Insight

Summer 2016

BrightView by the Numbers:

FROM
4 PATIENTS IN MAY, 2015

↓

200+ PATIENTS IN MAY, 2016

FROM
7 EMPLOYEES IN MAY, 2015

↓

42 EMPLOYEES IN MAY, 2016

DID YOU KNOW?

Out of 16.6 million people with alcoholism, 2.6 million were also dependent on an illicit substance.

BrightView

What does BrightView do?

BrightView is an outpatient addiction medicine practice based on clinical best practices and outcomes measures. Through the use of medication-assisted treatment in conjunction with psychological and social services, BrightView will deliver the necessary support to help patients meet both their mental and physical goals.

Addiction medicine is moving into a new era and we at BrightView look to lead the way as we incorporate new technologies, therapies, and concepts into the management of our patients with substance use disorders. Most importantly, we look forward to providing our patients with an environment and support team that helps them through one of the most challenging periods of their life. Together, we can discover the path to a brighter future.

New Site Opening in Colerain this summer!

The team at BrightView is hard at work renovating its' newest center in Colerain. The 7,000 square foot facility has the capacity to serve up to 400 patients and is scheduled to open in July of 2016. As seen in the photos, the contracting crew is hard at work completely renovating the facility and the finished space should provide an extremely convenient, efficient, and effective treatment location. As it gets closer to completion, we will update everyone via social media on the progress of our work.

VIEWPOINTS

Insight and perspective from someone who has been through the recovery process.

Below are questions we posed to Libby Harrison of the Cincinnati Exchange Project. She was kind enough to give us her first-hand perspective and insight. Thank you Libby and thanks for all that you and the Cincinnati Exchange Project do for our community.

What was the "moment of clarity" that made you want to seek treatment?
I couldn't afford to feed my cats. I was using spare change for cat food and breaking up old dog biscuits. Not being able to take care of those animals that I loved, that were members of my family, made me realize what was important.

What was the most challenging part of your recovery?
The inability to feel love. Logically, I knew that the people around me loved me, but emotionally, I couldn't feel it. I felt alone, unlovable, and terrified. I expected, that if I quit using, I would feel great about myself. However, all the things I had stuffed away for years while using came back to the surface and I felt like a failure.

What were the most helpful tools for you during your recovery?
My dear friends, Erin and Markus. They took care of me. They let me stay on their couch for days. They fed me, listened to me, and gave me space. So really, it is the friends in my life that were the most helpful for me.

What was the most surprising or unexpected change that happened during your recovery?
I realized what I had been missing in my life while I had used, some things that I didn't even realize were gone: the color of life, deep belly laughs, and people I had left behind while using.

How has your lifestyle changed for the better since you've been in recovery?
I get to take what I learned as an addict and apply it to my work at the Cincinnati Exchange Project. I am incredibly proud that we have been able to take the program and build it using first-hand experience and knowledge. I think it is helpful for our clients, that on some level, we know what they may be going through; that we have experienced the pains of withdrawal and the social malignancy of being an addict. Having personally walked this path, I can come to my clients from a place of honesty and understanding.

What would be the most important piece of advice you would give to someone in recovery?
Love yourself. Forgive yourself. Come to peace that you will never feel high again. Look forward to everything you have been missing due to lack of money, time, and emotional space.

For Mark Willenbring, Substance Abuse Treatment Begins With Research

By Gabrielle Glaser, February 22, 2016

On the rainy fall morning of their first appointment, Dr. Mark Willenbring, a psychiatrist, welcomed a young web designer into his spacious office with a firm handshake and motioned for him to sit. The slender 29-year-old patient, dressed in a plaid shirt, jeans and a baseball cap, slouched into his chair and began pouring out a story of woe stretching back a dozen years. Addicted to heroin, he had tried more than 20 traditional faith- and abstinence-based rehabilitation programs. In 2009, a brother died of an OxyContin overdose. Last summer, he attempted suicide by swallowing a fistful of Xanax. When he woke up to find he was still alive, he overdosed on heroin. At a boot camp for troubled teenagers, he said, staffers beat him and withheld food. After he refused to climb a mountain in a team-building exercise, they strapped him to a gurney and dragged him up themselves. The young man in the psychiatrist's office paused, tears sliding down his cheeks. "Sounds like a prison camp," Dr. Willenbring said softly, leaning forward in his chair to pass a box of tissues.

He began explaining the neuroscience of alcohol and drug dependence, 60 percent of which, he said, is attributable to a person's genetic makeup. Listening intently, the young patient seemed relieved at the idea that his previous failures in rehab might reflect more than a lack of will. Dr. Willenbring, 66, has repeated this talk hundreds of times. But while scientifically unassailable, it is not what patients usually hear at addiction treatment centers. Rehabilitation programs largely adhere to the 12-step principles of the 80-year-old Alcoholics Anonymous and its offshoot, Narcotics Anonymous. Addicts have a moral and spiritual defect, they are told; they must abstain from alcohol and drugs and surrender to a higher power to escape substance abuse. This treatment is typically delivered through group therapy led by counselors whose main qualification is their own completion of the program. In some states, drug counselors with only a high school degree may treat patients, according to a 2012 study by the National Center on Addiction and Substance Abuse at Columbia University.

