

Transforming Stigmatizing Language to Reflect the Hope of Recovery!

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

A substance use disorder (SUD) is a chronic brain disease from which people can and do recover every day. Too often, throughout the history of the field, the commonly used terminology has had the unintended effect of further stigmatizing individuals with a SUD, as well as their family members. There's currently a push underway to change that.

In January, Michael Botticelli, then-director of the Office of National Drug Control Policy, issued a memorandum to the heads of executive departments and agencies referencing "Changing the Language of Addiction." Director Botticelli encouraged agencies to use this document to guide future communications emphasizing the use of current medical terminology from the Diagnostic and Statistic Manual 5th edition, American Psychiatric Association (DSM-5) rather than language that is often stigmatizing.

Use of the words substance abuser, addict, alcoholic, drug habit and clean/dirty all tend to suggest that the problematic use of substances are essentially a moral failing. These terms imply that choice, a lack of willpower or character determine one's SUD. The terms do not take into consideration current research that shows that addictive substances (alcohol, tobacco, other drugs and problem gambling) and their repeated use alters an individual's brain chemistry and the functioning of their brain circuitry creating a neurobiological disorder.

Researchers have found that even skilled clinicians within the SUD and mental health fields were more likely to assign blame to their clients IF that client was referred to as a "substance abuser" rather than as a "person with a substance use disorder." The term abuse, in and of itself, is more closely associated with a punitive response and with negative attitudes which in turn are more likely to result in a decreased quality of care and decreased treatment outcomes.

The American Medical Association (AMA) and the American Society of Addiction Medicine (ASAM) have recommended adopting language that is more clinical and less stigmatizing for substance use.

- 1963 – American Public Health Association adopted an official statement on alcoholism, identifying it as a treatable illness.

- 1967 – AMA passed a resolution identifying alcoholism as a "complex" disease and recognizes that medical components are the medical fields responsibility.
- 1987 – AMA recognized that all drug dependency diseases and their treatment are a legitimate part of medical practice.

Person-first language is being adopted across multiple disciplines for better describing individuals with a range of disabilities or medical conditions. This includes substance use, making it important to use the terms **"person with a substance use disorder"** or **"person with an alcohol use disorder"** rather than abuser, addict or alcoholic.

Another phrase which is important in both recognizing and celebrating the hope of recovery is the use of a **"person in long-term or sustained recovery"** rather than referring to the person in recovery as one who is now "clean." The person in recovery, and there are many paths to recovery, exemplifies one who has engaged in a lifelong process of healthy growth and positive change.

When referring to medication-assisted treatment, it's also important not to use the earlier terms "replacement" or "substitution" therapies. These terms imply that the person in recovery is simply substituting one drug for another. **Medication-assisted treatment (MAT) and medication-supported recovery (MSR)** refer to the therapeutic use of any medication that is approved to treat SUDs in combination with counseling or psychosocial support. The U.S. Food and Drug Administration (FDA) approved medications for addiction treatment medications include Buprenorphine, Methadone, Naltrexone, Disulfiram and Acomprostate.

For the full ONDCP memorandum go to: <https://www.whitehouse.gov/ondcp>. For a more comprehensive discussion, Facing Addiction: The Surgeon General's Report on Alcohol, Drugs and Health (2016), go to: <https://www.surgeongeneral.gov/library/2016alcoholdrughealth/index.html>

ACCT Class of 2015-2016

In December 2016, the 20th consecutive class graduated from NCADD-RA's Addiction Counselor Credential Training (ACCT) program, a 350-hour Certified Alcohol and Substance Abuse Counselor (CASAC) class. Instructors commented that this was one of the most engaged classes yet! There were 22 students who completed the program with many having already begun their clinical internships, and several students having already applied for their CASAC-Trainee credential!

We continue to receive very positive feedback from our graduating classes. This year's comments included:

- "This was a great program and I'm very thankful to have been a part of it."
- "Excellent class. Great opportunity."
- "This was the best time of my life. I would recommend this program to everyone!"
- "I thank all the teachers and my peers. It was a



great experience. I found it very rewarding and will take all I learned with me in my professional as well as personal life."

We began a new ACCT Class on January 12, 2017 with another exceptional group of diverse and very engaged students with a wide range of both experiences and education.

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

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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 and Earl Greene.

