

THE SKIFF



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DESPITE RUMORS

A STUDENT MEDIA PUBLICATION OF TEXAS CHRISTIAN UNIVERSITY

FORT WORTH, TEXAS

ROAD TO OPIOID ABUSE

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PHOTO COURTESY OF AP/JESSICA HILL

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Local boy raises funds for
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CAMPUS NEWS

Birthright citizenship is part of the debate

BY MARIANA RIVAS

WEB EDITOR, TCU 360

Five hundred and twenty miles – an eight and a half-hour drive – changed the life of one TCU sophomore.

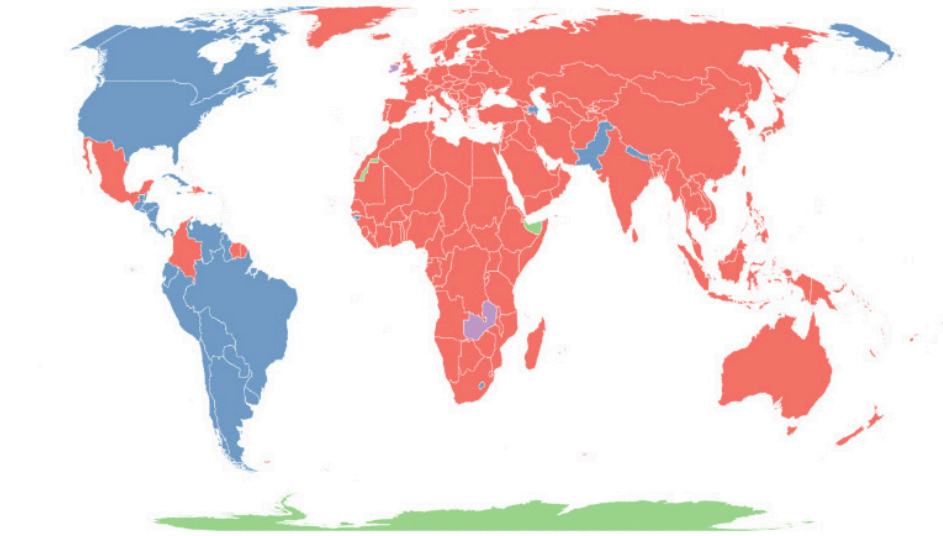
Juan Hernandez, an electrical engineering major, was born in Houston. His parents met in the state of Tamaulipas, Mexico and immigrated to the U.S. His father is a legal resident, his mother earned citizenship and Hernandez and his siblings are all U.S. citizens by birth.

The right of citizenship by birth is being challenged, and President Donald Trump is leading the charge. Referred to as *jus soli* or “right of soil,” birth rights by citizenship have been a part of American tradition since the American Revolution.

But critics call it antiquated and argue that it isn’t in line with U.S. economic development. The debate is part of a larger conversation about immigration that has seen clashes at the border, concerns about birth tourism and jobs lost to people who aren’t here legally.

Undocumented immigrants make up 3.5 percent of the nation’s population, but they accounted for about 7 percent of U.S. births in 2014, according to the Pew Research Center.

The debate goes beyond the children born to parents who aren’t here legally, and it would challenge the next generation of children, like Hernandez,



■ Doesn't grant citizenship by birth ■ Grants citizenship by birth ■ No data ■ Special conditions

BY MARIANA RIVAS

whose parents followed immigration law.

Hernandez knows his life would likely be different if he were a citizen of Mexico.

“All my cousins in Mexico work low paying jobs, while me and my father still send money over,” he said.

“Subject to the jurisdiction thereof”

In the U.S., fights over citizenship have long been linked to discussions about race and ethnicity.

The earliest action came in 1857 with the Supreme Court’s *Dred Scott* decision that African Americans couldn’t be recognized in federal court because they weren’t U.S. citizens. In 1868, three years after the Civil War, the 14th amendment, which granted citizenship to all born or naturalized in the U.S., was ratified.

Those who want to tighten or end birthright citizenship question the meaning of the phrase, “subject to the jurisdiction thereof,” which is part of the amendment’s

language.

The writers of the 14th amendment meant to exclude diplomats and their children.

The amendment faced its first challenge in 1898, when Wong Kim Ark, who was born in San Francisco, was prevented from re-entering after a brief trip to China. His parents lived in California, but they were Chinese citizens.

The court decided that, regardless of one’s race or home country, if someone was born on American soil, one is an American citizen unless a parent is a diplomat or working for a foreign government. The court didn’t address whether this rule applied to children whose parents were undocumented.

The New World In recent years, some women are very deliberate in their effort to have their children reap the benefits of birthright citizenship.

“Birth tourism” attracts pregnant women from all over the world.

“Life is still better here

than almost anywhere else, including rising China and relatively prosperous Mexico,” said Michael Anton, former senior national security official for the Trump administration, in a highly criticized op-ed. “The wonder is that we Americans continue to allow our laws to be flouted and our citizenship debased,” he said.

The U.S. and Canada are among the few developed nations that maintain the practice. Most countries require that at least one parent be a citizen to pass down those rights.

Any effort to redefine the 14th amendment by executive order would likely face a court challenge, Jackson said.

“For most of our history, we have been a people that have been consistent with Lady Liberty standing in New York harbor,” Jackson said. “We have been a welcoming nation. We are a nation of immigrants essentially.”



