



Insight

Summer 2017

BrightView Continues to Grow!

In December 2016, our administrative and laboratory staff relocated from Norwood to the City of Cincinnati. On July 5th, we officially opened our third clinical center at the same facility. It is located at 446 Morgan Street, Cincinnati, Ohio, 45206. The center is located directly behind the United Way building on Reading Road, in the heart of the city. Our new location boasts 35,000 square feet and will feature an on-site pharmacy, toxicology laboratory, call center, employee training center, and 9,000 square feet dedicated to clinical services for the community.



BrightView by the Numbers:

6/2017

6/2016

221

577

total # of patients enrolled at BrightView's centers

6/2017

6/2016

49

135

total # of BrightView employees

What has Dr. Ryan been up to?

BrightView's founder and Chief Medical Officer, Dr. Shawn Ryan has been busy fiercely advocating for addiction services throughout the City of Cincinnati, the State of Ohio, and in Washington, DC. Dr. Ryan met with the Surgeon General of the United States of America, Dr. Vivek Murthy, to discuss where we are as a nation and where we are going in the future to help those in need of addiction treatment. Dr. Ryan spoke at the National Summit in Los Angeles in November of 2016 alongside Dr. Murthy and has also been featured in the Washington Post, USA Today, the Cincinnati Enquirer, and Cincinnati's WCPO – educating people about addiction medicine and helping blaze the trail for BrightView and other providers. To keep up with Dr. Ryan's journey, please visit BrightView's Facebook page or website to stay up to date with everything BrightView-related.

<https://www.facebook.com/brightviewllc/>
www.brightviewhealth.com

VIEWPOINTS

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

Below are questions we posed to Casey Behrens, one of our patients who has been with BrightView since February of 2016. She was kind enough to share her story in order to provide our readers with a firsthand perspective as to what it has been like on her "road to recovery."

What was your moment of clarity that made you want to seek treatment?

Casey: The day I called BrightView, I knew it was either make a real effort to get better or surrender to the fact that the streets would be my final home. I would say I did this all for my son, but I had tried for years to do it (stay sober) to be back with him and I couldn't make it happen. The day I came to BrightView, it truly was for me, I couldn't continue to live like I was at that time. I was dead inside and I desperately wanted a way out.

What was the most challenging part of your recovery?

Casey: The most challenging part of my recovery was probably the very beginning. I woke up every morning on the chase for heroin for five years and for perocet the previous eight years. I did other drugs but the opiates I had to have or I would die (or so I felt). So, learning to wake up and not succumb to those thoughts was probably the hardest part. That's where suboxone saved me in the beginning. Equally as hard was going through the grieving process of losing custody of my son. I had to feel again, and that's where the counseling at BrightView saved me too.

What did you like most about BrightView's recovery process?

Casey: I knew BrightView was different right away. Vivian was the first person to greet me and she didn't treat me like a heroin addict. She treated me like a fellow human being. Then, I noticed that all of the staff was alike in that respect. I also love learning about the way my brain works and how the medicine works with my brain. It's harder to fix something if you lack knowledge of the problem and solution. I feel BrightView has the perfect combination of medicine, counseling, and education."

How has your lifestyle changed for the positive since you've been in recovery?

Well, I've held a job for a while now, I've only had one job since I've been in recovery so that is an improvement for sure. I've been living with my mother

for the majority of my recovery while I save to get my own place again rather than staying in and out of people's homes, motels, shelters, and occasionally the streets. I attend outside meetings about 3 to 4 times per week, I volunteer serving breakfast and working at fundraisers. I am working the 9th step which is all about making amends. I have a relationship with my family now and am working on my primary goal of gaining visitation with my 13 year-old son who I lost custody of 3 years ago.

How has your emotional and physical health improved since you've been in recovery?

Well, I have gained 40 pounds and needed to gain weight - but now it's time stop. I am learning to have respect for myself and for the people around me. I have learned that I have a spiritual side and I try to connect to that every morning to help me get through my day. I have reconnected with my emotions as well, so I am happier but I also cry now too. I was crying the other day about my son, but I called someone and worked through it. My family says I look them in the eye once again, I think that says a lot right there.

What is the most important piece of advice you have for someone in recovery?

My advice would be the same advice that was given to me: Your brain and body will heal and you only have to do this one day at a time. I would hear people say this and thought - "Do they think they're trying to get one over on me?"

I know they were talking about forever but I still do this for 24-hour periods even now...15 months later. Those 24 hours have become easier and easier as I have gone forward and I now find myself having days where I am smiling and even days when I am laughing.