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Grey Matter: *Elderly and Addicted*

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

The discussion of substance use disorders may conjure up images of 20- and 30-somethings, but how many people consider the possibility of grandma or grandpa becoming addicted to drugs? There is a hidden epidemic of older Americans using and misusing prescription medications.

According to the National Institute on Drug Abuse (NIDA), which is overseen by the National Institute on Health (NIH), persons 65 and older make up just 13 percent of the nation's population, however, they account for more than one-third of total outpatient spending on prescription drugs in the U.S. The most common types of drugs that are prescribed and misused among seniors are:

1. Opioids (such as oxycodone) – used to treat pain
2. Benzodiazepines (such as Valium/diazepam, Lorazepam/ativan, and Klonopin/clonazepam) – used to treat anxiety, insomnia and panic disorders

In addition to the risk of addiction and misuse of prescription drugs, the use of the medications can lead to increased risk for falls, drug interactions and even death due to accidental or intentional overdose.

As reported by the Health Care Costs and Utilization Project (HCUP), by 2012, hospital stays involving opioid overuse had increased by approximately 150 percent with the largest rates of increase among subgroups with relatively lower rates in 1993 (subgroups include women, people over 85 and people in the Midwest).

"We see the highest rate of drug overdose deaths in the older Americans...when you look at the groups that have had the greatest increase in problems associated with prescription opioids, for example visits to the hospital emergency room because of opioid misuse, it's Americans over 65 that have the largest increases," said Dr. Andrew Kolodny of Physicians for Responsible Opioid Prescribing (PROP).

The pharmaceutical industry spends over \$4 billion per year marketing directly to consumers in the US. It spends a staggering \$24 billion per year marketing directly to physicians, leaving the pharmaceutical industry spending more on marketing and advertising than it does on research and development. It's no wonder then that while Americans make up just five percent of the total world population, they consume over 80 percent of the prescription medications.

So how can you tell if your elderly family member or friend may be misusing prescribed medications? Some signs of drug misuse include:

- Disorientation
- Poor balance
- Poor hygiene



- Mood swings
- Being withdrawn from activities and family/increased isolation

When patients are disoriented from the medications they are taking, they may quickly forget they took the medication and end up taking more, leading to overdose.

Here are some alternatives to chronic pain management that are oftentimes much safer than prescribed opioids without the risk of addiction or overdose:

- Yoga
- Tai chi
- Acupuncture
- Massage therapy
- Chiropractic care
- Relaxation techniques such as mindfulness and meditation
- Essential oils

It is important to check in on your elderly loved ones to see which medications they are prescribed, what they are for and how often the patient is taking them. Check with pharmacies and/or patient physicians to find out what possible drug interactions and reactions may be caused by the prescribed medications. There is help available for seniors who have become dependent on their prescribed drugs.

For more information and other resources on this topic, contact Beth McNeill, Community Education Coordinator, at (585) 719-3489 or bmcneill@depaul.org.

27th CADCA National Leadership Forum Breaks Attendance Record

By Barb Christensen, CPP, FL PRC Project Coordinator

Each year the Community Anti-Drug Coalitions of America (CADCA) holds a National Leadership Forum in the Washington, D.C. area that provides the most current research and evidence-based prevention strategies for community coalitions and those working in related fields. This year's forum experienced record attendance with more than 3,000 people from coalitions around the country as well as from several U.S. territories. In addition to plenary speakers such as Dr. Robert DuPont, first Director of the National Institute on Drug Abuse (NIDA) and Founding President of the Institute for Behavior and Health, Inc., and Dr. Nathaniel Kendall-Taylor, CEO of FrameWorks Institute, CADCA offered more than 50 educational workshops.

Workshop presenters provided eye-opening information and data related to current substance use trends and highlighted some of the latest research in prevention science. For example, estimates from the World Economic Forum indicate the global impact of five diseases could reach \$47 trillion over the next 20 years with behavioral health (mental health and substance use disorders) accounting for one-third of those costs. There were also updates on some of the issues facing Colorado since passing legislation allowing recreational use of marijuana such as the fact that the number of marijuana dispensaries

is now nearly double the number of McDonald's and Starbucks combined.

Participants were also able to learn about successful educational campaigns like Vermont's "Check Yourself" campaign addressing young adult binge drinking and the campaign in Utah which uses a powerful image to address the issue of overprescribing. The group created a "chandelier" from 7,000 medicine bottles, the number of prescriptions given out each day at the local hospital.

