

Why Is Heroin So Popular Now?

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

Media attention surrounding the recent death of Rochester native and Oscar winner Phillip Seymour Hoffman has once again raised community awareness about the increasing risks and rising death toll due to heroin. The sheer quantity of heroin in Monroe County has sharply increased with recent trends revealing a shift in the demographics of users.

Though the reason behind the shift is complex, the following critical factors have an influence:



- Increasing availability/access
- Increasing potency
- Overprescribing of opioid prescriptions
- Decreasing cost
- Decreasing perception of risk

When heroin first enters the United States, it is approximately 95 percent pure. By the time it reaches the street, its purity may vary widely from three to 70 percent, resulting in a huge difference in potency. Users are often unaware of the variance and do not adjust doses accordingly, the results are often fatal. Potency ranges are currently in the 60 to 70 percent range.

Heroin may be cut with the extremely harmful synthetic opioid fentanyl, which increases the chances of a fatal overdose. Heroin can also be combined with cocaine (speed-balling) as evidenced in the cocktail of drugs that was responsible for Hoffman's death.

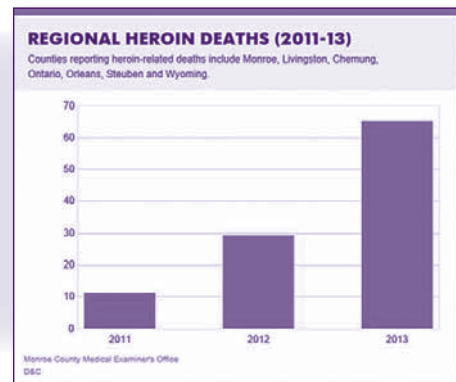
Cost is often a predictor of a drug's rise in use. In the case of heroin, the cost has significantly decreased to approximately \$10 per bag with some areas even reporting a lower cost of \$6 to \$8. This is much cheaper than the street cost of Oxycontin which is approximately \$80 to \$100 a pill.

The increasing number of people using heroin has been spurred by the overprescribing of pain medication following surgeries. A patient may take the pain medicine during the first day or two post-procedure and then place the unused prescription in the medicine cabinet. The medicine may then fall into the wrong hands. The NCADD-RA is raising community awareness surrounding the importance of safely disposing of prescription drugs with the media campaign "What's in Your Medicine Cabinet?"

In another scenario, the patient not only experiences relief from pain after taking the prescribed medicine, but also may experience euphoria, causing them to continue taking prescription pain medication long after truly needed, greatly increasing the likelihood

that the patient will become addicted to the pain medication. If the patient is unable to get another prescription for pain medication, they may seek Oxycontin on the street which often leads to the less costly alternative, heroin.

Heroin was previously popular among a middle-aged, urban population but recent trends are revealing a shift in user demographics. According to Trillium's Needle Exchange Program demographic trends, locally there has been an increase in heroin use among white suburban males. Caucasians now represent 64 percent of the program's client base, with 75 to 80 percent of clients coming from the suburbs and with the average age served typically 16 to 29 years old. These trends are also echoed at local treatment providers, as well as local school districts.



When the community first became aware of a possible shift to younger suburban users, heroin was typically administered by snorting the drug, a method perceived as safer and less risky than intravenous use. Once the user became addicted, snorting was often no longer sufficient, causing the user to shift to injecting (IV) heroin. Current trends indicate that young people are now going directly to IV use.

The news media has been helpful in raising community awareness of the increased potency of heroin and danger for fatal overdoses. Despite these recent reports, the glamorization of heroin remains in many entertainment and media venues, including social media where the notion of "heroin chic" is glamorized.

According to the Centers for Disease Control and Prevention, drug overdose is now the leading cause of injury-related fatalities

NCADD-RA Staff News and Notes

NCADD-RA Welcomes Two New Staff and OASAS/National Guard Intern!

Introducing Beth McNeill...

