outstanding when it is deeply integrated into your daily routine.
 1. *The first thing I reach for after waking in the morning is my cellphone.*
 2. *I would turn around and go back home on the way to work if I left my cellphone at home.*
- **Euphoria:** Who knows what the beep, buzz, whistle; ringtone might have in store for you? The feeling of anticipation or excitement that precedes and/or follows the use of your phone is a mood modification that can result in euphoria.
 3. *I often use my cellphone when I am bored.*
 4. *I have pretended to take calls to avoid awkward situations.*
- **Tolerance:** As in the case of drug and alcohol abuse, tolerance addresses the need for an ever-increasing “dose” of the behavior to achieve the desired high.
 5. *I find myself spending more and more time on my cellphone.*
 6. *I spend more time than I should on my cellphone.*
- **Withdrawal Symptoms:** The feelings of irritability, stress, anxiousness, desperation and even panic when you are separated from your cellphone are good examples of withdrawal.
 7. *I become agitated or irritable when my cellphone is out of sight.*
 8. *I have gone into a panic when I thought I had lost my cellphone.*
- **Conflict:** A common outcome of cellphone addiction is conflict. Do your spouse or children complain that you are always on your phone? Do you allow texts, calls, and e-mails to spoil your vacations and personal time? Are your work activities interrupted by playing games, visiting Facebook, and countless other forms of entertainment offered on your cellphone.
 9. *I have argued with my spouse, friends, or family about my cellphone use.*
 10. *I use my cellphone while driving.*
- **Relapse:** When we acknowledge that our cellphone use may be undermining our well-being, we attempt to stop. However, then we slip back. We relapse.
 11. *I have tried to curb my cellphone use, but the effort didn't last very long.*
 12. *I need to reduce my cellphone use, but am afraid I can't do it.*

What's Your Score? Are You Addicted? There's an APP for that!!

How many times a day do you think you check your phone? Once every hour? Once every 30 minutes? You most likely are wrong. Studies show that an average adult checks his phone a whopping 110 times a day. That makes it once every 13 minutes. And for most people this peaks to once every 6 seconds in the evenings. So if you, like most people are checking your phone when you could be spending time with a real human being or doing something constructive then it is time to find an app that monitors your electronic usage. There are many apps that help you maintain a controlled digital lifestyle. They monitor phone and app usage and track how addicted you are to your phone and other apps. To find the one that is right for you just search in Google for “cell phone addiction app”.

Answers ARE YOU ADDICTED?

To calculate your score simply add up the number of “agree” responses to each of the 12 statements and check the results.

- | | |
|------------|--|
| 8+ Agrees | You most likely need a reservation at rehab center for habitual cellphone users. |
| 5-7 Agrees | You have crossed the tipping point and are moving quickly to addiction. |
| 3-4 Agrees | You have not reached your tipping point, but need to carefully assess how your cellphone is influencing your life. |
| 0-2 Agrees | You have patience and self-restraint, or technology simply scares you. |

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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.

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Volume 15, Issue 2

NORTH CAROLINA CARING DENTAL PROFESSIONALS

PROCESS ADDICTIONS

by Nancy Davis, Executive Director



I recently received a magazine with the headline “Cell Phone Addiction Is So Real, People Are Going To Rehab For It” I read the article and once again I had to add the Cell Phone to my list of process addictions.

A process addiction is a compulsive behavior, such as gambling, sexual addiction, eating disorders and spending addictions. The term is often used as a blanket for any behavioral addiction which does not involve an addictive chemical. The research implies there are actual chemical processes which occur during the behavior which are very similar to the chemical changes which

take place during substance abuse. The main element of an addiction being a process addiction is that it is not a chemical addiction to drugs or alcohol. The physical and mental mechanics of addiction are the same.

The list of process addictions is wide-ranging and can include any day-to-day behaviors that have become overpowering and destructive in an individual's life. A process addiction can be exercise, fetishes, gambling, handwashing, internet, love, money, overeating, relationships, religion, sex, self-injurious behaviors, shopping, sleep, spending, stealing, television, video games, work, and cell phones.

There are similarities between behavioral addictions and substance addictions. It begins with experiencing pleasure associated with a certain behavior. For instance, when someone uses his cell phone during a commute or work or during a college lecture, he relieves his boredom and is able to check email or catch up on Facebook. The behavior may be a way of coping with stress or other bad feelings. The process of engaging in the behavior, feeling pleasure, and ignoring repressed negative emotions become ritualized until it is a big part of everyday life. Eventually, one may experience cravings or withdrawal when they cannot get to the phone for a certain period of time. When they finally get to it, there is a great feeling of relief. This cycle is very similar to substance use.

A recent study conducted by Dr. James Roberts of Baylor University, targeted cell phone addiction and was printed in the Journal of Behavioral Addictions. The study related materialism and impulsiveness to obsessive cell phone use among college students. In previous studies, surveys found that young adults send, on average, 110 text messages every day, for a total of around 3,200 per month. They check their phones about 60 times throughout the day, and spend approximately seven hours a day interacting with some type of communication or information technology.