NCADD-RA's Finger Lakes Prevention Resource Center (FL PRC) was able to provide scholarships enabling five participants from area coalitions to attend the forum this year. Their comments included:

- "The CADCA Forum was more than I could have hoped for!"
- "The Forum provided me with a clear understanding of the important work that a coalition can achieve."
- "With all of the information gathered from all the sessions I attended, I plan to build stronger relationships and continue to strengthen my coalition."

It's clear why the CADCA National Leadership Forum is considered one of the premier prevention learning experiences.

"The CADCA Forum was more than I could have hoped for!"

"Everything at Grandma's isn't Candy!!"

By Jerry Bennett, B.A., CPP, FL PRC Community Development Specialist

While attending the recent CADCA National Leadership Forum, I had the opportunity to attend workshops related to prescription medicine misuse and abuse and visit numerous booths in the exhibit hall that highlighted this issue. Of course, my mind naturally gravitated toward what is happening to counter the issue in Monroe County.

Among the resources intended to reduce prescription drug abuse, the county's website (www.monroecounty.gov/hhw) includes a monthly schedule of safe drop-off sites for unwanted medications. The NCADD-RA's website and the "What's in Your Medicine Cabinet" page (ncadd-ra.org/awareness-campaigns/prescription-drug-abuse) also shares the link to Monroe County's monthly listing of safe disposal sites. Drop-off sites include the sheriff's zone stations and all local police stations.

For those outside of Monroe County, the Monitor-Secure-Dispose campaign sponsored by the Substance Abuse Prevention Coalition of Ontario County (www.partnershipforontariocounty.org) includes three components:

- MONITOR – count your meds regularly.
- SECURE – lock up any meds you do not want anyone to access.
- DISPOSE – drop off any unwanted, unused, and expired meds at local disposal sites.

When accessing safe disposal sites, all identifying information on the medication can be removed if desired. There are a growing number of safe disposal drop boxes in other counties beyond Monroe and Ontario counties. A caution to realtors or homeowners if conducting an open house, encourage the homeowner to clean out the medicine cabinet – removing temptation from open house visitors with any 'free samples.'

If grandkids spend the night, it's good to know the poison center number (1-800-222-1222) just in case the kids confuse grandma's medicines for candy treats. Always remember to call 9-1-1 for assistance if you ever come upon an apparent drug overdose. It's important also to know that the Good Samaritan 9-1-1 law protects both the caller and the user.

"Cultural Humility: The Power of Engagement"

By Earl Greene, M.A., CAMS, FL PRC Community Development Specialist

Cultural humility, defined as the lifelong process of self-reflection and self-critique, is a philosophy that empowers individuals to effectively engage in interpersonal relationships that are dynamically diverse and mutually respectful. Unlike cultural competence, cultural humility is an ongoing process in which individuals expand their capacity for learning, listening and understanding, regardless of the length of time they have spent relating to cultures other their own.

Cultural humility requires understanding the true definition of words. It's about recognizing words that make us feel better about ourselves and our belief systems, words which allow us to feel safe enough to cling to our biases and stereotypical attitudes, and substituting them with words which are not offensive, culturally inappropriate or insensitive. Providing the true definition of words sometimes make us feel vulnerable and challenges us to face the realities of our own prejudices.

Defining Humility: The word humility, derived from the Greek word *tapeinophrosune* (tap-i-nof-ros-oo'-nay), is rendered "humility of mind," "humbleness of mind," or "humility." On the interpersonal level, humility involves a stance that is other-oriented rather than self-focused.

"One main benefit of humility is that it appears to strengthen social bonds, especially in important relationships in which we may experience conflict, or where differences might threaten the security of the relationship, according to our research." (*Don Emerson Davis, Jr. and Joshua N. Hook, Measuring Humility*).

- Humility is most accurately judged when it is under strain.
- Humility is easier to observe accurately in others than it is in oneself.
- Humility might optimize the benefits of competitive traits by buffering the wear-and-tear they can have on relationships.
- Higher levels of humility may be related to better health outcomes.

Defining Culture: Culture does not determine behavior, but rather affords group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment and their experiences. Culture is everchanging and always being revised within the dynamic context



Earl Greene presents Cultural Humility at CADCA Leadership Forum, February 7, 2017.

of its enactment. Associate Professor of Anthropology at Michigan State University Linda Hunt believes that we "choose between various cultural options, and in our multicultural society, many times choose widely between the options offered by a variety of cultural traditions. It is not possible to predict the beliefs and behaviors of individuals based on their race, ethnicity or national origin."

