

FREQUENT FLYERS

Drug Abuse and the Effects on Emergency Medical Services

By Beth McNeill, MS.Ed, Community Education Coordinator

The 911 dispatcher receives a call from a frantic woman saying her son is lying on the floor of his bedroom, unresponsive and possibly not breathing. The dispatcher assures her that she is sending help right away and to stay on the phone with her until the first responders arrive. It seems like an eternity, but in reality, the ambulance crew arrives in just six minutes.

As the distraught mother shows the paramedics into her son's bedroom, she tells them her son may have overdosed on heroin. The medics begin to assess her unconscious son, determine he is barely breathing, assist his ventilations, then intranasally administer naloxone to him. As they are preparing to move him to the back of the ambulance, he regains consciousness. The mother is very relieved and very grateful to the paramedics.



states are reporting types of calls for service, with an average report rate of just 2.9 percent. Of those reporting on call statistics from 2012 to 2014, two percent (or 86,951 calls) of calls were reported in the "drug poisoning" category. Actual EMS calls involving drug and alcohol use may actually be much higher as many of these calls are reported to 911 under other categories, such as breathing problem, not breathing, cardiac related, unknown problem/person down, unconscious, seizures, sick person or person fallen.

Despite the lack of accurate reporting and tracking for EMS responses and transports, it is very likely that a vast majority of those drug-related emergency department (ED) visit patients were transported to the ED via ambulance. This leads to ED overcrowding and a high price tag for such services. With the increase in drug use across the nation, many EMS communities and agencies are finding frequent or "super-frequent users" of their services. These are often patients who have a substance abuse problem and seek help through the EMS system and emergency department at a much higher rate than other populations utilizing the same services. Patients being cared for by EMS and transported to the ED are stabilized only to be released from the ED and out into the community before the heart of the problem is ever addressed, thus the cycle of use continues.

In Baltimore, 40 to 60 percent of the 911 calls for emergency services (150,000 annually) are related to drugs or alcohol (Gazette, September 2014). In an effort to effect change, the Baltimore City Fire Department (BCFD), along with Johns Hopkins Bloomberg School of Public Health and the Behavioral Health System, began a research initiative called Ladder (Linkage to Addiction Recovery

The effects of drug abuse are far reaching in today's society. Although New York state has the sixth lowest drug overdose mortality rate in the United States (healthyamericans.org, October 2013), this still reflects a 56 percent increase in drug overdose deaths since 1999. Drug abuse has become a nationwide public health crisis with death due to overdose now exceeding death by motor vehicle collisions in the United States. The majority of deaths by drug overdose are from opiates, which are prescribed primarily as pain relief medications. More than 12 million Americans reported using prescription painkillers for non-medical reasons in 2012.

So who answers the call for help when a drug user overdoses and needs assistance? Emergency medical services (EMS) and first responders such as your local ambulance company or fire department are ready to respond, but are seldom thought of as an integral part of the health care system. In 2009, EMS treated and transported over 28 million people across the country and responded to 37 million calls for service (NHTSA, May 2014).

Data collection regarding fatal drug overdoses is difficult to report and track as the EMS is implementing a new, national data gathering system called National EMS Information System (NEMSIS). Due to the recency of its introduction, call reporting and tracking in EMS is spotty at best. Currently just 33 out of 50

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through Emergency Response) in early 2014. Part of this initiative trains BCFD paramedics and responders to better engage with the substance abuse population they so frequently see and care for. In addition to providing life-saving and stabilizing care, they will link these patients to community resources to assist in a path to recovery, rather than a cycle of continued use and abuse. The additional training the paramedics receive will be another tool in their toolbox to help those in need and get to the root of the problem of frequent EMS and ED use. This program aims to alleviate some of those financial costs, and move people to a place of hope and recovery. The program is set to roll out this fall in Baltimore.

Clearly, the current system in the United States is ineffective and costly at best. Hospital emergency departments are simply not equipped to handle the in-depth issues that many substance abusers face, which makes the importance of referral to the Office of Alcoholism and Substance Abuse Services' (OASAS) Certified Chemical Dependency Treatment that much more critical. In summary, the widespread effects of drug addiction can be observed in many areas of society, including EMS and emergency departments.

A collaborative and comprehensive approach to address the needs of chemically dependent people is needed to help offset not only the costs to society, but also the health of society.