Dr. Willenbring says he believes this approach ignores the most recent research on the subject, a judgment he is well qualified to make. From 2004 to 2009, he was the director of treatment research at the National Institute for Alcohol Abuse and Alcoholism, and he oversaw dozens of studies proving the efficacy of medications and new behavioral therapies to treat drinking problems. But he grew frustrated at the failure of most traditional rehabilitation facilities to take advantage of the findings. "The taxpayers had paid for them," he said of the studies, "but nobody was paying attention." When the National Heart, Lung, and Blood Institute, another federal research facility, publishes a major study on blood pressure, he said, cardiologists and other physicians in the field often move quickly to integrate the new drug or behavioral approach into their practices.

But the $35-billion-a-year treatment industry has proved far more resistant. "When the facts change — and they've changed a lot — the minds have not," Dr. Willenbring said. "When we publish studies in our field, nobody who is running these centers reads them. If it counters what they already know, they discount them," he continued. "In the addiction world, the knee-jerk response is typically, 'We know what to do.' And when that doesn't work, we blame patients if they fail." And so in 2009, after five years in Washington, D.C., Dr. Willenbring returned to his home state, Minnesota, the birthplace of traditional inpatient rehab, to open a private clinic called Alltyr that treats people with alcohol and drug problems on an outpatient basis.

Unlike many rehabilitation concepts, in which treatment may be limited to a few weeks or months, Dr. Willenbring's clinic, whose name was

inspired by a stone with healing properties in Russian folklore, treats addiction as a chronic medical condition. After he makes an initial evaluation, his diagnoses may include a wide range of substance and psychological disorders.

His treatment plans can involve antidepressants; medication for anxiety, A.D.H.D. and chronic pain; anti-relapse medications; psychotherapy; and family training. Patients may come for a single consultation, or be treated for years. The question of effective treatment for alcohol- and substance-use disorders is more pressing than ever. According to a recent article in The New England Journal of Medicine, the number of Americans admitted to treatment programs for prescription opioids more than quadrupled from 2002 to 2012. Deaths from heroin overdoses nearly quadrupled from 2002 to 2013, the Centers for Disease Control and Prevention reported.

To continue reading this story, please go to: http://www.nytimes.com/2016/02/23/science/mark-willenbring-addiction-substance-abuse-treatment.html

LANGUAGE OF ADDICTION ITSELF CAN HURT, ADVOCATES SAY

By Felice J. Freyer GLOBE STAFF FEBRUARY 04, 2016

Windia Rodriguez remembers the sting of the words hurled at her during a hospital stay a few years ago. "Crackhead.'' "Addict.'' Especially, she recalls the scorn in the voices that pronounced her "justan addict."
"They treated me like I was beyond hope," Rodriguez said.

But she found hope, and these days, free of drugs for four years, Rodriguez makes a point of adding two words to the standard salutation in her 12-step group. "I'm an addict," she says, "in recovery."

In so doing, Rodriguez, a Boston resident and regional coordinator for the Massachusetts Organization for Addiction Recovery, quietly adds her voice to those of researchers and advocates who want to rewrite the lexicon of addiction.

These advocates seek to excise language that blames or disparages the patient and replace it with medical terms free of judgment. They assert that commonly used words — "junkie," "abuser," even
"substance abuse" and "addict" — can discourage people from seeking help, induce health professionals to treat patients harshly, and exacerbate the stigma that bedevils people suffering from drug addiction.

"The biggest thing we trade in is hope," said Dr. Barbara Herbert, Massachusetts chapter president of the American Society of Addiction Medicine, a confederation of doctors and other medical workers. "Our biggest enemy is hopelessness. That's why I think language matters a lot."

Those rebelling against common expressions follow in the footsteps of earlier activists who banished such terms as "cripple," "mental retardation," and "insane asylum." But they face special challenges with addiction. Attitudes are fierce and entrenched, and agreement is lacking on which words are most harmful and which substitutes most apt.

It doesn't help that the reviled terms "substance abuse" and "drug abuse" are embedded in the well-recognized titles of government agencies, nonprofits, and scientific journals. Or that a phrase such as "person with a substance use disorder" — often suggested as an alternative to "addict" or "drug abuser" — is both cumbersome and vague.

To call addiction a "habit" is inaccurate, likening a life-destroying compulsion to nail biting. To say people are "clean" when not taking drugs implies they're dirty when using. A "dirty urine" — a sample with evidence of drug use — carries the same implication. "I can't think of a more telling example of judgmental terminology," said Botticelli, former chief of Massachusetts' Bureau of Substance Abuse Services. "We don't say for a diabetic whose blood sugar spikes that they have a 'dirty blood su- gar.' "

But the words provoking the most contention are "addict," because the word labels a person as a health condition, and
"abuse" and "abusers," because, some specialists say, these words affix blame on the sick and evoke some of the worst crimes, such as child abuse.

