



NEW LIGHT
RECOVERYCENTER.

New Light Recovery Center, Inc. Consumer and Staff Quarterly Newsletter April-June 2003

Special points of interest:

- New Staff Members
- Facts about Women and Addiction
- What is AIDS Dementia
- Staff Departure
- Statewide Substance Abuse Conference
- On site Inspection

Medical Director: Dr. Serge Jean Louis

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Welcome

We would like to take this opportunity to welcome you to the latest edition of the Consumer and Staff newsletter. It is our pleasure to bring this latest edition to you. Sit back, relax and enjoy. Your Editor: Yvette Woodruff

NEW STAFF

We would like to introduce you to two new staff members that the agency has hired. Beverly Gayles, LPN joined the New Light Recovery Center, Inc. as a new staff member at the end of January. Ms. Gayles previously worked as a Dispensing Nurse at another methadone program. She therefore is not new to methadone as a treatment modality. Please give Ms. Gayle's a warm welcome.

The CQI Department, which stands for Continuous Quality Improvement, also welcomed a new staff member to the team. Ms. Nadine Compere, who is a recent graduate of Eastern Michigan University, joined the staff as a member of the Quality Improvement team. She will assist Ms. Shirley Arrington in auditing the clinical records for compliance on a monthly basis. Please extend a warm welcome to Ms. Compere.

We would also like to welcome all of the consumers that have joined our program since the end of the last quarter. We hope that this treatment experience is a learning experience and helps you in your quest for recovery.

On site Inspection's

One of our payers of services audited the program during the month of March. Their primary concern with clinical records was the number of contracts that consumers had violated without serious consequences. We would like to use this forum to notify consumers that, in the very near future, the program may not be as lenient as it has been in the past as it relates to non-compliance issues. We must adhere to our rules and our payers guidelines. We ask that you review the program rules posted in the lobby areas.

What is AIDS Dementia?

Definition: A degenerative neurological condition attributed to HIV infection that is characterized by a group of clinical presentations including loss of coordination, mood swings, loss of inhibitions and widespread cognitive dysfunctions. It is the most common central nerv-

ous system complication of HIV infection. Characteristically, it manifests itself after the patient develops major opportunistic infections or AIDS-related cancers. However, patients can also have this syndrome before these major systemic complications occur. This is also

known as ADC Dementia.

Learn more about HIV/Aids by reading the [Top10 Myths Associated HIV/AIDS](#). This article is listed on page three of this newsletter. Please share the article with any family or friend who wants more information on the subject matter.....



Don't Gossip

Gossip is harmful to both the gossiper and the gossiped. A good test to see whether you are engaging in gossip is to ask yourself the question, "Would I be saying this if the person I am talking about were standing near me and listening?" If not, then button up. Furthermore, standing passively and listening to gossip is still considered being ac-

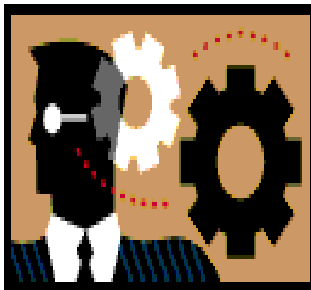
tively involved in the gossip process. In such a case, one condones the practice and is still absorbing the information. Walk away! Change the topic of conversation! Avoiding gossip is important in any setting. However, in programs where the population comes into close contact, the potential for gossip related damage is amplified.

If you are engaging in this destructive type of behavior, recognize the behavior for what it is and make a concerted effort to stop. When others try to engage you in gossip, do not buy in. Point out the good qualities of the person or the situation.

"Remember, one's attitude can determine one's altitude. How positive is your attitude?"

- Women have always made up a significant portion, and at times, a majority of America's drug users and addicts.
- A significant component of the problem of female addiction has come, and still comes from the inappropriate and excessive medication given to women by physicians and pharmacists and through self-medication.
- The unique role of women as bearers, rearers, and mediators of children has played a central role.
- Despite concern about drug use by women voiced and acknowledged for more than a century, the specific issues were not addressed directly until the early 1970's.
- Sexuality and drug use have a strong association with drug addicted women.
- We must acknowledge that the use of drugs by women is due in large part to the stresses they face in society. Stresses include minority status, reduced economic, social, and political expectations and disproportionate suffering through physical and sexual abuse.

FACTS ABOUT ADDICTED WOMEN



Relapse Prevention Planning

For each recovering person, there are people, places and things that could put our recovery at risk. It is important to identify what those are for each of us and to plan alternatives or prevention strategies. For example, the identified problem or risk could be: "I like to dance and I always dance at a bar." A potential alternative or prevention strat-

egy could be: "I can continue to dance, but with recovering people, by attending AA or NA functions and dances at the Alano Clubs." We have choices in each problem area and can avoid disaster by thinking about those choices in advance. Please take this time to identify some problems/risks and develop within your mind a prevention

strategy. There is no right number of identified problems or risks. The number will vary with each individual. All that is required is the willingness to look honestly at potential problems and new ways of approaching these problems.

TOP 10 MYTHS ASSOCIATED WITH HIV/AIDS

- **“HIV IS THE SAME AS AIDS.”**

In fact, this couldn't be further from the truth. HIV is a virus and AIDS is a collection of illnesses. Knowing the difference between the two is a very important part of understanding both.

- **“HIV ONLY AFFECTS GAY MEN AND DRUG USERS.”**

In fact, HIV can affect anyone, babies, women, seniors over 50, teens, blacks, whites and Hispanics. Risky behavior can lead to infection in anyone.

- **“WE BOTH HAVE HIV...SO WE DON'T NEED A CONDOM.”**

Not true. Experts are seeing more and more incidents of re-infection. This makes HIV treatment even more difficult.

