

Recovery Support on the Grand Cayman Island



“Are you friends of Bill?” asked the young Caymanian as he ran towards our taxi van. I quickly jumped from the vehicle, waving my reluctant husband to follow, confident we had found the meeting. I signaled the kind driver to return in one hour assuring her we were not in harm’s way. She had been determined to help us find our destination through the dimly lit rough roads on this remote part of the island dropping us off at the Double Knot, OO, halfway house in a town called Hell, Grand Cayman.

The structure of the building was old Caymanian style with a large open-air porch where the meeting was in session. Austin, a native of Cayman, was the chair. I settled on an old wooden seat and immediately felt at ease as the island breeze embraced my every sense. I felt the presence of the Holy Spirit.

There were 11 men and 3 women of diverse types. One man was older and distinguished. I remembered John from Tuesday’s meeting at the church in Georgetown. Ivan, a big Cayman native sat next to him and gave an emotional testimony of his struggle to live sober. The meeting was very moving for myself and my spouse.

I attended three meetings at Elmslie, an iconic big white United Methodist Church in the center of downtown Georgetown right on the waterfront. I became friends with two women who attended these meetings. Mary had attended the first meeting I attended there and offered to give me a ride to and from my hotel for the other meetings I would attend there. She was the speaker at the last meeting I attended. She gave her story; what it was like, what happened, how it is now. I exchanged contact information with both and have been corresponding ever since.



Attending 4 meetings while on a family dive vacation was like a vacation from a vacation. I experienced such Serenity due to the picturesque Caribbean water, fresh fish, quality time with the family and the fellowship and love of AA. Before AA and the Caring Dental Professionals Program I would not have allowed myself this critical and life- sustaining me-time while on a family vacation. I attended three meetings right in Georgetown by myself and the one my spouse attended with me out on the remote part of the island.

The format of all the meetings was so familiar. The stories and struggles were just like those at the groups I attend here at home. The members were welcoming, supportive and friendly. Because of the trust that I have developed in the fellowship of AA it was simply natural for me to walk into a meeting as if I were joining a group of old friends. Once we returned home my husband remarked innocently what a coincidence it was that the young Caymanian knew Bill Claytor from the NCCDP. After I had regained my composure I explained just what the phrase “Friends of Bill” means to those of us in recovery.

.....A Vacationing Dentist in Recovery

VISIT THE UPDATED NCCDP WEBSITE
www.nccaringdental.com

PEARLS OF WISDOM

“...and if I asked you to name all the things that you loved,
how long would it take for you to name yourself?”

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Caring Dental Professionals

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CARING *Connections*

JUST REACH OUT

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NORTH CAROLINA CARING DENTAL PROFESSIONALS

ALCOHOLISM AND WOMEN

By Nancy Davis, Executive Director



Recently the NCCDP has received more calls of concern related to women with alcohol problems. We have been able to help these women and hopefully they will continue with a journey of recovery.

Before the turn of the century, alcoholism was thought of as a “man’s” problem. Things have changed. Women are the fastest-growing segment of alcohol and drug users in the United States. Research reports up to 4.5 million women over age 12 in the U.S. have a substance use disorder, 3.5 million misuse prescription drugs, and 3.1 million regularly use illicit drugs. Each year, over 200,000 American women die because of alcoholism and drug dependence, with more than 4 million women in need of treatment.

For years, researchers have been warning about more and more women drinking. They report it is not just a spike in the number of women abusing alcohol but women are drinking a significantly higher volume of alcohol. Many women can drink men under the table.

The trend is alarming as women progress faster than men into addiction even when using similar or lesser amount of substances. Women ultimately suffer more health-related consequences. Addiction is an equal opportunity disease, women become addicted differently, start using for several reasons, progress faster, recover differently and relapse for different assorted reasons than men.

Research suggests a woman is more likely to drink excessively if she has parents and siblings (or other blood relatives with alcohol problems), a partner who drinks heavily, an ability to “hold her liquor” more than others, a history of depression, or a history of childhood physical or sexual abuse.

