

# Responding to the Rise in Opioids in Rochester/Monroe County

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

Our community is currently experiencing increasing numbers of overdose fatalities due to heroin, fentanyl and prescription pain medications as well as combinations of a variety of synthetic opioids. While fatalities declined to 69 in 2015 as compared to a high of 95 in 2014 according to the Monroe County Medical Examiner's Office, the trend for 2016 is moving upward again to 71 reported as of June 2016. These fatalities are tied to higher potency heroin and heroin/fentanyl combinations as well as even more potent variations of synthetic opioids. The overdoses know no demographic boundaries in terms of geography, ethnicity or age!

In response to the ongoing rise in heroin abuse and prescription pain medication misuse as well as rising numbers of overdoses in our community, DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) convened individuals from multiple sectors to form the Monroe County Opioid Task Force earlier this year. With a mission and set of goals, the task force meets bi-monthly to review local and state data, identify assets and barriers specific to the opioid epidemic and to share progress reports.

In response to the current opioid epidemic in our community, the Monroe County Opioid Task Force seeks a comprehensive multi-sector response with approaches that include prevention education, treatment, recovery and enforcement strategies.

#### The goals include:

- Ensuring that individuals and families impacted by the disease of addiction have full and complete access to services on par with coverage equal to that of other diseases, thus removing the stigma surrounding the disease of addiction.
- Ensuring treatment on demand to an appropriate level of care and immediate access to medically-assisted treatment in conjunction with behavioral therapies.
- Ensuring that unlimited necessary long-term care is available, on par with other diseases, to include after-care and wrap-around services as well as increased lengths of stay at rehabs.
- Ensuring access to and expansion of Opioid Overdose Training and corresponding access to Narcan kits as well as data on overdose reversals.

- Ensuring ongoing physician outreach education to include alternative therapies for chronic pain.
- Ensuring the availability of an array of supportive recovery/relapse prevention services.
- Ensuring prevention education services are available to families, community groups and schools.
- Establishing a clear process for low-level crime referral to treatment rather than jail.
- Establishing collaboration between health homes and jail connecting eligible inmates to appropriate medically-assisted treatment as the necessary follow-up upon release.
- Utilizing social media to raise community awareness.

Progress thus far includes the passage of the NYS Comprehensive Opioid Legislation package and the passage of the federal Comprehensive Addiction and Recovery Act. New York State's Office of Alcoholism and Substance Abuse Services (NYS OASAS) shared resources to include the "Treatment Availability Dashboard" found at [www.oasas.ny.gov](http://www.oasas.ny.gov); a series of concise four-minute YouTube videos (Navigating the Substance Use Disorder System of Care Series) found at [www.oasas.ny.gov/treatment](http://www.oasas.ny.gov/treatment); and the resource-rich Combat Heroin website at [www.combatheroin.ny.gov](http://www.combatheroin.ny.gov).

Recently passed New York State laws, with most to be enacted by January 1, 2017, include:

- The requirement that ALL insurers utilize the NYS OASAS Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) to make initial and continuing coverage determination. Locally our partners at Excellus announced they will proactively begin utilizing LOCADTR beginning September 1, 2016.
- Prior authorization no longer required for medically-necessary inpatient treatment.
- Prior authorization will no longer be required for medications used to treat substance use disorders (SUD).

## Responding to the Rise in Opioids

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- Mandated coverage of emergency support of naloxone (Narcan).
- Opioid prescriptions for acute pain are now limited from a 30-day supply to a seven-day supply as of July 22, 2016.
- Require hospitals to train staff on discharge planning for patients who appear to have a SUD.
- Require ongoing education for physicians on addiction and pain management as of July 22, 2017.
- Mandate pharmacists to provide easy-to-understand information on the risks associated with SUD effective October 22, 2016.

Through the Opioid Task Force, we are nearing completion of a brochure of resources and single point of access (SPOA) that will be made available and widely distributed among emergency medical services as well as throughout the community.

