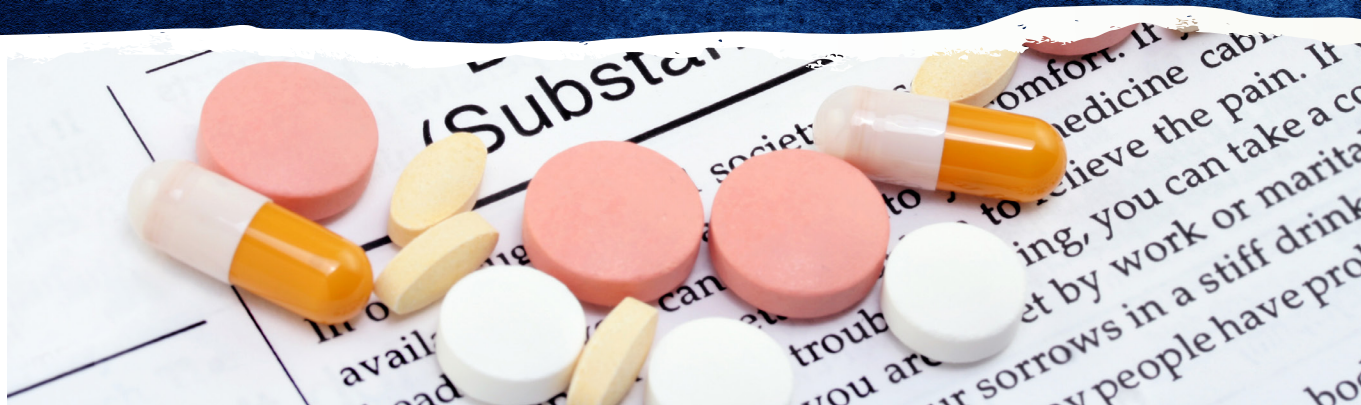


THE INITIATIVE

Addressing Substance Use in Dare County



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A Doctor's Perspective on the Opioid Crisis

By: Dr. Jessica Gorr, D.O., F.A.A.P.M.R.; Psychiatrist with Comprehensive Rehabilitation and Pain Specialists

I think everyone has heard about the "Opioid Epidemic". This crisis has been getting public attention through news and social media. I think awareness is good; it means then we can start talking about solutions. I often hear concerns from my patients about taking pain meds that can get them "addicted" or knowing someone who has been affected by opioids. Reversely, I also see some patients who are not concerned about the dangers associated with opioids and want to take as much as they feel they need.

We can all agree the problem has now been identified, but the question remains as to what we now do to solve it. I have personally seen the evolution of this problem escalate into what it has become today. As a doctor who practices in pain management, I see all sides to this issue. When I was in medical training, we received limited education on opioids; glossed over in a few hours of lectures in a Pharmacology course. There was no mention of prescription drug abuse at

that time, and I thought all drug addiction was associated only to illicit drugs like marijuana, cocaine or heroin. Once I became an Attending physician and was solely responsible for the prescribing, I became more aware of the risks and consequences of the opioid medications, even long before the opioid crisis came to a head.

When I began practicing after my training in 2006, I joined a private practice, which prescribed large amounts of opioids. Although I was uneasy prescribing such high doses of opioids, I felt pressured to continue prescribing what was previously given by other doctors. It was partly due to my inexperience that allowed me to be pressured into giving what the patients wanted and giving deference to what the other doctors were prescribing. When I tried to convince patients to decrease the doses or wean off them, I got a lot of push back. I was told that I was not caring enough and I didn't understand their pain. I was led to believe perhaps I was being overly concerned. Then over the years I kept hearing these stories of opioid related deaths and overdoses not only in our community but across the country. Over the

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SAVING LIVES TASK FORCE

The Initiative is a quarterly newsletter presented by the Saving Lives Task Force, the goal of this publication is to educate, inform and engage residents of Dare County.

- **Our Task Force is**
a team of professionals and community members working toward the prevention of substance use disorders and the availability of effective treatment for all Dare county citizens in need of help.
- **Join us for our Meetings**
on the 3rd Tuesday of every month at 3:00 pm at the Dare County Administration Building in Manteo.
- **For More Information**
please contact Roxana Ballinger, Saving Lives Task Force Co-Chair, at 252.475.5619 or roxana.ballinger@darenc.com.

savinglivesobx.com
facebook.com/savinglivesobx



Ongoing Events

- Alcoholics Anonymous - District 93 | 3rd Wednesday of each month | 7:00 pm | Grace By The Sea Lutheran Church**
4212 S Croatan Hwy., Nags Head, NC 27959;
Outer Banks AA Hotline: 252.256.0850;
www.aaoxbx.com
- NAR-ANON | Every Thursday | 7:00 pm Source Church in Manteo**
The NAR-ANON program is a means of coping with the insanity brought about from having a family member or friend struggling with addiction. For more details, please contact Debbie at 703.402.3501.
- Dare Community Child Collaborative | 2nd Tuesday of the Month | 1:30 - 3:00 pm | Dare County Administrative Building at 954 Marschall C. Collins Drive, Manteo**
The Dare Child Collaborative is a partnership among providers and families of children and youth with mental health or substance use issues. Together, they identify service, support needs and try to find ways to meet those needs. For more information, please contact Keith at keith.letchworth@trilliumnc.org.