Beth McNeill, NCADD-RA's new Community Education Coordinator, has been involved in education and training for over 20 years. Beth is in her 26th year as a volunteer Emergency Medical Technician (EMT) and is an Adjunct Assistant Professor at Monroe Community College. She attended RIT for her undergraduate degree and holds a master's degree in adult education from Buffalo State College. In 2008, she was the recipient of the EMS Educator of Excellence award in the Monroe-Livingston Region. Beth resides in Brighton with her husband, Andrew, and daughters Clarissa and Whitney.

Introducing Earl Greene...

Earl Greene joined NCADD-RA as the new Finger Lakes Prevention Resource Center Community (FL PRC) Development Specialist in August 2013. Earl has over 35 years of experience in the fields of mental health, family services, alcohol and chemical dependency, professional development and facilitation/training. He served 12 years with the U.S. Army National Guard as a Behavioral Science Specialist and is a Certified Anger Management Specialist through the National Anger Management Association (NAMA). He holds a master's degree in counseling psychology and is a Professional Mediator and Arbitrator certified through the Center for Dispute Settlement, a Senior Pastor of the Church of Christ of Newark and Director of the Church's Family Life Center. Earl and his wife Kalonda reside in Farmington. They have four adult children and 10 grandchildren.

Introducing Staff Sergeant Katherine Quinones...

Staff Sergeant Katherine Quinones, an OASAS/National Guard Intern, is assigned to the NCADD-RA's FL PRC as a Civil Operations Specialist. She has lived in Rochester, New York since moving from Puerto Rico in 1973. SSG Quinones began her now 30-plus year career with the New York Army National Guard in 1982. In 1996, she was offered a position with the New York Counterdrug Task Force as a Drug Prevention Specialist and Regiment Administrator for the Corps of Cadets. She was deployed to Afghanistan in 2007-2008 and to Kuwait in 2011.

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).

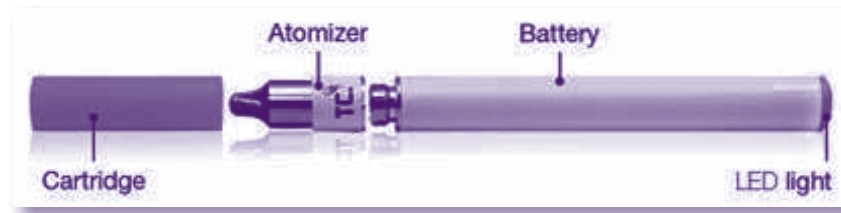
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What A Drag: E-Cigarettes and Minors

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



Electronic cigarettes, also known as e-cigarettes, have been in the United States for approximately nine years. During that relatively short time period, the industry has experienced a boom in sales and popularity, with sales reaching over \$1 billion dollars in 2013 alone. Initially created and marketed to help people quit traditional cigarettes, e-cigarettes are also reaching a different kind of audience: tweens and teens.

According to the Center for Tobacco Control Research and Education's report *Background Paper on E-Cigarettes*, "These products are marketed as healthier alternatives to tobacco smoking, useful in quitting smoking and reducing cigarette consumption, and a method for circumventing smoke-free laws and enabling users to smoke anywhere." Popularity of the products has been increasing, in part, due to widespread advertising via television commercials and print advertisements, often featuring celebrities for the most popular brands.

E-cigarettes utilize a small battery inside a plastic tube that resembles a cigarette to heat up liquid nicotine. The nicotine then becomes a vapor, which is then inhaled. This process is also widely known as "vaping." E-cigarette manufacturers are touting their products as a way to "sleep better, eat less" and have "pure energy."

The manufacturers are marketing the e-cigs as a healthy alternative to traditional tobacco, claiming their products keep both smokers and non-smokers safe from cancer, due to the lack of smoke and chemicals found in traditional cigarettes. Manufacturers neglect to tell the public there is no proof of their claims. Additionally, one recent study found other cancer and disease-causing chemicals in the e-cigarettes such as propylene glycol (found in anti-freeze) and heavy metal particles.