Prevention education and community awareness efforts are ongoing with education and training requests to NCADD-RA for community, school and professional audiences on current trends and the opioid crisis at an all-time high. NCADD-RA encourages community members to ask your medical or dental provider the following questions if and when a narcotic pain medication is discussed:

- Are there risks associated with taking narcotic pain medications?
- How long can I safely take this narcotic pain medication?
- How would I know if I have become addicted to a narcotic pain medication?
- Are there other options or safer alternative therapies to better respond to pain?

The Monroe County Opioid Task Force continues to move forward responding to identified goals and subsequent action items. ***Our primary focus is that individuals and families, impacted by the disease of addiction, will have full and complete access to services that are on par with coverage equal to that of other diseases, thus removing the stigma surrounding the disease of addiction.*** There is a great deal of energy and community commitment to collectively work together to better respond to the opioid crisis we are experiencing in our community!

You may access the resources mentioned and many more at our website: <https://ncadd-ra.org/news-resources/resources-advocacy-research>.

To request more information or schedule a presentation on this topic or other addiction-related topics, please contact Jennifer Faringer (NCADD-RA) at [jfaringer@depaul.org](mailto:jfaringer@depaul.org).

### NCADD-RA Services:

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

### NCADD-RA Staff:

**Jennifer Faringer, MS.Ed, CPPg**  
Director  
(585) 719-3480  
[jfaringer@depaul.org](mailto:jfaringer@depaul.org)

**Elaine Alvarado**  
Administrative Assistant  
(585) 719-3481  
[ealvarado@depaul.org](mailto:ealvarado@depaul.org)

**Jerry Bennett, B.A., CPP**  
FL PRC Community Development Specialist  
(585) 719-3488  
[jbennett@depaul.org](mailto:jbennett@depaul.org)

**Barb Christensen, CPP**  
FL PRC Project Coordinator  
(585) 719-3482  
[bchristensen@depaul.org](mailto:bchristensen@depaul.org)

**Bridget DeRollo, B.S., CPPg**  
Family Program Coordinator  
(585) 719-3483  
[bderollo@depaul.org](mailto:bderollo@depaul.org)

**Earl Greene, M.A., CAMS**  
FL PRC Community Development Specialist  
(585) 719-3487  
[egreene@depaul.org](mailto:egreene@depaul.org)

**Beth McNeill, M.S.**  
Community Education Coordinator  
(585) 719-3489  
[bmccneill@depaul.org](mailto:bmccneill@depaul.org)



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

**Back row:** Barb Christensen, Milagros Rodriguez-Vazquez, Jennifer Faringer, Beth McNeill and Earl Greene.

**Aracelis Ramos**  
Bilingual Secretary  
(585) 719-3484  
[aramos@depaul.org](mailto:aramos@depaul.org)

**Milagros Rodriguez-Vazquez, A.A.S.**  
Hispanic Prevention Education Program Coordinator  
(585) 719-3486  
[mrodriguez@depaul.org](mailto:mrodriguez@depaul.org)



1931 Buffalo Road  
Rochester, NY 14624  
585-426-8000 585-423-1908 fax  
[ncadd@depaul.org](mailto:ncadd@depaul.org) e-mail  
[www.ncadd-ra.org](http://www.ncadd-ra.org)

# Responding to Substance Abuse in our Communities: How Coalitions Succeed

By Barb Christensen, CPP, FL PRC Project Coordinator

Research tells us that individuals rarely become involved with substances based solely on personal risk factors. They are generally influenced by broader contributing conditions that include physical, cultural and social forces. There is ample evidence that exists showing that well-conceived, comprehensive strategies to address these environmental factors, while often more difficult to implement, can achieve population-level reductions in rates of substance abuse.