The Skiff

TCU Box 298050
Fort Worth, TX 76129
360@tcu360.com
Phone (817) 257-3600
Fax (817) 257-7133

Editor RICHARD EDMON

Design Editor

Jenna Dukes

Associate Editor

Drew Mitchell

Advertising Manager

Dorothy Anderson

Business Manager

Leah Griffin

Director of Student Media

Jean Marie Brown

Chair, Department of Journalism

Uche Onyebadi, Ph. D

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CAMPUS LIFE

Students raise their voices at annual poetry slam

BY NICOLE HAWKINS
STAFF WRITER, TCU360

The 12th annual Voice2Youth Poetry Slam hosted students Saturday from under-resourced schools to perform their original poetry based on the topics of news, weather and sports.

Educators and volunteers filled Moudy North with the goal of “building confidence, literacy and leaders” for the elementary through high school students who participated in the event.

Students presented poems about President Trump, fake news, the border wall, depression and suicide among other topics.

“They’re so young but they have a lot to say,” said Carolyn West, the founder of Thank You Darlin’. “And we need to listen.”

Strategic communication professor Broxon Sears’ capstone class partnered with the Thank You Darlin’ Foundation to help organize and run the event, as well as assist with public relations and advertising for the poetry slam.

This year’s poetry slam was the first one to be held at TCU.

The event gives students the chance to be confident in their education and serves as an outlet to do something they’re passionate about,

Lindy Lamme, a strategic communication student, said,

“It gives them a way to show their voice,” said student and public relations manager for the poetry slam, Melanie Webb.

West founded Thank You Darlin’ after her mother passed away, hoping to impact lives as her mother did.

The effectiveness of the poetry slam can be seen in the success of the students who participate, West said.

Brandon Sanders, a senior at Marine Creek Collegiate High School in Fort Worth, said he has been participating in the poetry slam since



PHOTO COURTESY OF HALEY TUCKER

Elementary student and first place participant, Tatianna Freeman, receives award at the 12th annual Voice2Youth Poetry Slam.

he was in third grade. he was the only student for the solo performance
During Saturday’s event, to receive a perfect score of his original poem.

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COMMUNITY

Twelve-year-old helping others to regain hearing

BY COLLEEN POWELL
STAFF WRITER, TCU 360

The first time the dog ate his hearing aids it was a simple mistake. The second time it was an issue.

Braden Baker, 12, was born with bilateral sensorineural hearing loss. He has about 75 percent hearing loss and it's unknown if his condition will worsen over time. His bluetooth hearing aids, which cost between \$4,000 and \$8,000, are not covered by insurance.

"My parents got mad at me and gave me this whole talk basically telling me how expensive hearing aids are and how lucky I am to be able to afford them," said Braden.

"I wear Opticon OPN hearing aids," said Braden. "They are super cool because they have a Bluetooth feature."

Once he realized how much hearing aids helped him, Braden decided he wanted to find a way to help give hearing aids to those who cannot afford them.

He began to think,

"WWED, what would Ellen do?" He launched a GoFundMe campaign with a goal of \$1,000 for the Oticon Hearing Foundation, which provides hearing aids to people around the world.

His mother, Ashley Baker's, let him post a video ask for donations on her Facebook page. "Truthfully, I was a little leery about him posting it to my Facebook page, because I am not a big fan of asking people for money," Ashley said. "However, I loved that he had the idea and gumption to get it started and created on his own."

So far, he's raised more than \$105,000.

"Honestly I didn't really like my first video, but it got me invited to the Oticon Headquarters," Braden said, who arrived with a check for \$15,000.

The show raised his profile and boosted his impact on the world.

"Being on Ellen was the coolest thing that has ever or probably will ever happen to me! I was really emotional when the show called me

because I look up to her so much," said Braden.

Ellen gave Braden \$20,000 on her show, bringing him to tears.

Braden decided to take his effort international.

For his 11th birthday, he asked his parents if he could go to Guatemala to give hearing aids to kids and adults in need.

"We were able to give around 150 hearing aids on the first trip which was in November of 2017, and around 120 or more on our second visit in January or 2019," Braden said. "We also went to Zambia, Africa and did the same kind of work! It was amazing!"

Braden and his mother met Dr. Kamal Elliott at the Oticon headquarters in New Jersey. An audiologist, she happened to be at the Oticon headquarters at the same time as them.

She invited Braden to join Entheos, a hearing cooperative for audiologists. Its mission group, "Hearing the Call," travels to various locations around the world.

"She is the most



Braden shown looking into the country of Guatemala.

important catalyst to our story," Ashley said. "It's all about the "hearing smiles" because a lot of patients smile when hearing clearly for the first times in their life."

Braden is the Global Ambassador for Entheos Hearing The Call Missions group. He and his mother travel with the group. He is also an ambassador for Oticon.

Braden hopes to travel to Ecuador in August. In March, he and Ashley hosted a former deaf America's Got Talent winner, Mandy Harvey, at a fundraiser held in Fort Worth.

"What he did was step out of his comfort zone and create an idea that organically rolled into something magical. As a mother, I've had to make sure he stays with the commitments he's made. I've watched him learn how to be of and



Braden photographed holding the \$15,000 check given to Oticon Hearing Foundation.

for others, be a part of a service group, step up on a stage and deliver awesome speeches, and truly understand the depths of what he's

started. It's possible for anyone to step into their calling. You just never know when it's going to show up!" said Ashley.

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BY ALANA WYNN

STAFF WRITER, TCU 360

Tarrant County is thousands of miles away from the epicenter of the nation's opioid epidemic, but health officials have created a strategy that has helped react to the crisis.