Due to limited and regulated testing of electronic cigarettes, there is currently no way to determine the long-term health effects of using these products or of being around them while in use. One researcher found that even with smoking e-cigarettes, consumers showed signs of airway constriction and inflammation.

With very little regulation on advertising and purchasing, the e-cigarette industry is able to market their product to youth utilizing a variety of flavors and colorful packaging, despite their claims that youth are not targeted. Once kids get hooked on the flavors, they then become hooked on nicotine as well, which can lead to an addiction problem and a gateway to traditional cigarettes.

The percentage of middle and high school students who tried e-cigarettes more than doubled from 2011 to 2012, according to the

It is important to consistently use the term "drug delivery device" in reference to electronic cigarettes and to emphasize the increased concentration of nicotine present in these devices (as compared to conventional cigarettes). E-cigarettes have been marketed as a safe alternative to cigarettes. They clearly are not and are paving the way to the newer m-cig (marijuana electronic cigarette) that is being marketed outside of New York!

Centers for Disease Control and Prevention (CDC)'s *National Youth Tobacco Survey* which was published in the September 2013 issue of *Morbidity and Mortality Weekly Report*. That equates to more than 1.78 million middle and high school students across the nation using e-cigarettes.

"The increased use of e-cigarettes by teens is deeply troubling," said CDC Director Tom Frieden, M.D., M.P.H. "Nicotine is a highly addictive drug. Many teens who start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes." What was intended to be an alternative to traditional smoking and a way to quit smoking now may actually be just as bad as traditional smoking and has led to smoking both e-cigarettes and traditional cigarettes.

Currently there is a statewide ban on the sale of e-cigarettes to minors; however, without the ban actually becoming law, there is no way to effectively enforce the ban. In New York City, former Mayor Bloomberg banned the use of e-cigarettes in public places. Locally, schools are beginning to incorporate a response to e-cigarettes into their drug and alcohol policies, calling these "drug delivery devices." There have been reports of very young children becoming ill or dying from drinking the liquid nicotine, most of which do not come with childproof caps. Some of the e-cigarettes have exploded as well, causing further concern over the product's design and safety.

E-cigarettes are being used more and more by our youth. Much needs to be done by the FDA to further study the short-term and long-term effects e-cigarettes have on consumers of all ages.

References:

- *Background Paper on E-Cigarettes (Electronic Nicotine Delivery Systems)*, Grana, Benowitz, and Glantz, Center for Tobacco Control Research and Education.

Growing Up With Alcohol Abuse and Related Adverse Childhood Experiences

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

Substance abuse and addictions often present a multitude of issues both for individuals and their loved ones. The *Adverse Childhood Experiences (ACE) Study* conducted by the Centers for Disease Control (CDC) and Kaiser Health Plan's Department of Preventive Medicine, is a decade-long, ongoing study designed to examine the childhood origins of many of our nation's leading health and social problems including the impact of addictions on children. The ACE Study is unique in that it is designed to assess the relationships between a broad range of adverse childhood experiences and a wide range of health and social consequences.

The study identified the following 10 categories of stressful or traumatic childhood experiences as assessment items:

1. Childhood emotional abuse
2. Childhood physical abuse
3. Childhood sexual abuse
4. Emotional neglect
5. Physical neglect
6. Growing up in a seriously dysfunctional household as evidenced by witnessing domestic violence
7. Alcohol or other substance abuse in the home
8. Mentally ill or suicidal household members
9. Parental marital discord as evidenced by separation or divorce
10. Crime in the home as evidenced by having a household member imprisoned



An ACE Score ranging from zero to 10, is a count of the total number of adverse childhood experiences and is given to assess the cumulative influence on childhood development. The study found that as the ACE Score increases so does the risk of numerous health and social problems from childhood to adulthood. Similarly, adverse childhood experiences tend to occur in clusters rather than single experiences. Results revealed that more than one-in-four grew up with substance abuse, and that two-thirds had at least one adverse childhood experience. More than one-in-ten had five or more adverse childhood experiences indicated.