Throughout the country, community coalitions that are grounded in this public health approach are making a significant difference. Because coalitions can foster collaboration among all the various sectors of the community, they are often in the best position to create this long-term community change. However, to increase chances of success, it is vitally important that coalitions be directed by local residents, not just those considered the “movers and shakers.” People with strong ties and emotional investments within communities must also have a voice and play a key role.

Using the steps of the Strategic Prevention Framework (SPF) gives coalitions a clear roadmap that helps enhance their ability to succeed. These steps include an extensive community assessment,



mobilization and recruitment effort to build capacity, strategic action planning, implementing with fidelity, evaluation of efforts, determining sustainability, and incorporating cultural competence. Clearly, all communities are unique and how a substance abuse issue presents itself in a community is also often unique. We have developed research-backed environmental approaches proven to work to address many of those issues. By using data to develop their strategic plan based on a firm understanding of their local problems, coalitions can determine which of those

strategies would be the best fit for their community.

As we consider how to tackle the increasing costs and consequences of substance abuse-related issues, coalitions can and should play a key role in any community’s prevention efforts. Addressing these issues systemically is often the most cost-effective way to have a long-term impact on whole communities.

For more information about coalitions in your community please contact NCADD-RA’s FL PRC staff Barb Christensen at [bchristensen@depaul.org](mailto:bchristensen@depaul.org), Jerry Bennett at [jbennett@depaul.org](mailto:jbennett@depaul.org) or Earl Greene at [egreene@depaul.org](mailto:egreene@depaul.org).

## NEWS ALERT

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

# Fentanyl... 50 Times More Potent than Heroin 100 Times More Potent than Morphine!

As the opioid/heroin crisis in New York State continues to escalate, an increasing amount of fentanyl is showing up in already high-potency heroin. Illicit fentanyl is being identified as present in heroin decks in Canada and the United States. Rochester and Monroe County are also experiencing an increase in incidences of fentanyl and its analogues along with heroin, all of which represent the most significant public safety issue in our region.

Fentanyl, a potent prescription pain reliever, has been available in a patch, pill or lollipop form for more than a decade. Beginning in 2015, fentanyl began showing up in street heroin, often mixed with heroin and sold as heroin. Due to this combination, the end product may be far more potent than the user realizes. Fentanyl is also being illicitly produced and sold as a variety of prescription drugs. It has also shown up mixed with cocaine.

Of the over 10,000 items identified as heroin in 2015, only 70 items contained fentanyl, according to the Monroe County Crime Lab. This year, there has been an increase in the frequency of fentanyl being used to replace heroin or mixed in heroin decks. Data has shown a one-in-five chance that the deck of heroin will contain fentanyl or one of its analogues such as Furanyl Fentanyl or U4-7700.

An overdose with fentanyl can be reversed with naloxone (Narcan), however a reversal might require one or more doses, making it critical to call 911 immediately! Responders should be aware that fentanyl can cause a little-known side effect of chest wall rigidity where the person who has overdosed cannot move their chest wall to breathe even though they are fully conscious and trying to breathe.

# Call 911 and Save a Life!

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

Passed in New York State in 2011, the 911 Good Samaritan/Naloxone Access Law allows citizens who have been trained to administer Narcan to someone who has overdosed from an opiate. Narcan (naloxone) is a medication which rapidly reverses the sedation and respiratory depression caused by heroin overdose. It can be used to save lives by reversing the overdose temporarily in order to allow time for the person to get medical attention, generally between 20 to 90 minutes. Narcan is safe, has no psychoactive properties in itself and has no adverse effects. While Narcan must be prescribed by a doctor of medicine, doctor of osteopathic medicine, physician's assistant, or nurse practitioner, it may be dispensed by selected and trained individuals under standing orders.

Narcan can be used to reverse the effects of an overdose of opiates including heroin, morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl and hydromorphone.

Signs of an opiate overdose include:

- Slowed or shallow breathing
- Dilated pupils
- Bluish lips and fingertips
- Heavy nod and unresponsiveness to stimulation
- Vomiting and loss of consciousness. The victim may appear to be sleeping.