September 2018

- Walk Against Addiction | Saturday, September 15, 2018 | 9:00 am | First Flight Highschool**
For a \$10 donation, you can receive a tote bag with “goodies” inside. Sign in begins at 9:00 and the walk begins at 10:00. Event speakers are John Towler with the KDH Police Department and Denise Mariano with Partnership for Drug-Free Kids. Vendors in the addiction field will be available and the walk is one mile. For more information, please contact Brenda Thacker at brenda.thacker@darenc.com



In a nutshell: Recovery can be about being substance free if you have an addiction. But it is about so much more than just abstinence from destructive behaviors and substances. Any behavior can become addictive if it takes over our life, leads to negative consequences for ourselves and others, and makes our life unmanageable.

Recovery on the other hand is ultimately about getting our own life back from the behaviors that may control us. It can be a process of discovering what is meaningful to us, knowing what our talents and interests are, being able to take care of ourselves and the people in our lives, stop making messes that others have to clean up, and generally building for ourselves a life of meaning and purpose. It can be about creating a better life for our children and families and putting a stop to the repeating patterns of addiction and trauma and pain that so many of us can be caught in.

Recovery is a universal experience. We all experience challenges and suffering in life, from small everyday challenges to big life altering challenges. Recovery is a strengths based process of remembering what is important to us, knowing and using our strengths to be our best self, finding meaning and purpose in our lives and in both our suffering and our recovery. Rather than

being focused on what is wrong in our lives - and this part is very important too - Recovery challenges us to also know, and build on, what is right and strong in our lives.

Recovery is about learning to accept the things that we can’t change - because we often create even more pain and drama by not accepting. It is about finding the willingness and courage to change the things we can change. And ultimately it is about developing the wisdom to know the difference between the two. We can’t control all the events and circumstances in our lives, but we can control how we respond to them, we can choose whether we make things worse, or do our best to act effectively in each moment according to our values and to what will be helpful for ourselves and others.

RI International is a recovery services provider based in Phoenix Arizona. Their mission is to empower people to recover, succeed in accomplishing their goals, find meaning and purpose in life, and reconnect with themselves and others. RI International serves Dare, Currituck, Hyde, Tyrrell, Camden, Pasquotank, Perquimans, Chowan counties

For more information about the different programs offered visit : <https://riinternational.com> or contact David Edmonds, Outreach Coordinator.

A Doctor’s Perspective on the Opioid Crisis

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next few years, the opioid crisis has become more of a focus in pain management and with continuing education; it reinforced what I already knew. The new evidence was showing that over-prescribing habits of many providers were contributing to an opioid crisis and we needed to make the necessary changes to our practices. Since then, I started a practice with another doctor, who had the same vision of building a practice utilizing principles of safe and responsible opioid prescribing. I have attended numerous continuing medical education training and even given lectures on this very topic. I now feel very confident in how to safely and responsibly prescribe opioids by following the guidelines for proper monitoring and mitigating potential risks.

Some say the concept of pain as a “fifth vital sign” fueled this crisis, through pressure in 2001 by the Joint Commission, who felt patients’ pain was not being adequately treated. We were more concerned with patient satisfaction scores rather than what was medically necessary. This has been largely responsible for the increase in opioid prescribing for chronic pain. Also, some feel aggressive marketing by the pharmaceutical companies for Brand name opioids have played a role in the rapid increase in opioid sales. I don’t think focusing on who’s to blame is productive, but understanding how we got here and looking to find solutions should be our focus.

Generally, doctors tend to believe their patients who are in pain and it’s our nature to want to help and do whatever we can to solve the problem. That means giving out strong painkillers like opioids if nothing else seems to work. But sometimes giving out more opioids is not always the best thing for patients. Pain cannot be the only factor when making medical decisions. Patient safety and weighing

the risks and benefits are just as important if not more so. Plus, are we helping the patient if we are putting them at risk with such potential for overdoses or enabling a problem like drug abuse or addiction? Are you less compassionate or sympathetic if you prescribe less opioids or withhold opioids from a noncompliant patient, who is misusing or abusing them? Having the difficult conversations with patients who are noncompliant and saying “no” can be tough, but necessary at times. Doing the right thing is not always popular, but compassion does not mean doing what the patient wants with disregard to safety. I understand being judicious in prescribing opioids takes a lot of time, both in assessing the risks and in monitoring. I feel many doctors are not equipped to do that in their practices unless they specialize in the field of pain management. That is why many doctors in general practice are throwing up their hands and even getting away completely from prescribing opioids altogether. I am not sure that is the solution either. Coming up with a balanced approach to opioid prescribing is the common- sense answer. How to do that requires efforts from everyone involved, including the patients, providers, pharmacies, pharmaceutical companies, insurance companies and other health care agencies. Already, many local and national government agencies, medical societies, boards, law enforcement and coalitions (like our local Dare CASA and Outer Banks Providers Council) are collaborating to increase awareness, educate the public and come up with guidelines to providers to find solutions to the opioid crisis.