Aside from the dangers of developing a behavioral addiction, there are other negative consequences of cell phone obsession. Being hyper connected erodes personal relationships. Contact between social groups occurs through the phone, real relationships with deep connections become more difficult to maintain when someone is constantly using their phone. Cell phones are powerful computers that provide us with constant information. We like the new, the interesting and the unpredictable. We feel rewarded with the next tweet, beep, buzz, whistle, or stylized ringtone. However, as with any drug over time, overuse can be destructive. It isolates us from the world around us, and in cases where our undivided attention is needed; as driving a car, or caring for a young child, the cell phone addiction can be as downright dangerous as the person under the influence of alcohol or drugs.

Remember, the North Carolina Caring Dental Professionals Program is always available to take your call and assist you with referrals.



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THANK YOU

DR. KEN SADLER, DDS LYNN HURLEY, RDH
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Thank you so much for volunteering to serve on the NC Caring Dental Professionals Board of Directors over the years.

We know that for each of you, it was an add on to the many other things that you do, including your career, your family, other volunteer opportunities and your social life. We appreciate that you were willing to serve. The NCCDP values your time and input. Your contributions have been significant.

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The North Carolina Caring Dental Professionals is registered as an eligible charity with AmazonSmile!

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AmazonSmile is a simple and automatic way for you to support the NCCDP every time you shop (at Amazon) with no cost to you.

On your first visit to AmazonSmile (smile.amazon.com), you need to select the NC Caring Dental Professionals as your "favorite" charity to receive donations from eligible purchases before you begin shopping. There is a search box to use to find the NCCDP. You need to enter the whole name not just the initials. Amazon remembers your selection, and then every eligible purchase you make at smile.amazon.com will result in a donation to the NCCDP.

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Remember, you have to shop from the AmazonSmile (smile.amazon.com) website in order to have your purchases eligible for the donation.

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www.nccaringdental.com

PLEASE CONSIDER

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America's Costly Epidemic: From Prescription Painkillers to Heroin

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

America's Costly Epidemic: From Prescription Painkillers to Heroin

We have a deadly and serious problem in America. The impact and costs are staggering. This problem is not a respecter of persons, including men and women in all age groups, people with or without insurance, and people of all income levels. It is as ubiquitous, cheap, and easy to acquire as candy, while destroying the very fiber of this country at an alarming rate. It is called **Opiate Addiction**. While the medical community's original intent was noble (i.e., to treat pain with narcotics), the long-term outcomes for many of these patients are appalling and end up destroying lives and causing death.



Facts About Prescription Narcotic Abuse and Addiction:

- It is interesting to note that the U. S. accounts for 5% of the world's population, yet we consume 75% of the world's prescription drugs.
- Also, the United States consumes 99% of the world's, Hydrocodone (Vicodin), 60% of the world's, Hydromorphone (Dilaudid), and 81% of the world's Oxycodone (Percocet).
- Doctors who over-prescribe painkillers in the U. S. will see 40% of those patients becoming addicted.
- Of the 9.4 million Americans who take opioids for long-term pain, 2.1 million are estimated by the National Institutes of Health to be addicted and are in danger of turning to the "black market" for their drug.
- Deaths from opioid painkiller overdoses represent over 16,800 people/year.
- 46 Americans die every day from prescription opioid overdoses.
- For middle-aged Americans, who are most at risk, a prescription opioid overdose is a more likely cause of death than an auto accident or a violent crime.
- A report from the Centers for Disease Control in 2014 found that physicians are fueling prescription painkiller overdoses in the U. S.
- The study found that doctors were engaging in "dangerous" and "inappropriate" prescription practices due to the physician's lack of understanding of opiates and their addictive tendencies.
- Studies have shown that while cumulative pain levels remained constant among Americans, prescriptions for pain medications more than quadrupled between 1999 and 2010.
- According to the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA), a full 80% of all users arrive at heroin AFTER abusing opioid painkillers like OxyContin, Percocet, and Vicodin.
- A survey in 2005 by Partnership For A Drug Free America showed that 19% of teens reported taking prescription painkillers for non-medical uses.
- The source of the narcotic painkillers are from dentists/physicians, from friends, or from medicine cabinets found in their home or neighbors homes. Real estate agents showing houses for sale must inform present homeowners the need to secure and remove all narcotics from the medicine cabinets when showing a house to a prospective buyer because of potential theft.

Since the medical community has started to become aware of the potential narcotic abuse situation and has implemented security measures, such as 1) using Prescription Drug Monitoring Programs (PDMP) to locate patients who abuse narcotics, 2) securing all handwritten prescription pads and start using password-protected computer generated prescriptions, and 3) recognizing the inability to prescribe hydrocodone over the phone since it has gone from a Scheduled III to a II drug, the person abusing or addicted to opiates/opioids are now being forced to find other sources for the drug. Thus, heroin has become a viable, convenient, and cheap alternative. Many narcotic abusers and addicts say it is easier today to get heroin than to get a prescription for a painkiller from a doctor, due to increased doctor awareness of abuse. One may say, "I may be a hydrocodone pill addict, but no matter how difficult it becomes to get, I would never stick a needle in my arm to use heroin". Really? We know that an abuser or addict will go to any length to get high, even if that means sticking a needle into one's arm!