"The most important part of culture...is that which is hidden and internal, but which governs the behavior encountered." (*Edward Twitchell Hall Jr.'s book, "Beyond Culture" 1976*).

Three Major Components of Cultural Humility:

1. **Lifelong Learning and Critical Self-Reflection** - Rather than assuming that all members of a certain culture conform to a certain stereotype, a good care provider will understand that while cultural differences will affect their interaction with individuals, each person remains an individual and should be treated as such.
2. **Redressing Power Imbalances** - Cultural humility is also an important step in helping to "redress the imbalance of power inherent in physician-patient relationships" or other relationships between care providers/researchers and those they serve.
3. **Promoting Accountability** - Individual and institutional accountability is key to the sustainability/practice of cultural humility.

By deepening their cultural humility, individuals are then able to recognize and redress power-imbalances that exist within their immediate social and organizational structures.

In the process of coalition development, many coalitions function without the presence and engagement of the community they represent. This lack of engagement has led to ineffectiveness, mistrust and suspicion, particularly among communities of diverse groups.

Practicing humility and humble inquiry builds trust. Trust enables cooperation. Cooperation is necessary for shared visioning, shared decision making and shared learning. I strongly believe that promoting cultural humility is one path to organizational transformation that will enable continuous improvement internally and externally with the diverse communities we serve.

Alcohol Use During Pregnancy

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

The Stats: An estimated 3.3 million women in the United States are at risk of exposing their developing baby to the harmful effects of alcohol. As many as three in four women, who want to get pregnant as soon as possible, report drinking alcohol. One in 10 pregnant women report alcohol use.

The Facts: Fetal Alcohol Spectrum Disorder (FASD) is a 100 percent preventable developmental disability. Individuals with FASD have lifelong behavioral, intellectual and physical disabilities that are solely the result of maternal alcohol consumption. The development of the fetal brain continues throughout pregnancy and there is NO trimester in which it is safe to consume alcohol. It's important to understand that all alcoholic beverages are equally harmful to the unborn child.

"Of all the substances of abuse (including cocaine, heroin and marijuana) alcohol produces by far the most serious neurobehavioral effects on the fetus." – (Institute of Medicine Report to Congress, 1996).

Primary disabilities caused by brain damage:

- Cognition/executive function
- Attention deficit, hyperactivity
- Learning disabilities, memory deficits
- Language expressive and receptive
- Fine and gross motor dysfunction
- Impulsivity and emotional dysregulation
- Sensory integration disorder
- Social skills and adaptive behaviors
- Mental health issues

Without early identification, interventions and support systems put into place there are also a **range of secondary disabilities** that include:

- 94% with mental health problems
- 43% with a disrupted school experience
- 42% in trouble with the law
- 34% in confinement
- 46% inappropriate sexual behavior
- 37% alcohol and other drug problems
- 83% dependent living
- 79% problems maintaining employment

Women can consider:

- Talking to their health care provider about their plans for pregnancy and their alcohol use
- Stopping drinking if they are trying to get pregnant or could get pregnant

Alcohol use during pregnancy can lead to lifelong effects.

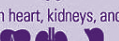
Up to **1 in 20** US school children may have FASDs.



People with FASDs can experience a mix of the following problems:

Physical issues

- low birth weight and growth
- problems with heart, kidneys, and other organs
- damage to parts of the brain



Which leads to...

Behavioral and intellectual disabilities

- learning disabilities and low IQ
- hyperactivity
- difficulty with attention
- poor ability to communicate in social situations
- poor reasoning and judgment skills



These can lead to...

Lifelong issues with

- school and social skills
- living independently
- mental health
- substance use
- keeping a job
- trouble with the law



Drinking while pregnant costs the US **\$5.5 billion** (2010).



SOURCES: CDC Vital Signs, February 2016. American Journal of Preventive Medicine, November 2015.