Dr. Kevin P. Hill, an addiction psychiatrist at McLean Hospital in Belmont, is especially disturbed by "addict" because it defines people by their illness. "This person is much more than one illness," he said.

'Words have to change so attitudes change.'

Others can live with "addict" but reject "abuse."

John F. Kelly, director of the Recovery Research Institute at Massachusetts General Hospital, has been beating the drum against the words "abuse" and "abuser" for more than a decade.

In a 2009 study, Kelly asked 516 health care workers at a conference to read a paragraph about a man who was having difficulty complying with a court-ordered addiction-treatment program. Half received a paragraph describing the patient as a "substance abuser"; the other half read a paragraph describing the man as "having a substance use disorder."
When asked questions about the treatment he should receive, those who thought of him as a "substance abuser" were much more likely to blame him for his difficulties and recommend punishment.

Among major media outlets, The New York Times, the Associated Press, The Boston Globe, and National Public Radio said they had not been asked to change addiction terminology, had not discussed doing so, and have no policies addressing the issue.

What about federal agencies? The Substance Abuse and Mental Health Services Administration. The National Institute on Drug Abuse. The National Institute on Alcohol Abuse and Alcoholism. Any name changes would require an act of Congress.

Dr. Nora D. Volkow, director of the drug abuse agency, tried that more than a decade ago, proposing "the National Institute on Diseases of Addiction." When that effort failed, Volkow moved on and today has more urgent priorities, she said.

Also, she doesn't object to the word "abuse," finding it useful in distinguishing a severe disorder from milder conditions. Volkow said she agrees with efforts to avoid derogatory terms but urges precision and clarity in choosing replacements.

Otherwise, she said, "you end up in a world of grayness, where it's very, very difficult to communicate."

The Substance Abuse and Mental Health Services Administration is working on a project that might help, said chief of staff Tom Coderre. The agency has teamed with the National Academies of Science to study which words promote stigma and which alternatives hold meaning for the public.

"If we want more people to seek treatment and we want public policy makers to make treatment available," Coderre said, "changing the lexicon is going to be really important."

DID YOU KNOW?

Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.

Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000–2014. Atlanta, GA: Center for Disease Control and Prevention. Available at http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000- 2014.pdf.

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Word Find

Find the following words and you will be entered for a chance to win a $50 American Express gift card. Words may be horizontal, vertical, diagonal and/or backwards.

Treatment
Bunavail
Coping Skills
Therapy
Progress
Naltrexone
Zubsolv
Buprenorphine
Boundaries
Service Plan
Recovery
BrightView

Complete the puzzle and fill out the information below. Then fax (513.429.4939), scan (k.sebring@brightviewhealth.com), or mail (2300 Wall Street, Suite F, Cincinnati, OH 45212) this page to the attention of Katie Sebring. The drawing will be held on June 24th. The winner will be contacted immediately and their name will be published in our next newsletter.

Name: _____

Phone: _____

Email: _____

Additional Links & Resources

Food pantries:

Norwood Service League*
http://www.norwoodserviceleague.org/
2071 Lawrence Ave 45202
(513) 924-1200

*Norwood Service League Inc. is a 501 (c) (3) nonprofit charity, registered with Ohio Secretary of State, and your gifts are tax-deductible.

Oakley Community Food Pantry
4100 Taylor Avenue
Cincinnati, OH 45209
(513) 871-3136

Zion United Church of Christ
http://zionchurchucc.org/ministry-teams/-food-pantry/
2301 Indian Ave
Norwood, OH 45212
(513) 531-5400

Freestore Foodbank
http://freestorefoodbank.org/
1250 Tennessee Avenue, Cincinnati, OH 45229

Homeless shelters:

Esther Marie Hatton Center for Women
http://www.shelterhousecincy.org/womens-center/
2499 Reading Road
Cincinnati, OH 45202
(513) 562-1980

Anna Louise Inn for Women
http://www.cinunionbeth-el.org/how-we-help/anna-louise-innhousing/
2401 Reading Rd.
Cincinnati, Ohio 45202
(513) 768-6907

David and Rebecca
Barron Center for Men
http://www.shelterhousecincy.org/mens-center/
411 Gest Street
Cincinnati, OH 45203
(513) 562-1980

James Sauls Shelter
http://www.cccsi.org/shelter.html
2403 Old State Route 32
Batavia, OH 45103
(513) 732-6464

Clinical Information:

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction:
http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf

Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide:
http://store.samhsa.gov/shin/content//SMA14-4892R/SMA14-4892R.pdf

DID YOU KNOW?

Of the 21.5 million Americans 12 or older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin.

BrightView

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