In 2015, a year after deaths from opioid overdoses reached a record high, a coalition of groups that work with drug users began developing a needs assessment, creating a plan of how Tarrant County could help opioid abusers and prevent others from becoming hooked on the deadly drug.

Since then, efforts have included training doctors to look for signs of drug abuse, raising awareness about the dangers inherent with prescribing opioids.

"Tarrant County has always been cutting-edge because of our coalition work on how we're addressing this issue," said John Haenes, the chief operating officer of Challenge of Tarrant County, a local agency dedicated to addiction education, advocacy and program development.

Opioids

Opioids, which have been around for centuries, mask pain by targeting nerve cell receptors in the body and brain. They come in a variety of forms: the illegal drug heroin and prescription medicines hydrocodone, morphine, codeine, oxycodone and the synthetic opioid fentanyl.

The effect of opioids in America is staggering:

- The U.S. accounts for 5% of the world's population, yet consumes

80% of the world's opioid supply, according to the National Institute on Drug Abuse.

- In 2017, more Americans died of opioid overdoses – 47,600 – than in car accidents, according to the Centers for Disease Control and Prevention.

- More than 2 million Americans have an opioid addiction.

"We've had patients as old as 89, and patients as young as 11," said Matt Zavadsky, the chief strategic integration officer at MedStar Mobile Healthcare, the EMT company that serves the Tarrant County area.

What distinguishes opioid abusers from other addicts is that their drug dependence often began with the use of prescription painkillers, according to the CDC.

'In the face of pain'

From 1999 to 2010, prescription opioid sales nearly quadrupled as physicians began prescribing them to treat chronic pain. Deaths from prescription opioids more than quadrupled, but rather than seeing this as a warning sign, it was initially seen as a weakness in the user.

The surge in prescriptions was being driven by the pharmaceutical industry. One company in particular, Purdue Pharma, which makes OxyContin, reassured physicians and healthcare facilities that opioids were safe treatments for mild to severe chronic pain.

The company knowingly denied any risks of addiction from opioid use, and other pharmaceutical companies followed their lead.

For years, lobbyists

of pharmaceutical companies worked the halls of Congress to block legislative restrictions and regulations on prescription opioids.

These restrictions were replaced in 2018 with questions on "communication about pain," and in July 2018, the CMS proposed to throw out these questions altogether, following the recommendation from the Trump administration's Commission on Combating Drug Addiction and the Opioid Crisis.

Dr. Don Teater, a family care physician in Fort Worth, recalled a Purdue sales representative telling him to start prescriptions with a 10 mg dose of OxyContin twice a day for chronic pain patients, and to have the patients come back weekly.

He said the sales representative assured him a patient who truly had pain wouldn't get addicted. In reality, the CDC warns the higher the dose, the higher the risk of overdose and death.

Last month, New York became the latest state to sue Purdue Pharma over the deceptive practices that increased the opioid dosage and prescription rates, which in turn increased overdose and death rates.

Internal documents and communications from Purdue were included in a lawsuit Massachusetts filed against the company and revealed that the company knew about the addictive dangers of the drug.

Prescription drugs



AP PHOTO/ELISE AMENDOLA

Protesters demonstrate against the FDA's opioid prescription drug approval practices, Friday, April 5, 2019, in front of the Department of Health and Human Services' headquarters in Washington

"NOBODY'S EVER DIED FROM PAIN. BUT OPIOIDS ARE THE BIGGEST CAUSE OF INJURY-RELATED DEATH IN THE UNITED STATES. PAIN DOESN'T KILL YOU. THE TREATMENT FOR IT DOES."

DR. GLENN HARDESTY, EMERGENCY ROOM PHYSICIAN.

According to the documents, Purdue misrepresented the risk of addiction as virtually non-existent in "trustworthy patients." There's also information that suggests Purdue targeted vulnerable populations, including elderly patients and veterans covered by government healthcare like Medicare and Medicaid.

In Tarrant County, prescribers gave out 84.8 opioid prescriptions per 100 people, outpacing the state average of 73.1 prescriptions per 100 people and the national average of 81.3 prescriptions per 100 people.

No more refills

Out of the 91.8

million adults in the United States who used prescription pain relievers in 2015, approximately 11.5 million of them misused them at least once, according to results from the 2015 National Survey on Drug Use and Health.

The top reason provided by 63.4% of respondents on why they misused their painkillers was "to relieve physical pain."

Physical pain is not the only reason for self-medication of opioids. According to Haenes, the drug can also temporarily ease depression.

The alternatives are plentiful and dangerous: - Illicit prescription painkillers include Xanax

or Ativan, classified as benzodiazepines, which are also addictive.

- The Malaysian-imported drug Kratom is unregulated and sold in head shops.

- Large concentrations of loperamide, the active agent in Imodium and other anti-diarrhea drugs, can provide that floaty opium high.

- Roughly 80% of heroin users started with misusing prescription drugs, according to the National Institute on Drug Abuse.

The number of patients treated for opioid overdose in the area has increased by the hundreds over the past few years: from 2015 to 2016, the count jumped

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lead to opioid abuse

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from 533 to 824 patients, and then up to 1,062 patients in 2017.

Tarrant County's opioid overdose death rate was 4.9 per 100,000 people in 2016, which is better than the state average of 10.31 deaths per 100,000 people – and Texas ranks in the bottom five states when it comes to opioid overdose death rates.

Even though the death rate in Tarrant County is relatively better than that of the state or country, the local rate has still more than doubled since 2010.

The statistics on deaths from opioid-related causes are suspected to not be reported as accurately as they could and, arguably, should be.

