

## HEROIN EPIDEMIC IN NORTH CAROLINA

- **2,024 Naloxone (Narcan) overdose reversals in NC from Aug. 1, 2013 to Feb. 1, 2016.**
- In **2013**, North Carolina passed a bill that increased the usage of Naloxone. First responders and many law enforcement agencies are equipped with overdose rescue kits.
- Since the widespread implementation of Naloxone, **600 North Carolinians** have been saved from drug overdoses, according to the North Carolina Harm Reduction Coalition.
- In **44 counties in NC**, law enforcement officers are trained to give Naloxone.
- The upward trend of heroin use continues in North Carolina as heroin deaths have increased from **38** in 2010 to **183** in 2013, a **480% increase**.
- Experts say a lot of people have turned to heroin because prescription opioid painkillers like Vicodin and Oxycontin are becoming more expensive (5X more expensive) and tougher to get (CDC).
- In NC, there has been an increase in women, people with high incomes and high school/college-aged children using heroin (not just a low socio-economic urban problem).
- In 2012, about 25% of deaths in Haywood County (Waynesville, NC) were from prescription painkillers (opioids).
- Dare County, NC, has one of the highest overdose death rates in the state.
- In Haywood County, NC:
  - **19 deaths in 2013**
  - **7 deaths in 2014 (decrease due mainly to Naloxone reversals)**
- In Nashville, NC, EMT has responded to **65 overdose calls from Nov. 1, 2015-Feb. 1, 2016.**
- In Nashville, NC, police stations will not arrest you and help you find opioid treatment without being arrested as long as you voluntarily turn in your drugs and drug paraphernalia.
- **Neonatal Syndrome** (from opioid abuse) is very high in Western NC.
- The **NC Harm Reduction Coalition Syringe Exchange Program** sees:
  - 1) Addicts who exchange needles are 5X more likely to enter drug treatment programs.
  - 2) Decreased rates of viral hepatitis & HIV transmission amongst injection drug users.
  - 3) Reduce needle stick injury to law enforcement by 66%.

VISIT THE UPDATED NCCDP WEBSITE  
[www.nccaringdental.com](http://www.nccaringdental.com)

## PEARLS OF WISDOM

*"Forgiveness does not change the past, but it does enlarge the future"*



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

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## 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.

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JUST REACH OUT

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NORTH CAROLINA CARING DENTAL PROFESSIONALS

## CRISIS

By Nancy Davis, Executive Director

### THE SKY IS FALLING, THE SKY IS FALLING!

--- Chicken Little



Living our lives like Chicken Little can be quite exhausting. Yet so many of us live from one crisis to another! We have become so accustomed to crises and deadlines that we feel almost lost if we are not putting out some kind of fire. In fact, if we really

were honest, there is something dramatic and exciting about handling a crisis. It makes us feel as if we have some degree of control in our lives.

We have on occasion wondered if these crises are normal and if there is another way to live life that might be a little less exhausting. Even though we are exhilarated in handling these crises they do leave us feeling drained. Could it be that these things don't just happen to us? That we have a hand in their creation?

People may experience a traumatic crisis if they have experienced a trauma such as a sudden, unexpected and terrible experience. There are many examples of traumatic experiences, e.g., illness, death, torture, accidents, divorce and so on. All of these life experiences may evoke feelings of loss and despair, and they can be so extreme that a person's defenses are not strong enough to deal with them.

Spotting the Signs:

One of the most common signs of emotional crisis is clear and abrupt change in behavior. Some examples include:

- Neglect of personal hygiene
- Dramatic change in sleep habits
- Weight gain or loss
- Decline in performance at work or school
- Pronounced changes in mood, such as irritability, anger, anxiety or sadness
- Withdrawal from routine activities and relationship

Sometimes these changes happen suddenly and obviously. Events, such as a natural disaster, or the loss of a job can bring on a crisis in a short period of time. Often, behavior changes come about gradually. If something doesn't seem right with a loved one or friend, think back to the last few weeks or months to consider signs of chain. Don't wait to bring up your concerns, it is better to intervene early.

One of the great things about a life crisis is you get to find out what works. When life is easy and no major challenges are on the horizon, you can read all about affirmations, pray, meditate, or just read self-help manuals written by big-name gurus. Then life throws you a major health challenge, the end of a relationship, the death of somebody close to you and an unexpected job loss. Now what?

Do What You Don't Want to Do: During a life crisis, you may be tempted to crawl into your bed and pull the sheets over your head. You may even want to turn to alcohol, drugs, food or something else to help numb the pain. Instead, do this:

- Feed your body fresh, organic food
- Exercise every day, even if it is just walking
- Read books that inspire you
- See a comedy show and laugh
- Treat yourself to a massage, pedicure, or some other self-care.
- The temptation will be to neglect yourself, but you must do the opposite and invest in yourself.