The chance of surviving an overdose depends greatly on how fast the victim receives medical assistance, similar to someone surviving a heart attack.

"We know that in the case of overdose, getting help quickly can mean the difference between life and death," said Commissioner Arlene Gonzalez-Sanchez of the New York State Office of Alcohol and Substance Abuse Services.

Approximately 85 percent of drug overdoses occur in the company of others, but often no medical assistance is sought. The fourth leading cause of deaths among adults is accidental drug overdose which is why this law was passed. This is more than the number of deaths caused by motor vehicle crashes. Nationally, more overdose deaths are caused by prescription drugs than all illegal drugs combined. The Center for Disease Control attributes the rise in drug overdose deaths to a higher use of prescription pain killers and prescription sedatives.

Today the 911 Good Samaritan/Naloxone Access Law is in effect in 20 states and over 90 U.S. college campuses as drug overdose is the number two injury-related killer among individuals between the ages of 15-34.

Opiate Overdose Prevention Training is designed for patients, families, medical personnel and community members interested in



saving lives. Attendees learn more about opioids, naloxone, risk factors, overdose recognition, and how to respond. There are over 200 sites registered through NYS Department of Health where this training is provided.

Anyone over the age of 18 can be certified to administer Narcan and save a life. For more information on locations and treatment services

visit: [www.oasas.ny.gov](http://www.oasas.ny.gov).

**Community members interested in Opiate Overdose Prevention Training may contact the following for more information:**

- **URMC Strong Recovery** hosts a training every first Tuesday of the month, 5:30 - 7:00 p.m. at 2613 West Henrietta Road in Rochester. Contact: [Michele.Hermann@urmc.rochester.edu](mailto:Michele.Hermann@urmc.rochester.edu) or (585) 275-1829
- **Trillium Health Outreach Project** hosts a training every fourth Saturday of the month from 1:00 - 2:00 p.m. at 259 Monroe Ave. in Rochester. Contact: [OOP@trilliumhealth.org](mailto:OOP@trilliumhealth.org) or Olinda Ford (585) 210-4146
- **NYS OASAS John L. Norris Addiction Treatment Center** hosts the training every eight weeks on the second Tuesday of the month from 1:00 - 2:30 p.m. at 1732 South Avenue, Rochester. Contact: [Susan.Saxton@oasas.ny.gov](mailto:Susan.Saxton@oasas.ny.gov) or (585) 461-0410, ext. 221

For more Heroin/Opioid related resources visit our website at <https://ncadd-ra.org/news-resources/resources-advocacy-research>

NEW

## Class of the Addictions Counselor Credential Training (ACCT)

*to begin January 12, 2017*

NCADD-RA's ACCT class provides the standardized NYS OASAS approved curriculum of 350 educational hours for the CASAC (Credentialed Alcohol and Substance Abuse Counselor). We take a maximum of 30 students for each class. For more information, download an application at <https://ncadd-ra.org/programs-services/addiction-counselor-credential-training> or call us at (585) 719-3489.



# NCADD-RA Celebrates 70th Anniversary

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



Robert J. Lindsey, Jennifer Faringer and Dr. Charles Morgan

This year, NCADD-RA celebrated 70 years of providing quality prevention education, support, resources/referral and advocacy in Rochester and Monroe County! Joining us at this year's Annual Luncheon was a cross section of 150 individuals representing a wide range of professionals from human services, schools/universities, medical, criminal justice, government, coalitions and families!

The program began with an overview of NCADD-RA accomplishments from 2015 and into 2016 by Jennifer Faringer, Director of NCADD-RA, followed by the presentation of two community awards: the **Charlotte C. Hegedus Community Excellence Award to Eller Ross** and the **Helen Guthrie Youth Advocate Award to Toni Cipolla**.