Opioid use can have a hand in other causes of death – for example, it can highly increase the risk of unintentional falls in elderly patients, or affect one's ability to drive unimpaired, leading to motor vehicle accidents. Texas doctors are not required to report opioid overdoses like they are deaths from gunshot wounds, he (Hardesty) said. Families also often do not want their loved ones' deaths to be reported as drug overdoses, due to shame and stigma surrounding the issue, Haenes said.

"Despite everything that we're doing, in the next three or four years that death toll is going to climb," Haenes said. "Because we're just not there yet."

Changing habits

Although Tarrant County still struggles to contain the use of opioids, it has taken steps to reduce their presence.

Doctors have been urged to change their prescribing habits.

Haenes, with Challenge Tarrant County, said medical schools typically spend eight to 12 hours of instruction on pain, opioids and opioid addiction. This can result in the development of prescribing habits that enable unhealthy use and abuse of opioids.

One of Challenge's initiatives is to provide continuing education to physicians and other healthcare prescribers.

Mary Ann Contreras, the violence and injury prevention manager for Trauma Services at JPS Health Network, frequently partners with Challenge through community coalitions, and also spearheads opioid education within the JPS Health Network, specifically concerning opioid prescription habits regarding trauma patients.

Teater has suggested pain treatment alternatives, including a combination of ibuprofen and acetaminophen, which were shown in blind studies to reduce pain much more efficiently than opioids.

Opioids are suggested only for patients who are suffering from acute pain, like severe burns or major injuries, who can benefit from receiving opioids quickly after their injury, Teater said.

Terminally ill, palliative care, and oncology patients that are struggling with immense pain can also benefit from the pain-reducing qualities of opioids, Hardesty said.

They created a Physician Task Force, which implemented new programs to electronically look at the way they prescribe in the JPS Health System. When a doctor places an order for an opioid on their electronic health records, a text box appears providing information on the patients' opioid prescription history, and suggests other methods of pain relief or a shorter prescription time.

There's also an effort to remind people that experiencing pain following an injury or procedure is normal. The process of pain management should be targeting how to reduce that pain to an acceptable, reasonable amount, Hardesty said.

Beginning Sept. 1, 2019, pharmacists and prescribers will be required to check an electronic database, called the Texas Prescription Monitoring Program, to see a patient's prescription history before prescribing or dispensing medications. The program is intended to help prevent cases of duplicate prescriptions and bring attention to other cases of inappropriate use or overprescribing.

The lack of treatment

"We know that one

out of 10 people that need addiction treatment actually receive it," Haenes said. "Those other nine don't, and sometimes it's because of that shame and stigma, sometimes it's because of financial resources – there are a variety of different reasons."

Limited resources make addressing the epidemic far more difficult, he said.

People with insurance or money can typically get treated for an addiction. If they don't take a specific insurance, treatment facilities have been known to help people find a place that does accept it, said Haenes.

But waiting lists are long for those without financial resources or insurance.

"It's disheartening for that patient because they want to get treatment," Contreras said.

My Health, My Resources, the county-sponsored addiction and mental health service program, is working to deliver some alternative options to lack of funding for spots in residential substance abuse treatment facilities.

One in three patients who enter the MHMR program is admitted for opioid-related substance abuse. It offers outpatient detox and recovery programs.

One of these medication-assisted treatments is the prescription of Suboxone, which is the generic brand of the drug

OPIOID OVERDOSE

The average American has a greater chance of dying of opioid overdose than in a car accident. The drugs suppress one's respiratory system, and overdoses are identifiable by unconsciousness and losing the ability to breathe.

One four-milligram dose of naloxone, better known by its generic retail name Narcan, takes about 30 seconds to save a life. The drug blocks all of the receptors in the body that are susceptible to opioids, so the effect of the opioid is canceled almost immediately. Emergency medics are equipped with the drug, and anyone off the street can buy Narcan in a drug store. Just spray, wait and there you have it: instant overdose reversal.

While the drug itself really is that simple, the aftermath and the societal impact of naloxone accessibility are more complicated.

Paramedics typically only administer a partial dose: enough to ensure the patient is breathing, but not enough to regain consciousness. Then, the EMTs will take the patient to the hospital for further recovery and to discuss rehabilitation and substance abuse counseling options.

When a civilian administers Narcan and helps the overdosed person regain consciousness, a potentially fatal problem can rise. The user is conscious, breathing, no longer under the effects of the opioids and less likely to seek further medical help.

However, the effects of Narcan only last for around 30 to 45 minutes, whereas opioids can take hours to wear off. By administering the medication at home and refusing transport to the hospital, the user has the potential to slip back into the high and again face dangerous levels of unconsciousness and low breathing.

The availability of Narcan has created an "EMS conundrum." Increasing the accessibility of Narcan also increases the chances of people overdosing and risking death again, right after the effect wears off.

Two years ago, while Zavatsky was on an EMS field ride in Baltimore, Maryland, eight of the 11 calls he accompanied were opioid overdoses. All had been given Narcan by family members and friends by the time the paramedics arrived. On one call, a user had overdosed on heroin and his girlfriend had administered the Narcan that saved him.

"So I asked her, 'Did you get the Narcan from Walgreens?'" Zavatsky said. "She said, 'No, I got it from his dealer.'"

In 2018, 80% percent of overdose reversals nationwide were carried out by other drug users, according to a report by the CDC.



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buprenorphine.
It relieves pain, provides a way for users to be weaned off their addictions, and lessens withdrawal symptoms by providing diminished opioid doses in conjunction with blocking the opioid receptors, according to information from American Addiction Centers.