- **“PEOPLE OVER 50 DON'T GET HIV.”**

Don't bet on it. In fact, people over 50 make up a rapidly growing segment of the HIV population.

- **“I HAVE HIV...I CAN'T HAVE CHILDREN.”**

This used to be true, but it is not anymore. Women living with HIV can and do have families. While certain steps and precautions have to be taken, women can now have families they've always dreamed about.

- **“WE DON'T NEED A CONDOM FOR ORAL SEX.”**

Again, this is untrue and a very dangerous myth. Condoms must be used each and every sexual encounter including vaginal, anal and oral. (Continue on page 4)

Nutrition and Recovery



Smart Snacking for People in Recovery

Good nutrition is a vital part of the repair occurring in the body of a person in recovery. Food provides nutrients necessary to meet this need. Providing three nutritious meals may not be enough. Snacks can play an important role to help a person in recovery meet their nutritional needs as well as limit mood swings. Snacks can be provided throughout the day, between meals and before bedtime. It is important to plan ahead so that snacks offered are nutritious as well as satisfying. **Choose more often:** Fresh fruit, canned fruit packed with its own fruit juices, raw vegetables with low-fat dressing or salsa, popcorn, pretzels, cheese and crackers, low-fat puddings, cottage cheese and fruit, low-fat yogurt, raisins and other dried fruit, 100% fruit juice and low-fat frozen yogurt **Choose less often:** Brownies, pastries, fruit drinks, punch, cake, donuts, soda pop and cookies,

Mark Your Calendars

for the
**4TH Annual
Statewide Substance
Abuse Conference**
**When: September
8th & 9th 2003**
**Where: Best Western
Sterling Inn Banquet
and Conference
Center, Sterling
Heights, MI**

How To Stay Young

1. Throw out non essential numbers. These include age, weight and height. Let the Doctor worry about them. This is why you pay him or her.
2. Keep only cheerful friends. The grouches pull you down.
3. Keep learning, learn more about computers, crafts, gardening...whatever. Never let the brain go idle. “An idle mind is the devil's workshop”. The devil's name is Alzheimer's.
4. Enjoy the simple things.
5. Laugh often, long and hard. Laugh until you have to gasp for air.
6. The tears happen. Endure, grieve and move on. The only person who is with us our entire life is ourselves. Be alive while you are alive.
7. Surround yourself with what you love. Whether it is family, pets, keepsakes, music, plants hobbies, etc. Your home is your refuge
8. Cherish your health. If it is good, preserve it. If it is unstable, improve it. If it is beyond what you can do to improve, seek help.
9. Don't take guilt trips.



**Unlock the
doors to your
mind. Read a
book this week**



Myths Associated with HIV/AIDS (continued from page 3)

HIV/Aids Myths

- **My family Doctor can treat my HIV.** The fact is, experts believe that, given the complexities of HIV care, only an HIV specialist should manage your care. Be sure to choose a doctor who cares for HIV patients regularly.
- **HIV can be cured.** While many claim miraculous cures, the sad truth is that there is no cure for HIV. Be careful of claims or cures and miracles.
- **Why don't we have a vaccine ? It should be easy.** While progress is being made, vaccine development is not without its challenges and difficulties. Many experts feel we are still many years away from an effective HIV vaccine.
- **I have just been diagnosed ...I am going to die.** This is the biggest myth of all. In fact, peo-

ple are living with HIV longer today than ever before. Medical, treatment programs and a better understanding of HIV allows those infected to live normal, healthy and productive lives. **If you're interested in testing,** please consult your local Health Department Communicable Disease Unit.

**We Bid
"Farewell" to
Robert Smith,
the Program
Coordinator.
He has tendered his
resignation after
seven years of service.
He has decided that it
was time to move on.
We wish him much
success in his future
endeavors.**



Cocaine and Crack

Cocaine is a powerful drug made from the South American coca bush. Its street names include coke, C, snow and flake. Cocaine is sold as a fine white powder. Street dealers sometimes dilute it with substances like cornstarch, sugar or local pain killers such as benzocaine. Users often snort cocaine. They also dissolve it and inject it into their veins.

Crack is cocaine chemically changed so it can be smoked. Crack chunks are also known as "rock". Freebase is a pure form of cocaine that can be smoked. Some crack and freebase users inhale the vapors from heated glass pipes. Others

add them to tobacco or marijuana cigarettes. All forms of cocaine have the same effects. However, injecting produces these effects more quickly and intensely than snorting. Smoking causes the most intense and addictive high. Possessing, producing and trafficking in cocaine can result in fines, prison sentences and a criminal record.

Short term effects:

Intense pleasure, feeling alert energetic and confident are effects. Using cocaine increases your breathing, heart rate and blood pressure. It di-

lates your pupils, decreases your appetite and reduces your need to sleep. Large doses of cocaine can produce euphoria, severe agitation, anxiety, erratic and violent behavior, twitching, hallucinations, blurred vision, headaches, chest pains, rapid breathing, muscle spasms, nausea and fever. Over dose can cause seizures, strokes, heart attacks, kidney failure, coma and death. Usage is linked with suicides, murder and fatal accidents. A cocaine high can last from 5 minutes to 2 hours. When users crash they feel very depressed. **Ask yourself:** "Is the euphoria worth compromising your health?"

Next Edition

We hope that you have enjoyed this edition of the consumer and staff newsletter. If you have an

article that you would like to have included in future editions, send that article to the editor, Yvette Woodruff.

Please send articles or suggestions no later than June 10, 2003. We thank you in advance for your participation.