Narcan/Naloxone: What is it and How is it Saving Lives?

These FAQs from naloxoneinfo.org will answer some of your most common questions about Narcan and why it is so important for first responders to have available at all times. Naloxone is the scientific name for the more commonly used name Narcan.

Why Give Naloxone to Drug Users?

Similar to using an epi-pen for an allergic reaction, a layperson can administer naloxone intramuscularly (into the arm or leg, with a syringe), or intranasally (spraying with an atomizer up the nose) with brief and basic training. Equipping drug users with naloxone and training them to use it can ensure that overdose victims get the help they need, at the moment they need it.

How does naloxone work?

Naloxone, also known by the brand name Narcan, is a safe and effective medication that can reverse the effects of opioid overdose. It is most often injected into a person experiencing an overdose. It attaches to the same parts of the brain that receive heroin and other opioids, and it blocks the opioids for 30-90 minutes to reverse the respiratory depression that would otherwise lead to death from overdose.

Will naloxone make you high?

No. The only effect of naloxone is to reverse the effect of opioids. It cannot make you high: if you are not using opioids, an injection of naloxone would feel the same as an injection of water. Naloxone has no potential for abuse or dependency.

Will naloxone work even if someone has previously used it?

Yes. You cannot develop tolerance to naloxone, so it can be used in every opioid overdose situation no matter how many times a person has overdosed in the past. People may respond to naloxone differently each time but this is often more likely due to how old the naloxone is, how it has been stored, what type of drugs the person took and in what dose or combination.

Is naloxone the same as naltrexone?

No. Naltrexone is like naloxone but it lasts much longer, generally about 24 hours. It is sometimes used in the treatment of drug or alcohol dependence. Naloxone is sometimes used in combination with buprenorphine in drug dependence treatment — that medication is commonly known by its brand name, Suboxone. The naloxone is added to discourage injection of buprenorphine.

Can naloxone be safely used if it is expired?

Naloxone loses its impact over time as well as from too much heat or cold, or exposure to sunlight. Expired naloxone will not hurt the victim, but probably does not work as well as new naloxone. Harm reduction programs should dispose of expired naloxone or use it for demonstration and training purposes. They should also encourage participants to exchange expired naloxone for a new supply. If an overdose victim is given expired naloxone because that is all that is available, the victim may require additional doses (beyond the typical dose of 1-2 mL for injectable naloxone) as a result of decreased potency. The victim should be monitored carefully and other evidence-based approaches, such as rescue breathing, should be used until the person revives or additional medical help arrives. To make sure it lasts as long as possible, naloxone should be kept in a dark and dry place between 25°C/80°F and 5°C/40°F if possible. But it is important to have it at hand when an overdose might happen.

Source: http://naloxoneinfo.org/sites/default/files/Frequently%20Asked%20Questions-Naloxone_EN.pdf

DID YOU KNOW?

About 5.4 million young adults aged 18 to 25 in 2015 needed treatment for a substance use problem in the past year, representing 15.5% of young adults. Stated another way, about 1 in 6 young adults needed substance use treatment in the year 2015. Source: SAMSA 2015 NSDUH

EXCERPTS TAKEN FROM ARTICLE TITLED:

“FOR WOMEN, HEAVY DRINKING HAS BEEN NORMALIZED. THAT’S DANGEROUS.”

BY: KIMBERLY KINDY AND DAN KEATING POSTED 12/26/2016 IN THE WASHINGTON POST

[HTTPS://WWW.WASHINGTONPOST.COM/NATIONAL/HEALTH-SCIENCE/ARE-WOMEN-INCREASINGLY-AT-RISK-OF-ADDICTION/2017/02/24/D-FA5B98C-D2BA-11E6-9CB0-54AB630851E8_STORY.HTML?UTM_TERM=C29C6C30ACD6](https://www.washingtonpost.com/national/health-science/are-women-increasingly-at-risk-of-addiction/2017/02/24/D-FA5B98C-D2BA-11E6-9CB0-54AB630851E8_STORY.HTML?UTM_TERM=C29C6C30ACD6)

Although federal health officials and independent researchers are increasingly convinced that even moderate drinking poses health risks, American women are still receiving mixed messages. Parts of the federal government continue to advance the idea that moderate drinking may be good for you. The National Institute on Alcohol Abuse and Alcoholism, a division of the National Institutes of Health, is overseeing a new \$100 million study, largely funded by the alcohol industry, that seeks to test the possible health benefits of moderate drinking.