The use of Suboxone has proven to help with opioid addiction and death rates. The U.S. has strict restrictions when prescribing Suboxone: doctors have to become a licensed approval source by taking an eight-hour course and subsequently passing a test on the material. Then, they can only treat 30 patients with medication-assisted treatments in their first year following their certification and only 100 patients in following years, according to the National

Alliance of Advocates for Buprenorphine Treatment.
There is also a lack of doctors that are interested in getting licensed for medication-assisted treatments. But this unwillingness to participate in the provision of these treatments, combined with practices of suddenly cutting off opioid prescriptions, births even more problems.

Getting opioids out
Along with educating the community on different risks and prevention methods, perhaps the most significant way to help combat this problem is to get opioids out of the community.

Improper disposal of prescription drugs, like flushing them down the toilet or just tossing them out in the trash, contaminates the environment, which is not the best

method of preventing harm from opioids in the community.
One option for disposal is a new innovation – drug deactivation pouches. They’re made by a company called Deterra, and are easy to figure out: you dump your old pills, liquids or patches in the pouch, add warm water, seal it tight, and it then deactivates the drug.

The Drug Enforcement Agency holds a National Prescription Drug Take Back Day twice a year in spring and fall, where citizens are encouraged to come and dispose of their old prescriptions. The next National Prescription Drug Take Back Day is Saturday, April 27.

There are also prescription drop-off boxes available for use throughout the year. There are 24 drop-off boxes in Tarrant County, located at different pharmacies and police

UNDERSTANDING PAIN AND ADDICTION TO UNDERSTAND TREATMENT

Family care physician Don Teater teaches health care providers nationwide about opioids, pain and alternative treatment options.

“Part of my role is educating providers because about half of my patients got addicted because of their doctor giving them prescriptions – too many for too long,” Teater said.

Even a one-day prescription raises a patient’s chance of addiction by 6%. Without that one-day prescription, a person’s chance of developing a long-term abuse problem is 0.1%.

The medical community played a role in causing this epidemic, but they also have a role to play in the solution, Teater said. That begins with understanding the different types of pain and how to appropriately treat them.

Pain can be classified as either acute pain or chronic pain. Acute pain is the pain an individual feels after having an injury, like breaking an arm or having a tooth pulled. Chronic pain is persistent over time, and can last weeks to years.

In treating most types of acute pain, opioids are not necessary, or even the most helpful solution. Taking 200 mg of Ibuprofen and 500 mg of Acetaminophen together has shown to be about 60% more effective at reducing pain than taking opioid painkillers, Teater said.

There are exceptions to this, though. Some cases of acute pain, like severe burn injuries or soldiers who have lost a limb in battle, benefit from receiving opioids like morphine quickly after their injury. If they get it right away, it reduces their chance of developing PTSD and improves their long term outcomes. But if those patients take opioids for more than a week, they have a greater risk of worse behavioral health outcomes.

Chronic pain is actually caused and driven by emotions, fears, depression and anxiety, Teater said. When someone develops chronic pain, he or she develops a fear of the pain. Then, even after his or her injury is healed, the individual is fearful of the pain itself, which in turn causes more pain.

Patients suffering from chronic pain should see a behavioral health therapist, who can help reduce the anxiety and fear surrounding their condition.

The most common way to treat substance addictions is to go through detox and then follow up with a 28-day in-patient recovery program. However, studies have shown that treating opioid use disorder patients this way results in a greater risk of dying by overdose than if they had never gotten treatment at all, Teater said. This is because detox and abstinence-based programs do not fix the physical problems that have manifested in users’ brains.

Two medications typically used: methadone and buprenorphine, also known as Suboxone, are used to treat opioid use disorder replace the endorphins damaged in the brain from opioid use.

They quickly make patients feel back to normal, with no cravings and no anxiety or depression due to their addiction. Within a week of taking these medications, patients can go from having a severe opioid use disorder to meeting none of the criteria for an opioid use disorder, Teater said.

Despite the success of these medications, many doctors are skeptical and do not prescribe them. There are strict regulations set for the prescription of these medications, which not only makes it harder for doctors who do prescribe them to treat patients, but restrict how many patients doctors can prescribe Suboxone to at a time.

COMMUNITY EFFORTS

Healing the community from this crisis takes work, not just from improving accessibility to treatment facilities or changes in prescription habits by physicians, but from the community itself.

Here are some ways to join a coalition. Challenge is affiliated with multiple coalitions in Tarrant County that deal with drug use awareness, including:

- 1. Stay on Track, which aims to increase awareness and knowledge of the risks of substance use in Keller and surrounding communities
- 2. SMART Arlington – Know Your Way, a coalition originally founded on the University of Texas at Arlington campus that works to prevent local youth substance use within the broader Arlington community
- 3. Power 2 Choose, a Texas Christian University organization that works to educate their campus community on making responsible decisions regarding drug use
- 4. S.M.A.R.T. — Smart Mavericks Acting Responsibly Together, UT Arlington’s coalition focused on encouraging healthy behaviors and educating students of drug and alcohol use realities
- 5. Follow Our Lead, Weatherford College’s coalition that works to reduce harmful effects from alcohol, binge drinking and other drugs
- 6. Prevention Provider Coalition, which endeavors to find and provide new substance abuse education and intervention strategies for Tarrant County
- 7. Treatment Provider Coalition, which works to ensure that those seeking substance abuse treatment within Tarrant County can get those services



AP PHOTO/ELISE AMENDOLA

Buprenorphine, which is sold under the brand Suboxone, controls heroin and opioid cravings. The nation’s top medical advisers have said medications which are proven to successfully treat opioid addiction remain vastly underused in the U.S., despite an epidemic of fatal overdoses tied to heroin, painkillers and related drugs.