The question is often asked, when is it alcoholism? Typical characteristics of alcoholism:

- *Craving:* Strong need, or compulsion, to drink
- *Loss of Control:* Inability to stop drinking once a person has begun
- *Physical Dependence:* Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when alcohol is stopped after a period of heavy drinking
- *Tolerance:* The need for increasing amounts of alcohol to get “high”

Key indicators of woman who may be in trouble with alcohol:

- Missing work or skipping child care responsibilities
- Drinking in dangerous situations, such as before or while driving a car
- Being arrested for driving under the influence (DUI/DWI)
- Hurting someone emotionally or physically while drinking
- Continuing to drink even with ongoing tensions in family or work
- Sudden change in behavior
- Mood swings; irritable and grumpy and then suddenly happy and bright
- Withdrawal from family members
- Careless about personal grooming
- Loss of interest in hobbies, friends and favorite activities
- Changed sleeping pattern; up at night and asleep during the day



North Carolina Caring
Dental Professionals

cont. inside

Relapse’s First Cousin

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



I remember watching a documentary on television several years ago about drug addiction. A famous former NBA basketball player that you would all recognize was being interviewed about his story of his descent into addiction. He said something that at the time I thought was trivial but in retrospect was significant. The former NBA star was asked what caused him to drink and drug so much? His answer was direct and simple: boredom! He said that since his retirement, he had lost his structure, direction and purpose and had time on his hands with nothing to do. This is interesting because this is also a major reason for people who have never used drugs or alcohol to start using drugs. As simple as it sounds, boredom is one of the major causes of initiation of drug use and relapse for addicts. This is why structure and purpose in one’s life is so important. An example of the potential of boredom is seen early in our teenage years. Boys and girls playing sports in school have structure and goals that keep their idle minds and bodies active and engaged. They do not have time to be bored. The same is true in early recovery. Often people in early recovery need to counteract the inherent isolation and self-centeredness that accompanies their addiction by going to AA/NA meetings every day, calling their sponsor, doing service work, reading and learning, and being drug tested on a regular basis to show accountability to their recovery. Likewise, retirement brings on similar emotions and feelings of loss, isolation and lack of purpose.

Boredom or the anticipation of boredom is seen in an addict as “stinking thinking” because triggers of drug use (i.e., people, places, and things) are often boredom avoiding activities and strategies which make drug use often inevitable. An addict who is constantly bored is setting himself up for relapse due to the fact that his defenses are lowered. This is called “ego depletion” and represents a mechanism that allows an addict to pick up his drug of choice again due to prolonged resistance to boredom and a decrease in his boredom-coping repertoire. This is why it is critical to remain aware of the situations that trigger boredom and the intensity of each emotion. For example, weekends for some are lonely times because they are usually less-structured than the work week so more free time is available. Some see this idle time as an opportunity for new ideas while others feel threatened or lonely and seek boredom avoiding activities such as drugs and alcohol. This is why boredom-management tools and strategies need to be in place to counteract these emotions. Hobbies (other than dentistry), relationships, social interaction, etc., are examples of staying engaged and driven. The more boredom prone one is the more likely one is to relapse.

One simple test you can take online to access just how bored you might be is called the [Boredom Proneness Scale](#). This is available at:

www.gotoquiz.com/boredom_proness_scale

Lack of boredom coping skills often leads to drug use. Prevention needs to be a multilevel approach based on cues and intensity of potential relapse, especially in retirement. Social interaction and having a plan is essential to combatting boredom. Treating boredom is much like treating addiction. We must not isolate, we must remain engaged, and we must have a structured plan of action to prevent boredom and relapse.