The National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) continues to provide awareness presentations on a variety of current trends, including heroin, marijuana, alcohol, prescription drug misuse and bath salts. For further information or to schedule a customized presentation with one of our staff, please contact Beth McNeill, NCADD-RA's Community Education Coordinator, at bmcneill@depaul.org or (585) 719-3489.

Drug Abuse and Emergency Services At-a-Glance:

- In 2013, Monroe County (NY) reported 2,867 calls for drug overdose or drug abuse, plus 49 calls that were transferred to the poison control center.
- According to the Monroe County (NY) Medical Examiner's Office, heroin overdoses were responsible for 65 deaths in Monroe, Livingston, Chemung, Ontario, Orleans, Steuben and Wyoming counties in 2013, compared to 29 in 2012.
- As of August 2014, the city of Rochester received 896 drug-related calls for help.

NCADD-RA Services:

- Total Approach Family Program
- Hispanic Prevention/ Education Program
- Community Education and Advocacy
- Problem Gambling Prevention Program
- Addictions Counselor Credential Training
- Resources and Referrals
- Finger Lakes Prevention Resource Center

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Front row: Bridget DeRollo, Aracelis Ramos, Elaine Alvarado, and Jerry Bennett.

Back row: Barb Christensen, Milagros Rodriguez-Vazquez, Jennifer Faringer, Beth McNeill, Earl Greene and David Young (absent).

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The Disease of Addiction: Passive Passengers

By Bridget DeRollo, B.S., CPP, Total Approach Family Program Coordinator

The disease of addiction reaches far beyond the person suffering from the illness. Loved ones often experience negative effects to their physical, mental, emotional, social and spiritual well-being. In the U.S. today, one in four children is exposed to addictions in the family before the age of 18.

Not all children are similarly affected. Some variables that influence potential experiences and outcomes include:

- Child's family role, age, developmental level
- Exposure to abuse/neglect
- Stage of the disease progression
- Duration of these experiences
- Level of coping mechanisms in the family system
- Parents' depression/psychological problems
- Mental illness in the household
- Household aggression/violence, suicide, crime
- Marital discord

In a sense, children living with addictions in their families are passive passengers attempting to survive amidst a disease that may not even be recognized or discussed. A child's perception of what's normal is steeped in these not-so-healthy experiences. Too often, children of addiction (COAs) blame themselves for family issues and develop feelings of inadequacy, confusion and isolation. It isn't uncommon for parents to believe the younger the child is, the less likely the family environment is affecting them. This is a misconception and early intervention is key. Young children may not necessarily be able to define what they are experiencing but they certainly feel and absorb their environment.

The disease of addiction is not only about unhealthy substance use. It's about cumulative trauma and often chronic emotional stress for the entire family.

Addictions may even affect the child before birth. Just as nourishment enters the placenta of a pregnant woman, drugs and other toxins enter as well. During fetal development, the early stages are most crucial and further complications may emerge as the pregnancy progresses if drug use continues. There are many variables which impact pregnancy outcomes, making it a complicated task to identify definite causes. Some of the possible biological and environmental variables include:



- Overall health of the pregnant mother
- Pre/postnatal care
- Other forms of abuse/violence/injuries
- Influence of the father's genes
- Poverty
- Multiple kinds of drugs, duration, dose and frequency of use, route of administration
- Term of the pregnancy

Research has documented that children with substance-abusing parents are more at risk than their peers for alcohol and other drug use, delinquency and depression, as well as poor school performance.¹ Children of addiction experience greater physical and mental health problems and higher health care costs (32 percent higher) than children from non-alcoholic families, and are more likely to begin drinking at a young age, progressing to drinking problems more quickly.² Only one in twenty COAs seeks help. Yet, these children can learn to thrive, become resilient and change their lives. COAs benefit tremendously from adult efforts that help and encourage them. Children who cope best often trace their sense of well-being to support from a non-addicted parent, family member, teacher, or other significant adult in their lives.

1 SAMHSA Office of Applied Studies (March 2006). Children of substance abusers; children at risk because of parental substance abuse.

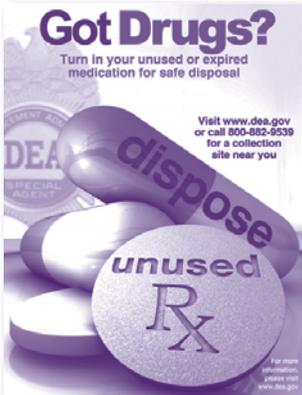
2 NIAAA (January 2006). Alcohol Alert No. 67. Underage drinking: Why do adolescents drink, what are the risks, and how can underage drinking be prevented?