CAMPUS LIFE

Allergies on rise as on-campus flu numbers decline

BY JACOB HOOK

STAFF WRITER, TCU 360

While the number of flu cases is decreasing, the closing of the spring semester is bringing a rise in allergy symptoms for many on TCU’s campus.

There were 185 flu tests administered at TCU’s Health Center in February, with 31 confirmed cases of type-A or type-B flu.

“I had type-A flu in February,” said Ryan Layne, a senior Film, Television and Digital Media major. “The symptoms came on fast, and it lasted for about a week.”

In March, TCU’s Health Center reported

49 flu tests administered, with 12 confirmed cases of type-A or type-B flu.

“At the beginning of the semester, we had quite a bit of flu, but as we get into spring, those go away,” said Jane Torgerson, medical director of TCU’s Health Center. “As things start blooming, allergies are going to go crazy.”

Mountain cedar and ragweed are two of the biggest allergens in Tarrant County, Torgerson said.

“Avoidance is not always possible but staying inside with windows closed can help get things under control,” Larry Graham, an Owensboro Health pharmacist, said.

Maddie Ritterbusch, a sophomore biology student, said her allergies are worse since coming to campus, and she shared how she has tried to combat her symptoms.

“I typically take Zyrtec and wash my hair after being outside,” she said. “Changing sheets and pillowcases more frequently also helps.”

Torgerson warned students to not take allergies lightly.

“If you know you have allergies, the minute it turns to spring, you should start taking your allergy medicine or maybe even nasal rinses,” Torgerson said. “If you think about it, anytime things are swollen, things don’t drain as well,



PHOTO COURTESY: JAKE HOOK

TCU Health Center patient room.

and that is a setup for bacteria to grow.”

Students who suffer from allergies should

take a combination of nasal spray and antihistamines, like Flonase and Allegra, before or at the

onset of the symptoms, Graham said.



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Horoscope

HAPPY BIRTHDAY

f for Thursday, April 11, 2019:

This year you experience an innate tension. You know what you want and are goal-directed. You also have a moody side. If single, dating you could be challenging, as you have such a multifaceted personality. Someone might identify with and relate to one facet but not another. You will know when you meet the right person. If attached, the two of you might not agree about each item or issue in your life. The caring between you stays bright, the result of mutual respect.

ARIES (March 21-April 19)

★★★★ You might be waffling inside, but others see a person willing to take a risk. Unexpected developments could slow you down, especially if your finances are involved. You must think before you take any action. Tonight: Happy to hang with a friend.

TAURUS (April 20-May 20)

★★★★ You might be a loose cannon on deck to many friends and associates. Your stable and steady comportment seems to have fallen to the wayside. A partner could be somewhat remote. Be more sensitive to this person. Tonight: Let it all hang out.

GEMINI (May 21-June 20)

★★★★ You remain directed, knowing where you are heading. Nevertheless, an uproar could capture your thoughts. You cannot change what is, but you can change your response to the situation. Do not allow your finances to get involved in the uproar. Tonight: Your treat.

CANCER (June 21-July 22)

★★★★ You could be unusually emotional and goal-directed. Others see this attitude but question how long you will stay that way. Your moods

might change suddenly, even if someone questions you about something else. Tonight: All grins.

LEO (July 23-Aug. 22)

★★★★ Take your time coming to a conclusion. You might not be as positive as normal. There could be a tendency to distort different elements involved. Try not to make a judgment today. Do that later. You need to relax first. Tonight: Get extra R and R.

VIRGO (Aug. 23-Sept. 22)

★★★★ Zero in on what you want. Get to the bottom of a problem, and do not let someone else distract you. Remain more surefooted in dealing with a changeable situation. News could be distracting, and not necessarily reliable. Tonight: Find your friends.

LIBRA (Sept. 23-Oct. 22)

★★★★ Take a stand if need be. Understand what is going on with a boss or respected elder. Listen to this person's suggestions, but do not feel as if you must follow them. Be gracious, but do what you feel is needed. Tonight: A necessary appearance.

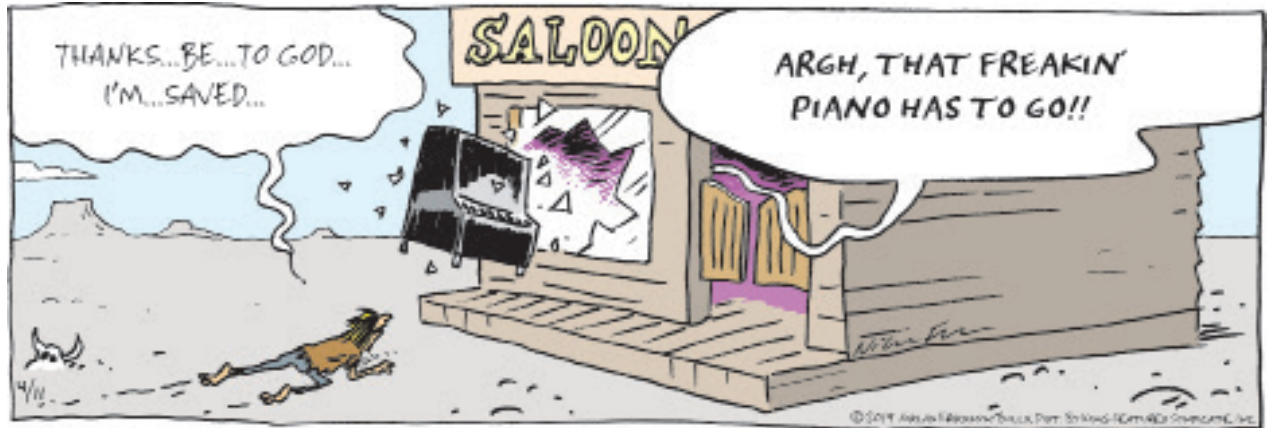
SCORPIO (Oct. 23-Nov. 21)