Meanwhile, many ads for alcohol — particularly on social media — appear to promote excessive drinking, which is universally recognized as potentially deadly. These ads also appear to violate the industry’s code of ethics, according to a Post analysis of alcohol marketing.

For example, when girl-power heroine Amy Schumer guzzled Bandit boxed wine in the movie “Trainwreck,” Bandit’s producer, Trincherro Family Estates, promoted the scene on social media. Young women responded with photos of themselves chugging Bandit. Within months, Trincherro said, sales of boxed wines — sometimes called “binge in a box” — jumped 22 percent.

“We saw it first with tobacco, marketing it to women as their right to smoke. Then we saw lung cancer deaths surpass deaths from breast cancer,” said Rear Adm. Susan Blumenthal, a former U.S. assistant surgeon general and an expert on women’s health issues. “Now it’s happening with alcohol, and it’s become an equal rights tragedy.”

Alcohol marketing is regulated primarily by industry trade groups, but dozens of studies have found lapses in their record of enforcing the rules. As a result, an international group of public health experts convened by the World Health Organization’s regional office in Washington, D.C., plans to call in January for governments worldwide to consider legislation similar to laws adopted a decade ago to sharply curtail tobacco advertising.

“The industry’s system of self-regulation is broken,” said Thomas F. Babor, a professor at the University of Connecticut School of Medicine who is aiding

the effort. “The alternatives are clear: Either you have to take their system and put it into independent hands, or you have to go with a partial or full legal ban on alcohol marketing.”

As it happens, drinking can be especially hazardous for women. Women tend to have smaller bodies than men, and differences in physiology that make blood-alcohol levels climb faster and stay elevated longer. Some studies have found that women have lower levels of the stomach enzymes needed to process the toxins in alcoholic beverages.

As a result, according to the Centers for Disease Control and Prevention, women are more prone to suffer brain atrophy, heart disease and liver damage. Even if a woman stops drinking, liver disease continues to progress in ways it does not in men, said Gyongyi Szabo, a professor at the University of Massachusetts Medical School. And research definitively shows that women who drink have an increased risk of breast cancer.

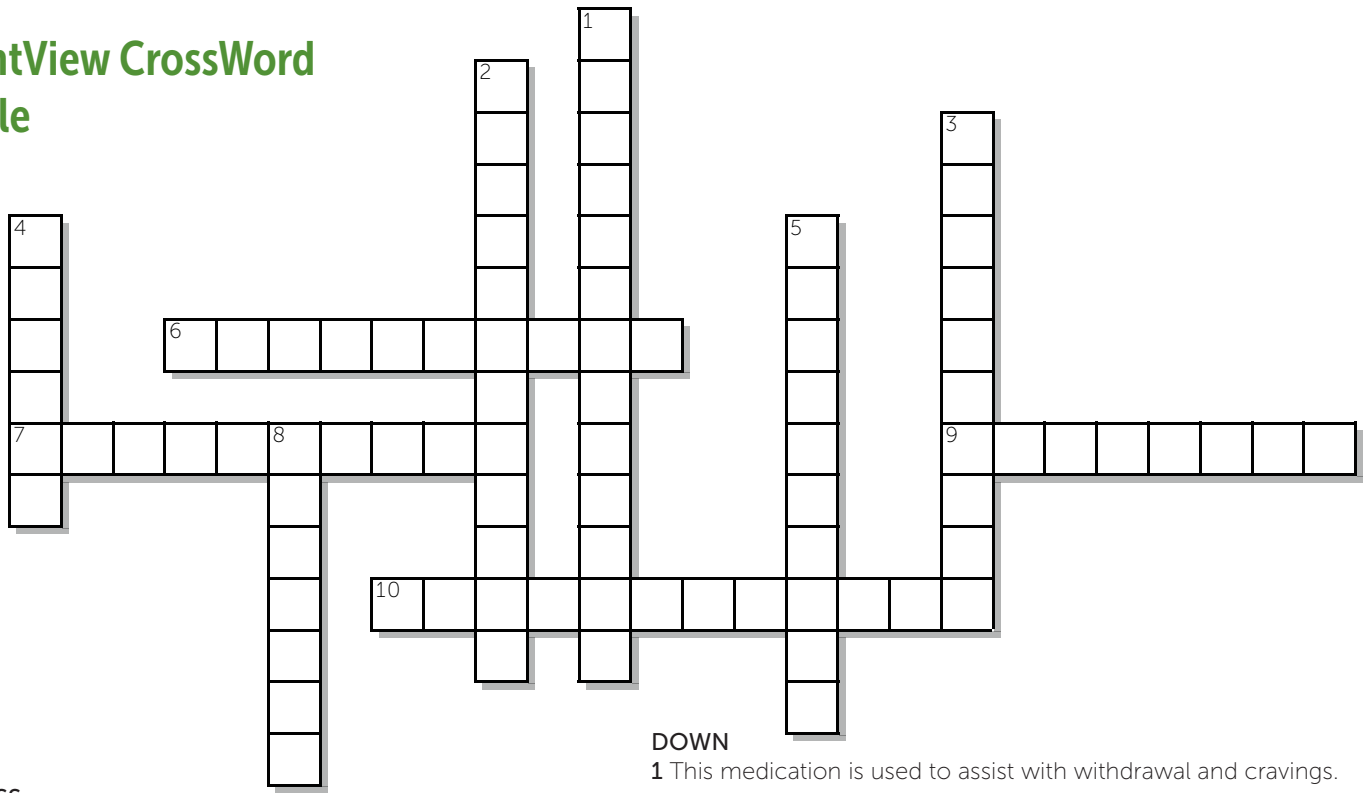
“There is no gender equity when it comes to the effects of alcohol on men versus women,” Szabo said. “Females are more susceptible to the unwanted biological effects of alcohol when they consume the same amount of alcohol and at the same frequency — even when you adjust for weight.”