Dr. Charles Morgan, the Acting Director of NYS OASAS and the Medical Director of the John L. Norris Addiction Treatment Center and Robert J. Lindsey, the CEO of Friends of Recovery NYS, provided passionate and informative keynote presentations this year!



Eller Ross and Jennifer Faringer



Bridget DeRollo and Toni Cipolla



Beth McNeill, Elaine Alvarado and Aracelis Ramos

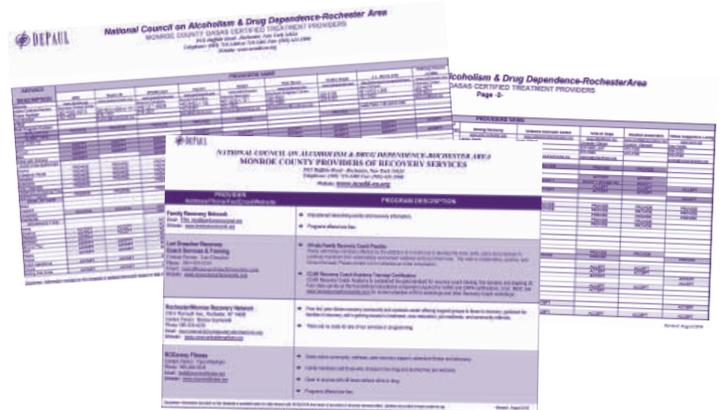
## NCADD-RA Creates NEW Recovery Referral Resource!

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

NCADD-RA remains committed to the biannual revision and distribution of the widely-requested and utilized Monroe County OASAS Certified Treatment Provider referral document. This document is shared with physicians through a direct mailing with the Monroe County Medical Society as well as with our criminal justice partners. We also distribute this to human service organizations, schools, and community members through health fairs and our many community presentations.

This year we recognize the increased interest and energy around emerging community recovery resources that go beyond and complement the long-standing and valuable peer support services found within the 12-Step Communities of AA, AL Anon, NA and Nar Anon.

In the last two years, we have seen the creation of the Family Recovery Network, ROcovery Fitness, and Recovery Coach Training in our community. These community resources are in addition to the already existing and funded Rochester/Monroe Recovery Network.



As a complement to NCADD-RA's Monroe County Treatment Provider listing, this August NCADD-RA developed a NEW resource comprised of community-based recovery resources, entitled the **Monroe County Providers of Recovery Resources**. Both resources may be downloaded directly from our website at: <https://ncadd-ra.org/news-resources/resources-advocacy-research>.

# Back to School: Risk and Support During Transition

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

Transition can be a time of new beginnings and opportunity. Often the end of summer marks that pivotal point in time. It's when students go back to school, charter the unknown and face new experiences. Though this is an opportunity for growth on many different levels, it is often a stressful experience moving from what is familiar to what is not.

So why be somewhat concerned about stress and transition? Because it's something that can cause a person to naturally become more

vulnerable to risk. Transition is an identified risk factor within the Risk and Protection Framework Model of Prevention. Youth and young adults are uniquely vulnerable because the adolescent brain is still maturing until approximately age 25. Development of self-regulation and hormonal changes are occurring. There is a shift in reward sensitivity, increasing risk taking and impulsivity. Social interactions and life experiences are under construction. Some are going off to live on their own for the very first time.

Stress may lead to substance use and the use of mind-altering drugs which increases risk across the board. The most recent findings from the National Survey on Drug Use and Health (NSDUH 2014) regarding the use of drugs in youth state:

- Eleven percent of youth ages 12 to 17 and 59 percent of 18 to 25-year-olds used alcohol in the past month.
- Six percent of 12 to 17-year-olds and 37 percent of 18 to 25-year-olds reported binge drinking (4+ drinks in a sitting for females; 5+ for males) in the past month.
- Illicit drug use was at nine percent for 12 to 17-year-olds and 22 percent for 18 to 25-year-olds in the past month.
- Past month marijuana use was at seven percent for 12 to 17-year-olds; 19 percent for 18 to 25-year-olds.
- Past month non-medical use of psychotherapeutics was at two percent for 12 to 17-year-olds; four percent for 18 to 25-year-olds.