The Total Approach Family Program provides support to children, teens and adults impacted by a loved one's addiction. For more information on support for families, contact Bridget DeRollo, Family Program Coordinator, at bderollo@depaul.org or call (585) 719-3483.

NCADD-RA Partners with Drug Enforcement Administration Helping to Raise Awareness: Fall Safe Take-Back Day

By Jennifer Faringer, MS.Ed., CPPg, Director of DePaul's NCADD-RA

Over 42,000 pounds of pills have been collected in the Finger Lakes region through Safe Take-Back Days since 2010, according to the Drug Enforcement Administration. The National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) is once again proud to have partnered with the U.S. Department of Justice Drug Enforcement Administration's Office of Diversion Control (DEA) on the Fall Prescription Drug Safe Take-Back Day held in late-September.



According to the Center for Disease Control, 15,000 people die each year from overdoses from prescription pain killers. One in twenty people age 12 and older reported using prescription pain medications for non-medical reasons in the past year. Prescription pain medications were over-prescribed in prior years to the extent that every adult in the U.S.

could be medicated around the clock for a month!

With the sharp rise in the misuse and diversion of prescription pain meds which has subsequently increased the heroin abuse rates in our community, Safe Take-Back Days provide community members an opportunity to safely and confidentially dispose of unwanted prescription pain medications while also educating the

general public about the potential for abuse of medications.

Additionally, NCADD-RA is running a comprehensive community awareness campaign utilizing multiple print and theater screen venues. The campaign **"What's in your Medicine Cabinet?"**

runs again this fall from September through December potentially reaching over 500,000 in Rochester and Monroe County. For more information

visit our website at: www.ncadd-ra.org/awareness-campaigns/prescription-drug-abuse

For local Safe Take-Back sites near you, visit www.dea.gov. For a Monroe County calendar of sites throughout the year, visit www.monroecounty.gov/hhw. To learn more or to schedule a presentation on prescription drugs and heroin, contact jfaringer@depaul.org or call (585) 719-3480.



What's in your medicine cabinet?

New York State Launched Heroin Media Campaign

By Jennifer Faringer, MS.Ed., CPPg, Director of DePaul's NCADD-RA

A historic and comprehensive series of legislation bills to address the statewide opioid problem were signed by Governor Andrew Cuomo in June. Legislation highlights include:

- Expanded insurance coverage for treatment of substance-use disorders
- Established standards for insurance determinations regarding treatment coverage for substance-use disorders
- Expedited clinician-reviewed insurance coverage, pre-approval and appeals process
- Compliance examination of insurers and health maintenance organizations (HMOs)
- Established a workgroup to make recommendations for enhanced access to substance abuse disorder treatment
- Established crime of "criminal sale of a controlled substance by a practitioner or pharmacist"
- Established an A-Misdemeanor for conduct related to fraud/deceit in acquiring a prescription for a controlled substance
- Opioid overdose prevention – distribution of opioid antagonists
- Heroin and Opioid Addiction Awareness and Education Program



The NYS Office of Alcohol and Substance Abuse Services (OASAS) led a public awareness campaign on opioid and heroin abuse and worked collaboratively with other agencies including the NYS Department of Health, Office of General Service and the Media Service Center to develop the Combat Heroin campaign. This campaign launched in September, with four public service announcements, a new website, digital online ads, and social media and print materials featuring real individuals who have faced the tragic consequences of opioid and heroin use. More information may be found at: www.combatheroin.ny.gov. In support of the NYS campaign, NCADD-RA sent out a press release to area media, further alerting the public in Monroe County and the surrounding area, with a link to the NYS website found on NCADD-RA's website: www.ncadd-ra.org/awareness-campaigns/prescription-drug-abuse.



NCADD-RA Director Jennifer Faringer with Luncheon Keynote Speaker Kevin A. Sabet, co-founder of Project SAM (Smart Approaches to Marijuana).

NCADD-RA's 2014 *Annual Luncheon*



Bridget DeRollo, Coordinator of the NCADD-RA's Total Approach Family Program, presents The Helen Guthrie Memorial Youth Advocate of the Year Award to Margi Taber, Care Coordinator for the Monroe County Youth Partnership Program.



NCADD-RA Director Jennifer Faringer presents The Charlotte C. Hegedus Community Excellence Award to Glenn Palmer, Director of Clinical Operations for the Department of Psychiatry at Strong Memorial Hospital.