NCCDP Was My Lifeline

I have been a practicing Dental Hygienist for 37 years. I am grateful for the NCCDP. Had this program not been in place and available to me my career would have ended 10 years ago. Dental Hygiene was a goal I had set very early in my life. Becoming an alcoholic was not. In the beginning drinking was fun. I liked the way it made me feel. Then in my twenties I was convicted of my first DUI. I did not heed the warning. My second DUI was in my thirties and again I went through everything the courts assigned for me to do, but I still did not think I had a problem.



As my life unfolded alcohol took on a more major role. I started to drink more at home. I hid the amount I was consuming because I did not want anyone to know exactly how much I was drinking. I tried many ways to slow down or control my drinking with outside interests but to no avail. It would eventually make its way into any activity. It invaded family functions, piano lessons, pottery and even a water color painting class at the local community college. All of them were sabotaged by alcohol. I became more easily agitated, restless, my patience wore slim and my anger came more readily. I was reacting to situations before thinking. Alcohol at this point became medicinal. I was what one might call a functional alcoholic.

The last time I was charged with a DUI I was in my forties. By this time, to renew a license, the question, “Have you been arrested in the last year?” had to be answered. The Board of Dental Examiners did an investigation, the end result was that I was directed to the NCCDP. My license was on the line and the NCCDP was my life line. I had hit my bottom.

The shame and guilt I felt was tremendous. No one I had ever known had lost their license or had gone to a treatment center. I was scared, I felt alone but most of all I felt shame. How could this have happened to me? The treatment center in hindsight was exactly what I needed. It was the first time I had ever taken the time to look at myself and I had to do some soul searching. I signed on with the NCCDP for 5 years. It was the accountability that I needed. I am not the same woman I was 10 years ago. My eyes have been opened to a new way of life. I now live life on life’s terms not on my terms. To respond instead of reacting, to pause and to think of what action is best and when needed to keep my mouth shut. Today and every day I try to practice patience, love and tolerance. When challenged I try to look for something good in the person or situation. There is always a lesson to be learned. Today I have a re-established relationship with God. I am at peace with myself.

Today I make myself available to the NCCDP in many ways. I am a volunteer. I love to watch others grow in sobriety. I am so grateful for my sobriety and my way of living and I am grateful to be able to share with others. I am truly blessed – we all are truly blessed to have the NCCDP.

A Grateful Hygienist

UPDATE ON CEU FOR OPIOID PRESCRIBING

The remaining classes on “Safe Prescribing of Opioids” offered by the NCCDP are totally full. We extend our thanks to Dr. Bill Claytor for offering his expertise and bringing this message to our classes and many Study Groups across the state of North Carolina. Funds from tuition for these classes will augment the NCCDP Jake Thorpe Assistance Fund which is used to help dental professionals on their road to recovery.

ALCOHOLISM AND WOMEN

Both men and women are harshly judged for having an addiction, but addicted women face even greater stigma, which keeps many from getting the help they need.

If you are a woman reading this and suspect you may have a problem, answering the following four questions can help you find out if you have a drinking problem.

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

One “yes” answer suggests a possible alcohol problem. If you answered yes to more than one question, it is very likely you do have a problem with alcohol.

The NC Caring Dental Professional Program was established to help dental professionals with substance use problems. We are also here to help you find appropriate care and resources for family members. If you suspect you have a problem, a colleague, or a family member has a problem don’t hesitate to reach out for help. Alcohol kills! We are here for you....

NC Dentist Earns Lifelong Learning and Service Recognition From the Academy of General Dentistry

The Academy of General Dentistry, a professional association of more than 40,000 general dentists who are dedicated to professional excellence is pleased to announce that J. William Claytor, Jr., DDS, MAGD of Shelby, NC, has earned the 2017 Lifelong Learning & Service Recognition for his commitment to lifelong learning, volunteering his services to communities in need, mentoring associates and new dentists, and participating in organized dentistry.



The LLSR is presented only to AGD members who have gone above and beyond earning the association’s highest honor of Mastership. Since its inception in 2005, only 286 of the AGD’s 40,000-plus members have received the prestigious LLSR recognition.

We congratulate Dr. J. William “Bill” Claytor!

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