



Insight

Winter 2018

BrightView Continues to Grow!

BrightView has opened several new facilities in and around the tri-state area since the Summer of 2018. While our very first location in Norwood has closed, we have been quick to absorb all patients into the surrounding locations. And as of last June, BrightView has opened its doors in Batavia to better cater to the communities on the east side of Cincinnati. BrightView also opened in Centerville (South of Dayton) in September. Additionally, BrightView has ventured even farther to the northeast and opened a location in Chillicothe in November. BrightView now has 6 comprehensive outpatient treatment centers serving Southern Ohio. We are thrilled to be a part of each one of these communities and look forward to doing our part to make each of them a little brighter.

Dayton Center

8120 Garnet Drive,
Dayton, OH 45458



Batavia Center

1100 Hospital Drive
Batavia, OH 45103



Chillicothe Center

126 East Second Street,
Chillicothe, OH 45601



What Has Dr. Ryan Been Up To?

Dr. Ryan continues to be extremely active in the advocacy of addiction treatment. In August of 2018, he was featured in a news report on Cincinnati's WCPO. The piece discussed websites like FindLocalTreatment.com and how these services can help someone in active addiction seek and find treatment throughout Cincinnati. In September, Dr. Ryan was in Washington, DC as part of a panel of experts discussing opioid use disorder. He shared his thoughts on medication-assisted treatment, current barriers to the appropriate use of these medications, and opportunities to further reduce stigma and expand access to treatment. More recently, Dr. Ryan was a webinar speaker providing an overview on the impact of federal law HR 6 (The SUPPORT for Patients and Communities Act) and how it will change the practice of addiction medicine.

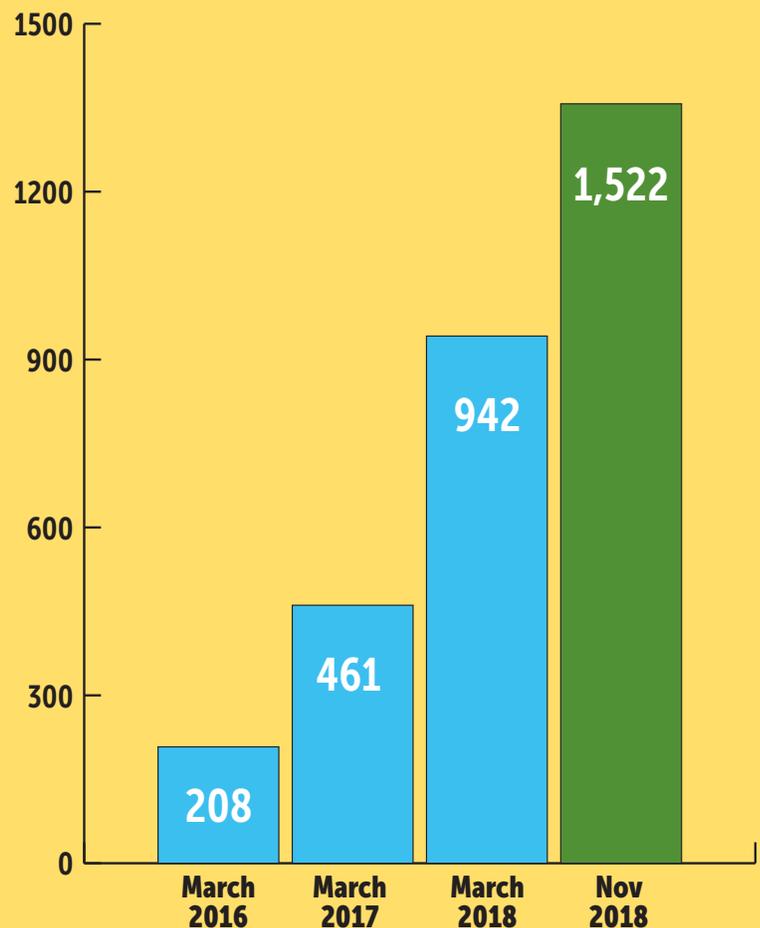
To keep up with Dr. Ryan's journey, please visit BrightView's Facebook page or the BrightView website.