Many women don’t know this — nor do they understand what constitutes excessive drinking, said Robert D. Brewer, leader of the CDC’s alcohol program. For women in the United States, anything more than one drink a day is considered excessive. That’s one ounce of distilled spirits, 12 ounces of beer or five ounces of wine.

Four drinks consumed within two hours is considered binge drinking. That’s about two-thirds of a bottle of wine.

“Most people do not understand what binge drinking looks like, and they don’t yet recognize how dangerous it is,” Brewer said. “Smoking, eating unhealthy foods, not exercising — people get what that can do to your health. But we are in a way different stage with binge drinking.”

BrightView CrossWord Puzzle



ACROSS

- 6** is the driving force that initiates, guides, and maintains goal orientated behavior.
- 7** is the act of believing you are valid and worth while.
- 9** is the stage that you are in at BrightView.
- 10** are ways in which we learn to deal with various stressors.

DOWN

- 1** This medication is used to assist with withdrawal and cravings.
- 2** is a form of treatment where a small group of patients meet regularly to talk, interact, and discuss problems with each other.
- 3** Establishing healthy ones of these in your life is important, especially in recovery.
- 4** is an opioid antagonist used for the complete or partial reversal of opioid overdose.
- 5** is the name of our company.
- 8** is a sight, sound, smell, touch, or taste that can set off a memory.

Please return the completed crossword to the front desk at any of BrightView's locations to be entered in a drawing for a \$50 Visa gift card. Or you can mail your entry to: Attn: Katie Sebring, BrightView, LLC, 446 Morgan Street, Cincinnati, OH 45206. The winner will be drawn on Friday, August 25, 2017.

Additional Links & Resources

Food pantries:

Downtown

St. George Food Pantry
2554 Dennis St.
Cincinnati, OH 45219
By appointment: 513-751-8771
<http://www.stgeorgefoodpantry.com/>

The Walnut Hills Pantry
2631 Gilbert Avenue
Cincinnati, OH 45206
513-961-1983 ext. 2
<http://www.overtherhinekitchen.org>

Lockland area

Valley Interfaith Community Resource Center
420 W. Wyoming Ave.
Cincinnati, OH 45215
(513) 821-3233
<http://www.vicrc.org/>

West Cincinnati

Anderson Ferry Food Pantry
380 Greenwell Ave
Cincinnati, OH 45238
(513) 451-3555

Northside residents (residing in zip 45223):
Rainbow Choice Food Pantry
4230 Hamilton Ave.
Cincinnati, OH 45223
(513) 591-2246

Some companies that are felony friendly and local:

[Cincinnati Airport CVG](http://www.cvgairport.com/about/career)
<http://www.cvgairport.com/about/career>

General Data Company

4354 Ferguson Drive
Cincinnati, Ohio 45245
PH: 800.733.5252 ext.2296
<https://www.general-data.com/about/jobs>

Trentec, Inc,

4600 East Tech Drive
Cincinnati, OH 45245
513-528-7900

Quebecor World HR

3600 Red Bank Road
Cincinnati, OH 45227
513 271-8834