★★★★ Reach out for another person at a distance. You know a lot more than you realize. Getting advice never hurts, though. Information is forthcoming. You need to reach out for another person. You discover yet another perspective. Tonight: Break past a limitation.

SAGITTARIUS (Nov. 22-Dec. 21)

★★★★ Dealing with a partner who could be overly serious might put an edge on your day. You might not be ready for fast changes and more unpredictability in your life. Nevertheless, you greet the situation with decorum. Tonight: Weighing the pros and

Carpe Diem by Niklas Eriksson



Dustin by Steve Kelley and Jeff Parker



cons of a situation.

CAPRICORN (Dec. 22-Jan. 19)

★★★★ Defer to another person who cares about you, yet has strong opinions. Do not totally allow someone else to make your decisions, though.

You might not be happy with the end results. Someone might not reveal all that is known. Tonight: Relax, and make weekend plans..

AQUARIUS (Jan. 20-Feb. 18)

★★★★ Your fun-loving temperament plugs into daily

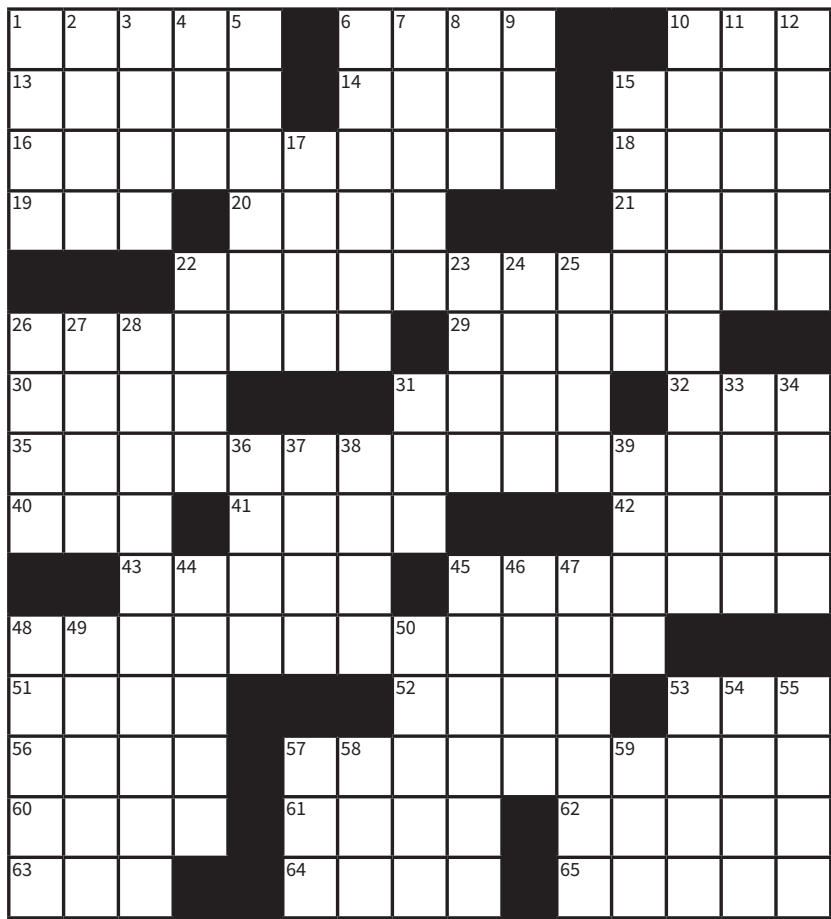
life. Yes, you could feel strongly about a personal matter. You might not choose to share what is going on within. You put on a good face for the world. Try not to go to excess. Tonight: Express your caring.

PISCES (Feb. 19-March 20)

★★★★ Your creativity emerges as you visit with a like soul. You could be friends, work associates or loved ones. Some unexpected news comes forward. Do not allow it to interfere with your day. Go with opportunity. Tonight: As you like it.

The New York Times

Edited by Will Shortz



PUZZLE BY JOE DEENEY

- ACROSS**
1 Allow in
6 Cause for cake and candles, in brief
10 Figs. that average 100
13 Sam played one in “Casablanca”
14 Skye of “Say Anything ...”
15 Border
16 It has spots
18 “___ #1!”
19 Like a fox
20 Fertile soil
21 Jackson of country music
22 It has spots
26 Title song on the Beatles’ final studio album
29 Mob
30 Vicinity
31 Potential new job requirement, informally
32 Nov. 11 honoree
35 It has spots
40 Lengua de Mex.
41 Juiceless, as a battery
42 What “:.” means in an analogy
43 Congressional hirees
45 Totally stumped
48 It has Spots
51 Jump with a turn on ice
52 Jazz’s James
- DOWN**
53 “Forget ___” (advice after a breakup)
56 Where Johnny Cash shot a man, in song
57 It has spots
60 Onetime maker of Matchbox cars
61 Ingredient in gumbo
62 Throbbled
63 “Listen here!”
64 Products from Parker and Cross
65 Scampers
1 Google Play purchases
2 Rotary phone feature
3 “Quite contrary” girl of rhyme
4 Squid’s defense
5 Privy
6 LummoX
7 Stuffed grape leaves
8 Enero a diciembre
9 Still
10 “To the best of my knowledge”
11 Book of Islam
12 Tube used in heart surgery
15 Employee of the Month, e.g.
17 Inexperienced gamer, in slang
22 Writer O’Flaherty
23 Cousin of an emu
24 Honeycakes
25 Small complication?
26 Wedding dress material
27 Greek god with a bow
28 Source of day workers for an office
31 Unburden (of)
33 Takes the cake?
34 Some calls from boxing refs
36 Small vortex
37 Clarinet insert