BrightView by the Numbers:

BrightView continually monitors and assesses patient data to ensure we are providing the highest quality of care possible. To that end, we survey our patients every 90 days to evaluate both their progress and ours. In the third quarter of 2018, these were just some of the findings provided by patients who have been at BrightView for 6 months or more:

- Less than 50% of our patients reported having a primary care physician (PCP) upon admission. Over 82% reported having a PCP currently.
- Complaints of chronic depression are 19% lower than they were upon admission and complaints about chronic anxiety are 38% lower than they were upon admission.
- Patients reported that their overall well-being since admission has more than doubled (Admission Status = 1.5 & Current Status = 3.6; based on a scale from 1 to 5)

Total number of patients enrolled at BrightView's centers



DID YOU KNOW?

BrightView has opened on-site pharmacies at our following locations: Cincinnati (Morgan St), and Colerain. This conveniently allows our patients to pick up their medications at the same time that they visit BrightView for a clinical or medical appointment. This also allows BrightView to more closely monitor and ensure that each patient's prescription is distributed correctly, resolve any medication issues, and answer any pertinent questions a patient may have surrounding their pharmacy needs.

VIEWPOINTS

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

This special edition puts the spotlight on one of our Peer Recovery Support Specialists, Matt Peterson, who is a full-time employee of BrightView and has been in recovery for 5 years. Below are questions we posed to him. He was kind enough to share his story in order to provide our readers with a firsthand perspective as to what it has been like on his "road to recovery."

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

I had gotten sober by being sent to a long-term inpatient facility in Northern Kentucky. I completed the program after 10 ½ months of countless classes, 12-step meetings, readings and worksheets about addiction. The day that I completed treatment and moved out, my grandfather passed away. Two weeks later, I found out that my six-month-old son was born with two holes in his heart and was going to have to have heart surgery to repair them. I learned a lot while I was in treatment, but I was in no way prepared to handle situations as difficult as these, so I relapsed. I used for another year before being arrested and sent to jail. My moment of clarity came to me while I was in an agonizing state of heroin withdrawal in the Kenton County Detention Center. While I was curled up in a ball on my rack, a thought entered my mind. A whisper almost. "Matt, you just got a second chance at life. Do not mess this one up!" I have been sober ever since. Once I was released from jail after three months, I reconnected with my sponsorship family, attended meetings, visited my old treatment center regularly and dove head first back into recovery.

What was the most challenging part of your recovery?

The most challenging part of my recovery was, and still is, that the longer I am sober, the more people I have to watch overdose and sometimes, bury. I have met a lot of people in recovery. I have created some great friendships along my journey. The unfortunate part is that not everyone survives. Many of my friends have never gotten help. Many of my friends who have received treatment, relapse. Many of my friends who relapsed ended up overdosing. A handful of my friends who overdosed were not given a second chance at life like I was given and ended up passing away.

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

My lifestyle has completely changed since I have gotten sober. At my worst, I was living in the backseat of my car, (well, it was my parent's car which I stole), I was on the run from the police, I spent my free time pan handling and stealing from whoever and wherever I could think of, I was unemployed, alone and I was suicidal. I fully expected to die. I prayed for death. Today, my life could not be any more opposite. I am a full-time employee with benefits. I am a father to my four beautiful children. I am a college graduate. I am the chairman of a non-profit organization in Northern Kentucky called People Advocating Recovery of Northern Kentucky. I am an author of an upcoming book. I am an athlete. I am a public speaker and recovery advocate. I pay my bills. I no longer live in a car. I am a person again! The list could keep going. During active addiction, I lived for myself. Now, I live for those who are still fighting for their lives.

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

Both, my physical and mental health have improved dramatically! When I was arrested, I weighed 120 pounds. My skin was gray, and my eyes were sunk into my head. I attempted to kill myself more than once. I did not care about anyone or anything. All of that changed once I went into recovery. I began to care about people. So much that I decided to go to college in order to help people, ultimately landing me this position as a Peer Recovery Supporter. I also got myself into a gym and began to work on my physical health. Funny enough, getting into shape not only helped my physically, but it also boosted my self-esteem and my confidence. Both of which were non-existent for most of my life.

What would be the most important piece of advice you'd have for someone in recovery?

The best advice that I could offer is this, IT'S A WE THING! Recovery is not something that is done on your own. There is not room for pride and ego in recovery. You must be able to reach your hand out and ask for help. Once you do that, I promise, someone will be there to catch you.

Has working with the patients in this line of work made you view your recovery differently? In what way?