When we have stress in our lives it is often a time when we make changes for the better. However, if we get too stressed and feel we cannot cope any more, then we are in crisis.

If you or someone you know is experiencing signs of a crisis, please give us a call. We are here to assist with finding the best solution and referral sources.



North Carolina Caring  
Dental Professionals



# North Carolina Caring Dental Professionals

## Humble Beginnings



I don't trip over mountains. I stumble over pebbles, but they seem insurmountable to me at the time. I am an expert at making a BIG DEAL over nothing at all. I bruise easily and I don't suffer well.

I had melanoma once. I first saw it one morning looking down at the top of my bare foot. Black. Spot. On. My. Skin. I had never seen it before. It must be growing quickly. No pain, but how far up will they have to amputate to get me a clean prognosis. They will give me pain medicine. I will be so pathetic. I pondered this for a bit, and then I wondered if it had a raised border. I dug into the edge of the lesion with my other big toenail, and the whole spot let go. It was a piece of brownie. This is how I think!

One of my character defects is to revert to my native mental posture of being a victim and a martyr. I can use that state of mind to justify all sorts of weird, obtuse, defiant and sometimes funny but also usually downright unhealthy reasoning to justify doing something my addiction wants me to do. I am known to beat myself up mentally and then reward myself for being so sad. If you had this problem, you'd (drink, drug, or pick your poison), too. It seems only natural to want to have a little fun. Or to ease a little pain. I can quit any time I want to. I just don't want to.

This "addictive" thinking must be recognized for what it really is. It is my personal siren song of my disease trying to kill me again. The delusion that an alcoholic may, after some period of abstinence, drink again like a normal person must be smashed (BB pg 30). I began by learning about my disease of addiction at a treatment center. Can you imagine being utterly convinced of powerlessness, and having strong personal evidence of unmanageability, but not quite believing in God? That's where I began. I had nothing to lose by trying. I continued to learn by doing the best I could on my fourth step. The rewards of trying far outweighed the fear and shame that my disease hurled in front of me. I began to feel a connection with my Higher Power.

My teachers appeared because the student was willing to learn. One asked, "Would you be willing to kill for your disease?" Others said, "Why don't you choose your own concept of God? If I gave the whole group of you a million dollars, and took away all your problems except your disease, within a year 90% of you would be dead. Move a muscle, change a thought. Change your attitude to gratitude and count your blessings. Anything you value more than your recovery will also be lost when you lose your recovery. In your secrets lie your disease. If you become powerless over one mind-altering substance, you are powerless over them all." Look at your using life with the eyes of recovery, without shame or justification, to get at the problem of this thinking. Talk to your disease. Tell your disease to get behind you. Tell on your disease at a meeting. You have more important things to do. Turn your thoughts to someone you may help. I lost my shame of what I did by what I did about it. The only good things that have come out of my using life are that I am grateful that I don't have to repeat them, and that I may encourage a newcomer full of shame and doubt that there is a way out and a way to regain self-worth.

My most important teacher at the time I was most vulnerable was one who showed me what to do: simply begin. He made a decision to begin to work the steps. I saw his demeanor change. I saw him begin to act out of self-awareness and self-esteem. His eyes changed. I wanted what he had. So I, too, began. The power of example following a faith yet to be trusted, lead me to try because I had nothing to lose. You get to choose when to begin.

.....with much gratitude for the NCCDP, JN

## 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 W. Johnson, DDS - Chairman, Fundraising Committee

## COMPLIANCE VS. SURRENDER

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

It never ceases to amaze me how issues continually arise concerning compliance and surrender as to what is expected of a participant in the NCCDP. Everyone is presented a list of things they must do in their contract and for the most part the participant does them with regular consistency. A lot of times the participant will say the right things, fill out their monthly calendar perfectly, attend meetings, do random drug screens, and contact their sponsor and Peer Support Volunteer as the contract requires. However, there are some that lose focus of the contract requirements and become frustrated and resentful of the whole recovery process. Some see the contract as punitive and burdensome with a purpose to make their lives miserable.

I would suggest that those that take this viewpoint entertain the possibility that the NCCDP contract has a purpose in mind, i.e., to see one get into a life-long state of good recovery *with the guidance of those who have gone before them*. Remember, your best thinking and actions got you where you are today. One should consider that others have more experience, strength, and hope that can benefit your recovery efforts.