In college-aged youth, the statistics are just as eye-opening:

- The American College Health Association-National College



Health Assessment (ACHA-NCHA Fall 2015) data indicates that 59 percent of college students used alcohol in the past month and 15 percent used marijuana.

- The NYS Office of Alcoholism and Alcohol Abuse "Underage Drinking Not a Minor Problem College Edition" guide states that 95 percent of violent crimes on college campuses are alcohol-related, and more than 97,000 students between ages 18 to 24 are victims of alcohol-related sexual assault or date rape.

The term "Red Zone" is used to describe the increased risk of sexual assault to female college students during the first semester of the academic year and the majority of college rapes (90 percent) involve alcohol use by either the victim or the assailant. Alcohol use among college students is associated with poor grades, absenteeism and higher rates of school dropout. The second-hand effects of alcohol include interrupted sleep or study time, time spent caring for the person who has been drinking, unwelcome comments, being the victim of property damage and exposure to violence or crime.

What we know about prevention is that it must begin early. It is most effective when multiple systems are involved, it evolves on a continuum, and promotion of healthy behaviors is critical. Equally important to note is that recent studies on adolescents have found that youth expect and are open to discussing alcohol and other drug use (Steiner 1996, Stern 2006).

Supportive caring adults are essential in prevention and parents are encouraged to be involved and stay in touch with their children, set clear and consistent expectations and keep the lines of communication open. Let this time of year be welcomed with heightened awareness of how change and transition can be a stressful time but with support can be an amazing time for a person's life to expand and grow.

For more information and other resources on this topic, contact Bridget DeRollo, Family Program Coordinator, at (585) 719-3483 or [bdello@depaul.org](mailto:bdello@depaul.org).

# Digital Dilemma: Technology Addiction

## Social Media and Electronic Devices: The New “Craving”

By Beth McNeill, M.S., Community Education Coordinator

With the ever-increasing availability of “smart” devices (portable mini-computers that multifunction as phones, cameras and video recording devices), people by the droves are becoming more and more distracted by their electronic devices.

The summer of 2016 saw the advent of the game Pokémon Go, where people use their smartphones to search for Pokémon characters between the real world and virtual world. The makers of the game advertise it as a way to “Get on your feet and step outside to find and catch wild Pokémon.”

With the growing popularity of the game came a huge host of distracted Pokémon game players who would walk and drive at all hours of the day and night in search of Pokémon characters. Two men in California were so distracted by playing the game that they did not see signs warning of an upcoming cliff and fell 80-feet to the ground below. In addition to the new Pokémon Go players, there has been an increase of people so distracted by their electronic devices that they have walked into traffic, fallen off stairs, walked into hanging planters, crashed their cars, walked into walls, walked off a pier into Lake Michigan and fallen onto train tracks. The level of distraction is now epidemic and dangerous.

Technology addiction is defined as the compulsive use of electronic devices that can interfere with your daily life, work and relationships (Smith, Robinson, 2016). Frequently this is fed by an addiction or overuse of the Internet. Researchers Daria J. Kuss and Mark D. Griffiths describe five different types of Internet addiction in their paper about online social networking and addiction:

- Computer addiction (computer game addiction)
- Information overload (web surfing)
- Net compulsions (online shopping or online gambling)
- Cyber sexual addiction (online pornography or online sex)
- Cyber-relationship addiction (addiction to online relationships)

According to recent statistics, the popular social networking site Facebook had 1.71 billion active users in the second quarter of 2016. The researchers Kuss and Griffiths explain that sites like Facebook are egocentric sites; the individual is the focus of attention rather than the community being the focus of attention. They further purport that egocentricism “has been linked to Internet addiction” and that the egocentric construction of social networking sites “may facilitate the engagement in addictive behaviors and may thus serve as a factor that attracts people to using it in a potentially excessive way.” Psychologists at the University of Albany found that social media is

not only potentially addictive, but some users are also at greater risk for substance abuse. “Technology is the opiate of the masses.” (J.Hirschhorn, 2013).