I do not believe that it has made me view recovery any different. If anything, it has helped me by giving me a constant reminder of where I came from and who I used to be. I see myself in every single patient that walks through the door. My only goal is to show them that treatment works, recovery is possible, and that they are going to need to get used to a life that just continues to get better.

Why People With SUD Need Empathy and Compassion – Not Judgment and Shame

Original Article: <https://www.scarymommy.com/empathy-for-addicts/>



My husband is a physician. Every day at work, he sees devastating illness and death. I don't know how he does it, to be honest. I've always been in awe of the folks who work on the front lines of our health care system. I wonder how they can see the most heartbreaking moments of the human condition, every day, and simply return home to their normal lives.

I was pondering all of this yesterday morning when my spouse walked into the kitchen.

"Honey," I said. "I have a random question."

"Okay," he responded, pouring a cup of coffee.

"What's the saddest thing you have to see at work?"

He paused for a moment, and his eyes seemed to search.

"Addiction," he said. "Without a doubt. Addicts break my heart the most, every day."

To be honest, I had expected him to respond with car accidents, or child sickness, or cancer. But... addiction?

"Why?" I asked.

He shrugged a little.

"I see people suffering every day. Of course, all of it is horrible," he said.

"But most of those people don't have to suffer alone—except addicts.

When an addict comes in, they are almost always by themselves. You ask if there's anyone to call, they tell you there isn't. And they are so ashamed, too. It's like they believe that suffering alone is something they deserve. Nobody has empathy for these people. That's what makes addiction so heartbreaking."

I didn't agree with him, at first. In fact, my husband's empathy for addicts was making me feel a little bit squirmy. Perhaps a little conflicted, too.

You see, addiction runs rampant in my family. This disease has affected us in horrible ways. My therapist warned me to establish firm boundaries with my addicted loved ones, but to be honest, despising them was just easier. I believed they chose a substance over me, and instead of dealing with the hurt that their disease was causing, I decided to toss them aside.

I'm ashamed to admit this, but I think it's important to do. Because I know it's not just me. Society as a whole seems to struggle with how to respond to addiction. And the sad truth is, this horrible disease isn't going away any time soon. The suffering part is bad enough. But for people to suffer, be stigmatized, abandoned, and loathed? That is a special torment that no human being should abide.

It is time we move toward empathy for addicts, and this is why:

Addiction is a disease, not a choice.

Like diabetes, cancer and heart disease, addiction can be caused by multiple factors: behavioral, environmental, or biological. According to the National Center of Addiction and Substance Abuse, genetics account for half of the likelihood that an individual will develop a severe dependence. Addiction is very much a disease, and addicts deserve to be treated with compassion.

I understand that relationships with addicts can be complicated. I've been there. I know firm boundaries are crucial.

However, when we judge someone for symptoms of a disease they cannot control, we are downplaying their struggle instead of acknowledging what it truly is. Addiction is a brain illness that changes the way people behave. People can't fix their brain chemistry any easier than someone could fix their own broken leg. By shaming an addict, as if their addiction is a personal choice, you are placing a moral expectation on a purely physical ailment. That is not only ineffective, it is cruel.

Shaming has negative impacts on already suffering humans.

Have you ever heard the saying "don't beat a horse while it's down"? Think about that for a second. When someone is suffering from addiction, shaming them is not likely to help. In fact, according to a study published in the *Journal of Substance Abuse Treatment*, fear of stigma is one of the top two barriers deterring addicts from seeking treatment in the first place. Conversely, social support and inclusion were identified as leading contributors to a successful recovery. It turns out, shame is a very poor motivator, and can also deal a deadly blow for someone who is already self-loathing and abusing substances.

Compassion is always the right response.

I think for the longest time, society has avoided compassionate responses to addiction because empathy was viewed as being permissive. However, the truth is quite the opposite. When you show an addict compassion, you are validating their struggle, and letting them know that you see them as the human being they are. Nobody deserves to be defined or stigmatized by their illness.

After all, a person is never the problem. *The problem is the problem.*

Opioid-Use Disorder: Treat the Family, Not Just the Patient

Original article: <https://wire.ama-assn.org/delivering-care/opioid-use-disorder-treat-family-not-just-patient>



Opioid use disorder affects us all. The impact on families is becoming better understood, as is the need to involve patients' loved ones in a treatment plan.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has described families as interconnected systems where a change in one part will spur changes in the other parts. A person's family is often vital to recovery. That is where family opioid treatment can help.