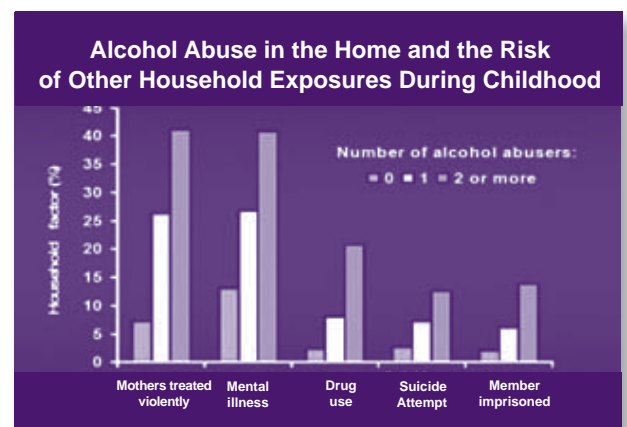
Adverse childhood experiences increase the risk for disease, disability and premature mortality involving increased risks for heart disease, chronic lung disease, liver disease, suicide, injuries, HIV and sexually-transmitted infections, and other risks for the leading causes of death. Adverse childhood experiences have a strong influence on:

- Adolescent health
- Teen pregnancy
- Smoking
- Alcohol/illicit drug abuse
- Sexual behavior
- Mental health
- Risk of revictimization
- Stability of relationships
- Performance in the workplace

The ACE Study demonstrates that the assessment items measured are a common pathway to social, emotional, and cognitive impairments. We now know from breakthroughs in neurobiology that adverse childhood experiences disrupt neurodevelopment and can have lasting effects on brain structure and function. These lasting effects on the developing brain would be expected to affect numerous human functions into adulthood including emotional regulation, body sensations, substance abuse, sexuality, memory, arousal and aggression. Adverse childhood experiences are highly interrelated; the occurrence of one should prompt a search for others.

This approach to growing up with alcohol abuse and related adverse childhood experiences may unify and improve our understanding of many seemingly unrelated health and social problems that tend to be identified and treated as separate issues. Development of more integrated approaches will likely contribute to more meaningful diagnoses and improved treatment.

Reference: *The National Association of Children of Alcoholics* article, "The Health and Social Impact of Growing Up with Alcohol Abuse and Related Adverse Childhood Experiences". (To read the full article: NaCOA.org)



NCADD-RA's Finger Lakes Prevention Resource Center

Updates and Highlights

by Barb Christensen, CPPg

NCADD-RA staff, Earl Greene, Jerry Bennett, and Barb Christensen, and National Guard intern Staff Sergeant Kathy Quinones, were among the more than 2,600 participants in attendance at the Community Anti-Drug Coalitions of America (CADCA)'s 24th Annual Leadership Forum held just outside of Washington, DC from February 3-6, 2014. CADCA is a membership organization representing more than 5,000 national and international community substance abuse coalitions. Each year, the forum includes workshops and speakers that share the most current research, strategies and programs with attendees, as well as offer networking opportunities for those working in prevention, treatment and related fields.

This year's forum was especially exciting for the Finger Lakes Prevention Resource Center (FL PRC) and several FL PRC regional coalitions and partners. Each year, CADCA holds a graduation ceremony for coalitions that participate in and complete the requirements for their National Coalition Academy.

The Academy involves participation in three week-long classroom sessions, a web-based distance learning component, and an online workstation where participants network and share planning products and technical assistance, all of which are a requirement for completion. Of the 87 graduating coalitions this year, New York had the largest number of graduates, including the Schuyler County Coalition on Underage Drinking and Drugs, Seneca County Substance Abuse Coalition and the Wayne Wellness Coalition, all three from the Finger Lakes region. In addition, the Seneca County Substance Abuse Coalition was selected to receive the Chairman's Award at the graduation ceremony, which is presented to a coalition



Congratulations Seneca County on receipt of the Chairman's Award.