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Safe Walking

There are apps for Smartphones that make the screen transparent using the camera feature to allow the user to type and see where they are going. One of these... "Type n Walk™" is touted as the smarter, safer way to type while you're walking. "Type n Walk™" displays a transparent viewport of what's directly in front of you. This combined with your peripheral vision is just enough visual information to help you avoid obstacles -- like walking face-first into a pole!

'Electronic Heroin' Spawns Chinese Internet Addiction Camps

China is one of many countries that recognize internet addiction as a real threat. There are over 400 rehab centers in China for internet addiction. So-called "screen addiction" is a very real problem, with "digital detox" rehab facilities available for tech junkies all over the world.

Facts About Heroin:

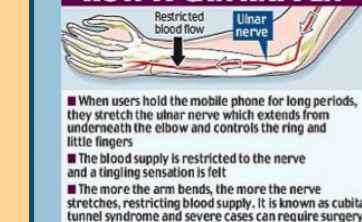
- In 2015, the typical heroin addict is 1) a white male between 18-25 years old, 2) lives in the suburbs, 3) has an income less than \$20,000, 4) has Medicaid, and 5) found penetrating colleges, universities, and professional schools (DDS, MD) rapidly.
- 4 out of 5 heroin addicts say they came to the drug from prescription painkillers.
- There has been a 400% increase in heroin addiction from 2002-2013 in U. S. suburbs (representing 300,000 people), with more than 8,200 deaths in 2013 mainly due to switching from opioid painkillers to cheaper heroin. Interestingly, most of these fatal overdoses involved other drugs at the same time, most often cocaine.
- Due to easier access, being less expensive, plus the increase in prescriptions drug users, more people are getting addicted. On the street, hydrocodone would bring \$25-30/pill, whereas heroin could sell for \$5/bag. Thus, heroin is 5-6 times cheaper than hydrocodone and more potent.
- People who abused opioid painkillers were 40 times more likely to abuse heroin.
- Over 4 million people in U.S. have tried heroin and 25% of those get addicted.
- Amongst women, heroin addiction has doubled and amongst men it has gone up 50%, while deaths are up 400% from 2002 to 2013.
- Heroin use more than doubled among young adults ages 18-25 in the past decade.
- More than 9 in 10 people who used heroin also used at least one other drug.
- 45% of people who used heroin were also addicted to prescription opioid painkillers.

In summary, the dental profession must not add to the over-prescribing of opioid painkillers that is found in the current healthcare environment. We must find alternatives for pain relief when practical and not prescribe narcotics as a "knee-jerk-reaction" for all anticipated dental discomfort. NSAID's and Acetaminophen in combination (400 mg Ibuprofen and 1,000 Acetaminophen taken together every 6 hours for one to two days) have been shown to be comparable or superior to Tylenol with codeine for relief of post-surgical pain, assuming no contraindications to their usage (see Daniels, et.al., Pain, 2011). Also, we must never forget one of the best natural intraoral agents to relief pain: Ice chips. Ice can have a local anesthetic effect that can help diminish the need for stronger narcotics.

When a narcotic painkiller must be used, we should remember that we treat, in general, acute pain and not chronic pain. We should consider prescribing a narcotic for a maximum of 2-3 days to relieve post-op pain, knowing that a majority of post-op dental pain is mild to moderate, not severe. If dental pain persists longer than 3-4 days, the situation must be clinically re-evaluated to make sure that something else is not going on.

We are fortunate in dentistry, since we rarely deal with severe post-op pain, to be able to control pain without narcotics. We have a responsibility to our patients ethically ("do no harm") to not unnecessarily expose them to over-prescribing narcotics and adding to the potential for abuse, addiction, and possibly placing them at risk for future heroin-seeking behavior.

HOW IT CAN HAPPEN



When users hold the mobile phone for long periods, they stretch the ulnar nerve which extends from underneath the elbow and controls the ring and little fingers.
The blood supply is restricted to the nerve and a tingling sensation is felt.
The more the arm bends, the more the nerve stretches, restricting blood supply. It is known as cubital tunnel syndrome and severe cases can require surgery.

What is 'CELLBOW'?

CELL PHONE ELBOW: Also known as "cellbow" or its official name, cubital tunnel syndrome (CuTS). CuTS is a repetitive stress injury (RSI) that can result in moderate to severe pain and numbness in the elbow and ring & little fingers.

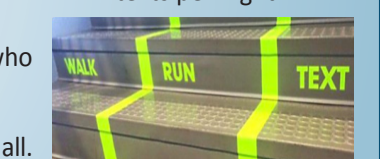


After teenagers go to bed, the average teen sends 24 texts per night



TEXTING LANES
In Belgium there are special lanes (like bike lanes) for anyone who needs to text.

TEXTING STAIRS
The University of Utah has labeled some stairs to ensure safety for all.



Created to promote a healthy recovery & lifestyle for the dental team and their families