Compulsive use of electronic devices can end up leading to interferences with daily life (work, family, etc.). Relationships that are formed or fostered online tend to “exist in a bubble” and do not take the place of live, face-to-face interaction, according to researchers Smith and Robinson (2016). Other compulsions happening online are with gambling and shopping. It is well-documented that gambling has been an addiction for many years, however, immediate access to the online gambling world has made gambling more easily accessible and available to a wider variety of ages (think underage gambling). Compulsively searching the web and/or checking news feeds can lead to lowered levels of productivity at work and home. Compulsively checking in on our smartphones and computers tends to isolate people from others, frequently for hours at a time, thus leading to neglect in other areas of life (relationships, home and work responsibilities, pets and hobbies).

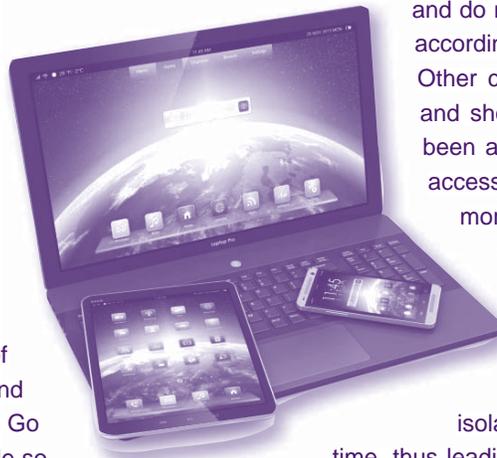
Warning signs of smartphone and technology addiction may include:

- Difficulty completing tasks at home or work
- Isolation from family and friends
- Hiding your smartphone usage around other people
- A feeling of missing out on information or news
- A feeling of dread or panic if you leave your smartphone at home or the battery runs down

Suggestions for limiting smartphone and technology use:

- Turn off your device at certain times of the day (this is especially helpful at nighttime before bed)
- Set limits on when you will use your device
- Spend time in nature without your device
- Limit the amount of time and frequency in which you check things like email, news feeds, etc.
- Seek group support through organizations such as Internet and Tech Addiction Anonymous (ITAA) and On-Line Gamers Anonymous
- Seek cognitive behavioral therapy to help develop step-by-step ideas on ways to stop compulsive behaviors

Take a digital diet and set yourself free from the consumption of technology!





**DePaul**  
**National Council on Alcoholism**  
**and Drug Dependence** – Rochester Area  
1931 Buffalo Road  
Rochester, New York 14624

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**NEW**

## **Heroin/Prescription Pain Medication Addiction Resources**

(found at <https://ncadd-ra.org/news-resources/resources-advocacy-research>)

- **NYS OASAS “Treatment Availability Dashboard”**
- **Monroe County Treatment Providers (PDF)**
- **NYS OASAS Navigating the Substance Use Disorder System of Care Series (a series of concise four-minute YouTube videos)**
- **NYS OASAS/DOH Combat Heroin**
- **NYS State Attorney General Health Care Hotline: 1-800-428-9071**
- **Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits – Substance Abuse and Mental Health Services Administration**
- **Health Insurance for Addiction and Mental Health Care: A Guide to the Federal Parity Law – The Legal Action Center**
- **New York State HOPE line and other services: 1-877-8-HOPENY**
- **Monroe County Recovery Providers Template (PDF)**

## **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
- Prescription/Over the Counter Drugs of Misuse/Abuse
- “Medical” Marijuana, Synthetic Drugs of Abuse
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Problem Gambling: Impact on Families and Communities

AN AFFILIATE OF



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](mailto:bmcneill@depaul.org) or (585) 719-3489.