Nearly 200 community educators and health care professionals gathered on Friday, May 2 at Mario's Restaurant and Catering in Rochester, New York for the NCADD-RA's Annual Luncheon.

Community Coalitions Tackle Underage Alcohol Issues

By Jerry Bennett, BA, CPP, FL PRC Community Development Specialist

NCADD-RA's Finger Lakes Prevention Resource Center (FL PRC) has had a busy spring and summer!

In April, 27 participants across the Finger Lakes region came together for a session on 'Media Advocacy' to review/learn skills and tools necessary to work with local media in their efforts to advocate for change within the community. It's vitally important to target the proper message to the appropriate audience, to challenge the listener/reader to take action, and to strategically select issues and frame the message in support of policy and enforcement goals.

In May, 42 participants from community coalitions and law enforcement agencies gathered at Finger Lakes Community College for a day-long session on "Policing the Cyber World for Underage Drinking/Alcohol Trends." The training covered fundamentals of the internet and how to conduct an online alcohol environmental scan in the community. The presenter showed how law enforcement personnel access certain sites to gather information related to underage drinking problems and shared examples of how social networking sites can be used as crime prevention tools. The session also included prevention strategies for third-party transactions and sales to minors.

In August, 29 college personnel and community members were treated to a double-header session – "Enforcing Underage Drinking Laws in College Communities" and "Alcohol Training for Residential



Life Staff." These presentations covered the types of issues today's colleges face, development of policies, best practices (what works and what doesn't), standards, reporting procedures, importance of community collaboration, and tools and skills. Locally, the Finger Lakes Collegiate Task Force members will continue connecting with local community coalitions to plan and implement actions and efforts targeting underage and young adult alcohol and other drug issues.

Additional intensive, heavy-duty training also occurred in early-August when Dr. Harold Holder and Rebecca Carina, trainers with Pacific Institute for Research and Evaluation (PIRE), completed a day-long session with SUNY Geneseo's Healthy Campus Community Coalition and the Livingston County Healthy Communities that Care Coalition. Over the course of several months, with assistance from the FL PRC, the National Guard, Dr. Holder and Ms. Carina, both the community and the college coalitions worked on refining their logic models, designing information management systems and developing community dashboards.

During their visit, Dr. Holder and Ms. Carina provided an additional three-day technical assistance session for 25 coalition members from the Western and Finger Lakes regions, held at Genesee Community College. Participants learned how to collect and analyze data, the importance of using science in local prevention, how to develop 'sound' strategic plans and logic models, and were trained on the use of DoView software.

New Problem Gambling Outreach Targets Youth

NCADD-RA Partners with New York Council on Problem Gambling

By Jennifer Faringer, MS.Ed., CPPg, Director of DePaul's NCADD-RA

The National Council on Alcoholism and Drug Dependence – Rochester Area received a mini-grant from the New York Council on Problem Gambling. The target population for the 2014 Media Literacy Project are youth between the ages of 12 and 17 and the goals are to:

1. Increase youth awareness that media messages are constructed using specific techniques to convey meaning and affect the viewer/listener's beliefs and actions.
2. Correct common youth misconceptions and beliefs surrounding gambling and increase awareness at the individual level.
3. Change individual attitudes about gambling among youth.

This collaborative project ran from June to October and included youth presentations and outreach, as well as youth surveys. The NCADD-RA is thrilled to once again have the opportunity to reach out to youth on the important issue of underage problem gambling. More information on this campaign as well as the parent educational outreach project may be found on our website at: www.ncadd-ra.org/awareness-campaigns/underage-gambling.



Thank you gifts for participation in survey.

Suicide's Impact on the Latino Community

By Milagros Rodriguez-Vazquez, A.A.S. - Hispanic Prevention Education Coordinator

The sudden unexpected death of actor and comedian Robin Williams brought the issue of suicide to the world's attention. Williams lived to make the world laugh and to help us all not take life so seriously. Research has shown that the number one cause of suicide is untreated depression. Williams suffered from depression and was quite candid about his struggles with alcoholism, another risk factor for suicide.



According to the Centers for Disease Control and Prevention (CDC), more people die from suicide than in motor vehicle crashes. In 2010, there were 33,687 deaths from motor vehicle crashes and 38,364 suicides. It is a serious health problem that affects all age groups. For youth ages 10 to 24,

suicide is the third leading cause of death resulting in approximately 4,600 lives lost each year. Suicide affects all youth, with males more likely than females to die of suicide. Of the reported suicides in the 10 to 24 age group, 81 percent of the deaths were males and 19 percent were females. Females are more likely to report attempting suicide than males.