Even though I am seeing some positive changes, there is much more work still that needs to be done. The challenge now is how do we utilize our resources better and figure out more effective treatments than using opioids for chronic pain. My hope is that before I am done practicing medicine that we will find better solutions to not only help our patients but also our community as a whole.

Pain Management Resources

Physiatrist with Comprehensive Rehabilitation & Pain Specialists
Dr. Jessica Gorr, D.O., F.A.A.P.M.R. • 252.333.1277

Acupuncture
Cheryl Blankenship, Lac
islandacupunctureobx.com • 252.449.8122

Chiropractor
Dr. B.L.. Ackley • 252.480.9909

Homeopathy & Orthobinomy
Jean Cishek, PDHom(UK), NCLMBT
stillnesshomeopathy@gmail.com • 252.449.8307

Yoga
Craig Honeycutt
gentleoceanyoga.com • 252.256.2356

Integrative Pain Management
Dr. Christina Bowen, MD
Outer Banks Family Medicine • 252.449.5780

Pain Management
Blossom Pain Management, Chesapeake VA
blossompainmanagement.com •757.819.7547

Mindfulness Based Stress Reduction & Mindfulness Meditation
Shirley Parker, LCAS • 252.207.3837
Rosie Rankin, LCAS-A • 252.305.5107
outerbanksinnerjourney@gmail.com

Professional Counseling Services, Mental Imagery & Consulting for Pain Management
Jo Ann Hummers, LCAS
jhummers@earthlink.net • 252.261.4512

Other resources are available in the Outer Banks area, such as Massage Therapy and other practitioners of the approaches listed above. See local telephone directory for additional services.

This is a partial list of licensed or certified practitioners whose work has been found to assist with pain management. It is provided as a resource for the person interested in dealing with pain either without medication or as an adjunct to medication. One purpose of compiling this list is to share approaches to pain management that will not lead to addiction or to harmful reactions within a person’s body.

Saving Lives Task Force Advocacy

For A Second Chance & Fair Employment: BAN THE BOX

Why is it important?

More than 1.6 million people in N.C. have a criminal record and consequently face employment discrimination. The resulting unemployment and underemployment affects their families and communities as well. Nearly 45% of those under Department of Correction supervision are African American. For example, as of September, 2010 there were nearly 4,000 people in Durham County on probation or parole and thousands more have criminal records but are not under the supervision of the Department of Correction. Banning the box is crucial to ending job discrimination against this large section of our community.

Why does this matter to our communities?

If families of people with criminal records are going to heal, prosper and contribute to our community, EVERYONE must have an opportunity for employment, housing and education. Employment is the most effective tool to reduce recidivism-returning to prison, resulting in a safer community and lower cost to taxpayers.

What is "Ban the Box"?

The "box" is that place on many employment applications that asks whether the applicant has been convicted of a crime or been incarcerated. Some may even inquire about arrests.

The proposed Ban the Box ordinance will remove these questions from the application at the initial stage of the employment process so the hiring authority can first get an opportunity to learn about the candidate's experience, skills and personality as they relate to the position to be filled.

Would criminal background check still be done?

Once the hiring official is prepared to offer the applicant a job or they are a finalist for the open position a criminal background check would be initiated. The applicant would be able to make sure the charges are accurate and explain the nature of the crime, how long ago it was committed, when incarceration ended, and discuss successful rehabilitation efforts and certifications if available.

Why are Ban the Box Ordinances important?

If the box is banned by administrative measures only, and not by ordinance (law), then the box can easily be reinstated whenever the administrators change their mind. Moreover, an ordinance creates a formal legal process to eliminate employment discrimination against people with criminal records. Most importantly, employers will have to establish and identify the relationship between the criminal conviction and the prospective job. It is crucial that a "Ban the Box" ordinance be adopted because history has taught us that illegal discrimination can only be eliminated through a formal legal process.

Have other states, cities and county governments made this change to their employment applications?

Twenty-four cities have banned the box, including Durham, Jacksonville, Philadelphia, Detroit, Cincinnati, New Haven, Boston, Memphis and Kalamazoo. The states of Connecticut, Massachusetts, Minnesota, New Mexico and Hawaii have passed laws prohibiting the box on applications for state jobs. As of this date North Carolina has passed this legislation in the House and has been sent to the Senate for review.

(Prepared by the North Carolina Justice Center for the Durham Second Chance Alliance)

THE INITIATIVE  **E** Resources:
savinglivesobx.com

PORT/New Horizons Trillium Health Resources

2808 S Croatan Hwy,
Nags Head, NC 27959

252.441.2324

www.trilliumncaccesspoint.org

877.685.2415 – 24 Hours a Day

Mobile Crisis Team

24 Hours a Day / 7 Days a Week

866.437.1821

2-1-1 Directory

www.nc211.org

Highlife 252

Syringe Exchange Program

252.457.7242

Contact your insurance company to find out more information on local providers and your plan's benefits.