What families need to know

Families need to recognize that opioid-use disorder is a biological brain disease in which part of the cause and risk is driven by genetic factors and another part by environmental factors, said Andrew J. Saxon, MD, a professor of psychiatry and behavioral sciences at the University of Washington (UW) School of Medicine in Seattle.

Dr. Saxon directs the addiction psychiatry residency program at UW and sits on the editorial boards of the journals *Drug and Alcohol Dependence* and *General Hospital Psychiatry*. His research focuses on pharmacotherapies and psychotherapies for alcohol, cocaine, nicotine and opioid-use disorder.

This biological disease of substance-use disorder can manifest in maladaptive behavior that can be seen as deliberately harmful toward the family. The family needs to know that the behavior is being driven by the disease and not the person, Dr. Saxon said.

"It's important to take action," he added. And while opioid-use disorder is a chronic disease, "the real person can shine through again" with the proper treatment. That means medication treatment using buprenorphine, methadone or naltrexone, as well as behavioral support as an adjunct treatment.

The AMA Opioid Task Force supports comprehensive treatment for opioid-use disorder and urges removing all barriers to treatment for substance-use disorder.

Getting rid of the guilt

For Sarah E. Wakeman, MD, medical director of the Substance Use Disorders Initiative at Massachusetts General Hospital, educating family about the effectiveness of medication treatment—lower risk of death or relapse—is a critical element to helping patients living with opioid-use disorder.

She finds that many families retain the notion that rehabilitation involves inpatient treatment and an abstinence approach.

"That's what we see in the movies," Dr. Wakeman said. "That's what we read about, and that's what family members think this treatment ought to look like. Many family members don't know that outpatient treatment, for many people, can be as effective as inpatient treatment."

Well-meaning family members can make recovery more difficult unless they are involved from the start, she said.

"The patient may be getting pressure from family members to taper off their meds," Dr. Wakeman said. "They'll say, 'You're fine now. You don't need this.'"

"Tough love" is another message that physicians can help counter to increase the chances of treatment success, she added.

"Families are often confused about what is the right thing to do," Dr. Wakeman said. "They may feel guilty if they are being kind to the person," worried about supposedly enabling the patient's substance-use disorder.

"Removing some of that guilt is the most important thing. The main job is to love the family member the way they always did. They are not the treater or the clinician. The best way they can help is to understand what effective treatment looks like.

A 10-minute talk can save a life

Another important role for the family involves having access to naloxone and knowing how to administer it, which Dr. Saxon said can be done in a 10-minute discussion.

"There's some thought that people may be willing to take more risks if they have access to naloxone, but I don't think that's really true and, on balance, it's best to have it available," Dr. Saxon said. "Naloxone is not a panacea, but it's good for the family to have it—whether their loved one is on treatment or not."

Additional Links & Resources



What is it? Presently, Relink.org is a statewide (and growing) website that is a portal to all participating treatment centers in the state of Ohio and Northern Kentucky, with a search engine that allows a viewer to select a certain category of treatment.



*for this edition we are sharing resources closer in proximity to our newer locations in Batavia and Dayton, for other food pantry locations around the Cincinnati area please visit: <https://brightviewhealth.com/community/insight-newsletters/> to view our past newsletters

Batavia:

Salvation Army Batavia

Corps Center - 87 North Market Street
Batavia, OH 45103
(513) 732-6328
Monday-Thursday
9 am to 3 pm

Milford Miami Ministry

844 OH-131, Milford, OH 45150
(513) 248-1114
2nd and 4th Saturday of each month:
9:00am - 11:00am

Goshen United Methodist Church

6710 Goshen Rd, Goshen, OH 45122
(513) 722-2541
Friday 9:30a-11:30am
Sun 12:30p-1pm

Dayton:

Assumption Food Pantry

Catholic Social Services of the Miami Valley
Choice Food Pantry
922 West Riverview Avenue
Dayton, Ohio 45402

St. Vincent de Paul Community Store

945 S. Edwin C. Moses Blvd Dayton, OH 45417
Phone: (937) 222-7349, ext. 210
Fax: (937) 222-0754

DID YOU KNOW?

BrightView accepts walk-ins Monday through Friday mornings! While we prefer that new patients connect with our Patient Access Center via telephone first, if you want help at the very second that you decide you need it, we can normally accommodate your request. Please call us at 513.834.7063 and our staff will do their best to meet your needs.