I feel the real issue of those who rebel against the NCCDP contract has to do with issues surrounding their *attitude, willingness to surrender, control, inflated ego, entitlement, and lack of skills on how to deal with frustration when they don't get what they want*. The object of recovery therapy is to permanently replace the inflated ego with recovery activity. The following statement reflects the true nature of recovery:

***"Addiction affects our thinking, our emotional responses, and our behavior. We need to learn in recovery that our way of thinking, feeling and acting does not work. We need to recognize that we must rely on help from others to point us in the right direction and show us the way. In this matter, both professionals as well as the 12 step programs can help us learn to reshape our thinking, feeling and actions and allow us to develop a new and healthy way of living."*** (1)

We as dental professionals like to be in control, or at least think we are in control, most of the time. The reality is that we don't like other people telling us what to do. Who does? Remember when we took calculus in college or did our first root canal in dental school? Did we tell the instructor how we wanted to be taught or what we would do or not do? Of course not! We didn't have a clue as to how to differentiate an equation or locate the MB2 canal of an upper molar. Furthermore, we asked for help and submitted ourselves to instruction and guidance until we had some familiarity of how to approach the problem. Even after college and dental school, we continued to grow and refresh ourselves through continuing education and asking for help. Remember, two hallmarks of addiction are isolation-driven personality traits and a rigid, controlling attitude. To the participant in the NCCDP, this can be counter-intuitive to one's thinking.

One of my favorite quotes is:

***"In submission (compliance), an individual accepts reality consciously, but not unconsciously. He accepts reality as a practical fact that he cannot at the moment conquer reality, but lurking in the unconscious is the feeling: 'there'll come a day' [...'when I can drink again'...]. True surrender, on the other hand, is acceptance on both a conscious and unconscious level, which allows us to put the conflict to rest and move on to other parts of our recovery. In fact, it allows us to forget the conflict and no longer be troubled by it."*** (2)

This statement reminds me that it's not just doing a checklist of things that one is told to do (the NCCDP contract), but encourages one to have faith in God and trust a multitude of people that have your best interest at heart. *You can't recover alone! (...to turn our will and our lives over to the care of God as we understand him.)* The NCCDP staff, counselors, therapists, sponsors, PSV's, addictionologists, and recovery groups represent 100's and 100's of years of recovery solutions and are showing you how to not only stay sober but start living life free of the obsession to drink/drug so that you can work on the real problem: YOU! They offer a plethora of solutions and ideas on how to address your character defects, core issues, relationships, and co-dependencies.

cont. on next page



## COMPLIANCE VS. SURRENDER CONT.

Those who remain only compliant with their NCCDP contract often times get exactly that: just compliance with little true recovery and change. We see those participants saying the right things but their actions don't reflect their actions. It reminds me of the old saying that *"those that are just compliant with their contracts are on Recovery, not in Recovery."*

However, those who surrender to their NCCDP contract often begin to realize long-lasting and stable recovery. It becomes a win-win situation. Victory (recovery) begins with a teachable, humble spirit that comes from an attitude of surrender.

For those who don't surrender, the following is promised:

***"In each case the prospect of returning to their true love of drinking and using never truly left them. It was there lurking in the shadows, deep within, hidden in their inmost thoughts and desires. The fantasy that someday I will know enough, I will understand the disease enough, I will be able to figure out how to control it, and again be able to return to successful use of my drug of choice is just that, a fantasy. This lack of genuine and true surrender on both a conscious and unconscious level can truly be a set up for relapse."*** (3)

(1)(3) ***"Surrender vs. Compliance"*** by John W. Stiemke;  
Recovery Lane-www.recoverylane.com/surrender-versus-compliance.html

(2) ***"Surrender Versus Compliance In Therapy With Special Reference To Alcoholism"***  
by Harry M. Tiebout, M.D.

## HEROIN EPIDEMIC IN THE UNITED STATES

• **129 people die everyday in America from drugs, with most being prescription pain pills and heroin (47,000+ deaths/year in U.S.).**

• **Prescription pills addiction often leads to heroin** (cost is very cheap in comparison).

• **4 out of 5 new heroin users start out with prescription pain pills.**

• **Drug overdoses** are more deadly than **car accidents and guns combined** in America.

• Access to drug rehabilitation treatment is **decreasing**.

• **43 States now have Naloxone legislation.**

• **"China White"**- is heroin laced with fentanyl that is 50X more powerful than heroin.

• In America, **a baby is born every 25 minutes dependent on opiates**. This is known as **Newborn Opiate Withdrawal Syndrome** causing shaking, increased heart rate, and acute opiate withdrawals (called "dope sick"). Doctors use morphine to wean newborns off of heroin.

• **Subutex** is used to wean heroin addicts off of heroin and may double or triple their chance of her staying clean. **Daily cost is \$17/ day.**

• **Young moms** are becoming addicted to heroin/opiate in alarming numbers.

• **Heroin is not a respecter of persons or financial status.**

• The heroin epidemic has a trifold effect: **medical/public health/law enforcements (DEA) issues.**

• The **Mexican cartel** is in every neighborhood in America distributing heroin, even in pill form.

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