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Sudoku

	2			3			5
9	3		7				
		5				8	
3				7	1		
1	5					9	7
			6	5			4
	8				2		
				7		6	1
6			2			3	

DIRECTIONS
Fill in the grid so that every 3x3 box, row, and column contains the digits 1 through 9 without repeating numbers.

SOLUTION FROM 4/4

3	8	5	1	9	2	6	4	7
1	6	7	3	4	8	2	9	5
4	2	9	6	5	7	8	3	1
8	3	4	7	6	9	1	5	2
6	7	1	4	2	5	9	8	3
9	5	2	8	3	1	7	6	4
2	4	6	9	7	3	5	1	8
7	9	8	5	1	4	3	2	6
5	1	3	2	8	6	4	7	9

TCU Trivia

Anniversary: Architect’s plan to remodel Clark Hall were approved by the building committee in April 1945. The university then had to apply for building materials from which government agency?

SOLUTION FROM 4/4

H	O	R	D	E			C	U	R	R	E	N	C	Y
A	B	E	A	M			S	T	R	E	A	M	B	E
J	A	S	M	I	N	E	A	N	D	J	E	A	N	S
		D	A	N	G	E	R			D	A	R	T	S
T	I	N		R	A	B	B	I			G	E	O	S
B	A	D	G	E	R	S	A	N	D	B	E	A	R	S
A	H	S	O				R	H	E	A		M	S	N
				I	C	E	A	N	D	I	N	K		
P	S	I			A	L	S	O			A	U	D	I
C	O	M	E	D	Y	A	N	D	C	R	I	M	E	S
T	W	I	X				P	E	C	O	S		P	M
		S	T	A	T	S			U	N	V	O	T	E
P	E	A	C	E	A	N	D	P	E	P	P	E	R	S
B	A	T	T	E	R	I	E	S			E	I	E	I
A	R	E	A	M	A	P	S				D	E	N	T

TCU TRIVIA ANSWER

- 38 Word repeated in “Mi ___ es su ___”
- 39 Tick off
- 44 Home with a dome (in Nome?)
- 45 Substitutes for
- 46 Art museum with many Constables and Sargents
- 47 High point in the Old Testament?
- 48 Sith title in “Star Wars”
- 49 Yellow-and-white meadow flower
- 50 Pine (for)
- 53 Cheerful greeting
- 54 Rapper whose name sounds like a drink
- 55 Pharmaceuticals, briefly
- 57 Blouse, e.g.
- 58 Barely make, with “out”
- 59 Old TV hookup

SPORTS

Boschini: 'None of the talk matters because Jamie Dixon is staying'

BY GARRETT PODELL
MANAGING EDITOR, TCU 360

It appeared Jamie Dixon's time running his alma mater was coming to an end as many outlets reported that his departure to UCLA and to Southern California, where he grew up and where his parents still reside, was imminent.

TCU Chancellor Victor Boschini said Friday that none of that talk "matters" because he said Jamie Dixon told him face-to-face he was staying.

"None of this matters because he's staying," TCU Chancellor Victor Boschini said. "He came over to my house last night around 6:30. I'm

glad he's coming back."

Dixon's contract with TCU reportedly has an \$8 million buyout. It was reported that the number was the only thing that kept UCLA from matching.

Boschini said he wouldn't divulge the exact dialogue of their conversation.

"I don't want to speak for him, but he's staying which is good," he said.

Boschini said he took Dixon's reaffirmation as the head coach of TCU men's basketball as a commitment to stay for the rest of his coaching career.

"My interpretation of our conversation is that he [Dixon] plans to stay with us through

the entirety of his career and that we don't have to worry about something like this again."

Dixon has yet to comment.

"I don't like to talk about other jobs," Dixon said in the post-game press conference after the team lost in the NIT semifinals to the University of Texas.

He joins head football coach Gary Patterson (19 seasons) and head baseball coach Jim Schlossnagle (in the midst of his 16th season) as prolific head coaches who appear likely to remain in the purple and white for the foreseeable future.

Dixon is 68-41 at TCU in his three seasons in

Fort Worth. He led the Horned Frogs to their first NCAA Tournament appearance in 20 years last season. He ended his first and third years at TCU at Madison Square Garden in the NIT Final Four. TCU won the NIT to conclude the 2016-2017 season.

"It's a big deal," Boschini said. "I think it's wonderful for TCU, but who I really think it's wonderful for is our students: our student body and our students on the team."

TCU Athletics Director Jeremiah Donati has yet to respond to a message for comment.



PHOTO BY CRISTIAN ARGUETASOTO.

TCU head coach Jamie Dixon catches a ball that sailed out of bounds during the Horned Frogs' NIT semifinal contest with the Texas Longhorns.

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