Thank you New York National Guard for your support of our coalitions!

graduate in recognition of their exemplary strategic approach to comprehensive work in their community.

The New York State National Guard Civil Operations Program was recognized by both CADCA and the National Guard Bureau in Washington, D.C. for their support of community coalitions throughout New York. They received both CADCA's Outstanding National Guard Civil Operations Program Award and the National Guard Bureau's Minuteman Award for Civil Operations Program of the Year.

Through a unique partnership between the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York National Guard, the National Guard Counterdrug Task Force Civil Operations worked with the regional Prevention Resource Centers (PRCs) to assist in community coalition team development and sustainability. National Guard Civil Operations Specialists work alongside PRC staff to identify community coalitions that need technical assistance and training.

OASAS and the New York National Guard, hosted a three-week long New York-specific CADCA Academy in 2013 funded by OASAS via the NY Prevention First! Strategic Prevention Framework State Incentive Grant (SPF SIG). Each coalition that participated in the Academy was paired with a PRC staff member and a National Guardsman who worked together to provide coaching and mentoring to the coalition during the academy and beyond. The FL PRC has the pleasure of working with SSG Kathy Quinones as our assigned National Guard intern through this arrangement with OASAS.

The FL PRC would like to add our congratulations to our graduates and award winners!

Raising Awareness of Problem Gambling

NCADD-RA Joins Forces with the New York Council on Problem Gambling

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

DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) has received a mini-grant from the New York Council on Problem Gambling (NYCPG) for 2014 to increase the number of parents who are committed to talking to their children about the dangers associated with underage gambling.

This marks the third year that the NYCPG has given out mini-grants to local providers for the purpose of reaching out to parents. NCADD-RA has been a partner with NYCPG on these efforts since 2012. NYCPG's new video entitled, "Go Away Monster," and accompanying toolkit can both be found for FREE at DontBetYet.com.

Research surrounding youth gambling participation and parent responses show a significant gap in parental concern for youth gambling behavior and actual youth gambling problems. Problem gambling researchers Gupta and Derevensky found that approximately 68 percent of youth between the ages of 14 and 21 report having gambled in the last year, while 11 percent report having gambled twice per week or more (Welte, 2007). Unfortunately, research also shows less than half of parents discuss gambling issues with their teen and only 13 percent of parents believe that their teen actually gambles for money (DECODE, 2009).

NCADD-RA also partnered with the NYCPG for "Problem Gambling: Focus on Social Media Gambling and VLTs" on April 9th at Mario's Italian Restaurant & Catering in Rochester, New York, with guest speakers Natasha Dow-Schull, Ph.D. and Jeffrey Derevensky, Ph.D.



Natasha Dow-Schull, Ph.D.



Jeffrey Derevensky, Ph.D.

Teens learn from their parents.

What are you teaching your kids?

Problem gambling habits can lead to serious financial difficulties, substance abuse, depression and anxiety.

Get the facts if you really want to win.

For information call (585) 719-3480 or visit www.ncadd-ra.org.

DePaul's National Council on Alcoholism and Drug Dependence - Rochester Area (NCADD-RA)
1931 Buffalo Road | Rochester, NY | 14624

For more information on Problem Gambling visit our website at <https://ncadd-ra.org/awareness-campaigns/underage-gambling>. For more information on the NY Council on Problem Gambling visit www.NYProblemGambling.org.

If you are involved with a parent group that is interested in learning more about talking to children about problem gambling, and would like to schedule a parent presentation, please contact Jennifer Faringer at (585) 719-3480 or jfaringer@depaul.org.

Heroin

Continued from Page 1

in the United States, ahead of motor-vehicle collisions and firearm accidents. By making resources available for both prevention and treatment, we can begin to impact this issue.