Additionally, there are cultural variances that arise with Native American/Alaskan Native youth having the highest rates of suicide fatalities. Suicide is a problem that impacts the Latino community as well. According to the 2011 Youth Risk Behavior Survey released by the CDC, Latino youth, in grades 9 through 12 were more likely to report attempting suicide than their black, white and non-Hispanic peers. One in five Latina high school girls throughout the nation



has seriously considered suicide. This may be attributed to lack of communication, mental health resources and culture shock for those women coming from Latin countries into the U.S.

"It's vastly underreported," said Julie Phillips, associate professor of sociology at Rutgers University.

The reasons for suicide are often complex. Multiple factors contribute to and may be predictors of a young person's risk for suicide, including:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

However, having these risk factors does not always result in a suicide or suicide attempt. Breaking the shroud of secrecy and shame around suicide is critical. Among Latino youth, the rise in suicide rates is due in part to children being put "front and center" in facing serious familial issues such as eviction and raising siblings, pressures usually reserved for adults.

Suicide is one of several behavioral health topics covered by the Hispanic Prevention Education Program (HPEP) utilizing SAMSHA's Vida en la Comunidad Para Todas curriculum. HPEP continues to provide bilingual education and awareness utilizing the evidence-based program LifeSkills Training for both parents and youth to reinforce skills that have been found to reduce and prevent drug and alcohol abuse. For more information, contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

<http://cdc.gov/violenceprevention/pub/youth>

http://www.nytimes.com/2013/05/03/health/suicide-rate-rises-sharply-in-us.html?_r=0

<http://www.theepochtimes.com/n2/united-states/youth-suicide-attempts-highest-among-latino-girls-255097.html>

Release of 20 year study addresses claim that marijuana is harmless

In a recent article published in the Addiction Monograph (October 2014), author Professor Wayne Hall stated that the purpose of his study was to examine changes in the evidence on the adverse health effects of cannabis since 1993. In his review, Hall, an advisor to the World Health Organization, highlighted the following:

- Driving while cannabis-impaired approximately doubles car crash risk.
- One in 10 regular cannabis users develop dependence.
- Regular cannabis use in adolescence approximately doubles the risks of both early school-separation and of cognitive impairment, as well as doubles the risk of the development of psychoses in adulthood.
- Regular use in adolescence is associated strongly with the use of other illicit drugs.
- Cannabis smoking likely increases cardiovascular disease risk in middle-aged adults.

Hall concluded from the epidemiological literature reviewed that cannabis use increases the risk of crashes, can produce dependence, and that there are consistent associations between regular cannabis use and poor psychosocial outcomes and mental health in adulthood.

Hall, W. (2014), *What has research over the past two decades revealed about the adverse health effects of recreational cannabis use?* *Addiction*.: 10.1111/add.12703. Paper presented at Through the Maze: Cannabis and Health International Drug Policy Symposium Auckland, New Zealand, November 2013.



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What's in your medicine cabinet?

Prescription drug abuse is on the rise. Being informed is your best defense.

- Don't share your prescriptions.
- Know the signs and symptoms of abuse.
- Properly conceal and dispose of old or unused medications. For dates and locations of pharmaceutical waste collection sites located near you, visit www.monroecounty.gov/hhw.

 **National Council on Alcoholism and Drug Dependence - Rochester Area**

To learn more or to schedule a presentation, contact NCADD-RA at (585) 719-3489.



www.ncadd-ra.org

Community Presentations Available Upon Request...

NCADD-RA provides community presentations on a wide variety of substance abuse-related topics upon request. We customize presentations to fit the need, interest and available timeframe of your school/university faculty, PTA/PTSA or other school groups including classroom presentations, outreach and clinical staff, youth and adult faith groups, or workplace organizations.

Topics include, but are not limited to:

- Signs, Symptoms and Current Trends of Substance Abuse
- "Medical" Marijuana, Synthetic Drugs of Abuse
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Prescription/Over the Counter Drugs of Misuse/Abuse
- Problem Gambling: Impact on Youth and Families



For further information or to schedule a customized presentation with one of our staff, please contact Beth McNeill, NCADD-RA's Community Education Coordinator, at bmcneill@depaul.org or (585) 719-3489.