From a treatment perspective, methadone or buprenorphine as medications to treat opioid dependence can be supplied, along with distributing clean needles to help prevent the spread of hepatitis and

HIV. The wide availability of naloxone to counteract overdoses can also be facilitated.

From a prevention perspective, the utilization of safe prescription drug take-back sites can be increased, in conjunction with education in schools and communities with widespread media awareness and a shift in local policies and prescribing practices.

For more information on heroin, prescription pain medicine abuse or other addiction-related topics, go to our website at www.ncadd-ra.org or contact jfaringer@depaul.org.

Help for Today, Hope for Tomorrow

Alcohol Awareness Month 2014

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

In 1987, the National Council on Alcohol and Drug Dependence started Alcohol Awareness Month, which is now held every April. The goal is to draw attention to the impact that alcohol, alcoholism and alcohol-related problems have on our youth, families and community, as well as to encourage people to make healthy and safe choices when it comes to alcohol.

More than 18 million individuals suffer from alcohol-use disorders. Twenty-five percent of U.S. children have been exposed to alcohol-use disorders in their family and countless millions of individuals have experienced the devastating effects of alcohol on someone in their lives. The effects alcohol has on the family and community is significant.

- The Centers for Disease Control has estimated the cost of alcoholism and alcohol abuse to be \$223.5 billion as a result of work productivity being reduced to about 72 percent.
- Up to 75 percent of crimes are committed by people under the influence of alcohol.
- 75 percent of domestic abuse is committed while one or both members are intoxicated.
- Drinking and driving causes 16,000 deaths per year.

The signs and symptoms of alcoholism and drug dependence are:

- **Tolerance** - over time you need more alcohol to feel the same effect.
- **Withdrawal** - as the effect of alcohol wears off you experience anxiety, shakiness, trembling, sweating, nausea, vomiting, fatigue or loss of appetite and headaches.
- **Loss of control** - drinking more than you wanted to and for longer periods.
- **Desire to stop but can't** - all efforts to stop or cut down on alcohol use are unsuccessful.
- **Neglecting other activities** - spending less time on activities that were important to you because of the alcohol use.
- **Alcohol takes up greater time, energy, and focus** - no interest in social or community events that don't revolve around alcohol use, spending a lot of time drinking, thinking about it or recovering from its effects.
- **Continued use despite negative consequences** - continuing to drink even though you know it's causing problems.

The Hispanic Prevention Education Program (HPEP) continues to provide bilingual education and awareness utilizing the evidence-based program LifeSkills Training for both parents and youth to



reinforce competency in the skills that have been found to reduce and prevent substance abuse and violence. For more information, contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

For information on alcoholism and other addiction-related topics visit your local Rochester/Monroe County Council at www.ncadd-ra.org or visit our national parent organization at www.ncadd.org.

Congratulations Jerry!

Jerry Bennett, Community Development Specialist with NCADD-RA's FL PRC, recently received recognition and Emeritus Status Membership for his many years of service and commitment to the mission, vision and work of the Youth Services and Quality Council County of Monroe County (YSQC).



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Annual Luncheon

The National Council on Alcoholism and Drug Dependence–Rochester Area will host its Annual Luncheon on Friday, May 2 at Mario’s Restaurant and Catering in Rochester, New York. Keynote speaker Kevin A. Sabet, Ph.D. will present “Seven Great Myths About Marijuana and How You Can Help Shatter Them.” Sabet is co-founder and Director of Project Smart Approaches to Marijuana (SAM), Director of the Drug Policy Institute of the University of Florida and an Assistant Professor in the College of Medicine, Department of Psychiatry.

For more information or to register, contact Elaine Alvarado at (585) 719-3481 or at ealvarado@depaul.org, or register online at <https://ncadd-ra.org/events-trainings/events/2014-ncadd-ra-annual-luncheon>.



Keynote Speaker:
Kevin A. Sabet, Ph.D.

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
- 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.