- Asking their partner, friends, and family to support their choice not to drink during pregnancy
- Asking for help, seeking resources if they cannot stop drinking on their own

FASD Resources

Diagnostic Resources:

- Kirch Developmental Services Center
601 Elmwood Ave., Box 671, Rochester NY 14642
(585) 275-2986 Contact: Lynn Cole
www.Golisano.URMC.edu/Kirch

Early Intervention Resources:

- Mt. Hope Family Center/University of Rochester
187 Fitzhugh Street, Rochester NY 14608
(585) 275-2991 Contact: Christie Petrenko, PhD

Parent Network and Support Groups:

- NCADD-RA – monthly Wednesday mornings
10:00-11:30 a.m.
1931 Buffalo Road, Rochester, NY 14624
jfaringer@depaul.org
- Mt. Hope Family Center – monthly Friday nights
187 Fitzhugh, Rochester NY 14608
Christie.petrenko@rochester.edu

Education/Presentations

- NCADD-RA, contact jfaringer@depaul.org

Truth and Trust: Its Reach and Relationship with Substance Use Disorders

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

There is a natural association between truth and trust, their influence on personal growth and the formation of relationships with others. The natural progression of substance use disorders (SUDs) has a particular ability to fray this association, altering the trajectory of an entire family.

Persons in families experiencing SUDs many times become increasingly tolerant of lower standards of behavior as the disease progresses. Oftentimes, manipulation is a common experience in order to hide, cover up or have access to the substance. As a result, family members and other loved ones gradually have a different version of reality. This can be a very confusing experience and can create a platform of self-doubt, chaos and potentially trauma.

Research by the National Institutes on Alcoholism and Alcohol

Abuse indicates that one in four children under the age of 18 are affected by SUDs in their family. Many times, children translate these experiences as being their fault, often feeling alone, unnoticed and without a voice. It often causes stress that can interfere with daily life and can escalate to the point where a person is left to feel fearful and hopeless that life will ever change. These issues and their dynamics are not limited to substance use.

NCADD-RA has the capacity to facilitate evidence-based services to help youth and adults strengthen life skills to those with general interest as well as those who are experiencing SUDs in their families. For more information, contact Bridget DeRollo at (585) 719-3483 or at bderollo@depaul.org.

Hispanic Prevention/Education Program

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

Human beings have eight basic emotions: fear, anger, sadness, joy, disgust, trust, anticipation and surprise. How we handle our emotions has a significant impact on how we build healthy relationships and is very important to our mental and physical health. Often during times of stress, we do not even stop to consider that our immune system may be compromised making us more susceptible to the flu, common cold, infections and depression. These emotions are all natural to feel, yet there seems to be a heightened sensitivity these days with everything that is going on in our communities and in our country.

We are seeing a greater number of not only youth but adults who have become more aggressive and have lost control of managing their emotions. One of the programs offered by the

Hispanic Prevention/Education Program is Botvin's LifeSkills Training (LST), an evidence-based program consisting of multiple grade-level curricula starting at third grade (elementary), then middle and high school curricula. Additionally, LST has a corresponding parent program.

The LST curricula includes topics that have been found to be effective in helping both youth and adults in managing their emotions, building healthier relationships and maintaining a healthier emotional balance. Topics range from self-esteem, dealing with stress, and communication skills, just to name a few.

This program has been implemented at RCSD School #22 with great success. To learn more about the program please contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

Problem Gambling YOU(th) Decide 2017 Outreach Project

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

NCADD-RA recently received the sixth consecutive mini-grant from the New York Council on Problem Gambling (NYCPG). The YOU(th) Decide Project is aimed at empowering youth ages 12-17 to make educated decisions regarding their gambling behaviors and to prepare communities to work together to prevent underage problem gambling.

The project runs from February through November 2017, during which time NCADD-RA will be offering, upon request, problem gambling presentations for youth ages 12-17 with a focus on deconstructing media messages. Presentations will focus on:

- Increasing awareness to the issue of underage gambling and the importance of decreasing youth access to gambling.

- Increasing awareness to key media literacy facts and common misperceptions of gambling.
- Increasing parental action toward the issue of underage gambling.

Presentations targeting parents and staff to increase knowledge of and parental action toward underage problem gambling by encouraging a conversation between youth and adults are available upon request. For further information, please contact Jennifer Faringer at (585) 719-3480 or email jfaringer@depaul.org.



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NCADD-RA's 2017 Annual Luncheon

May 24, 2017

11:30 a.m. – 2:00 p.m.

**DoubleTree Inn
by Hilton Hotel**

1111 Jefferson Road
Rochester, New York 14623

Keynote:

Bertha K. Madras, PhD

**“Drug Challenges:
Made in America,
Fade in America”**



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

Community Presentations Available Upon Request...

NCADD-RA provides community presentations on a wide variety of substance use disorder 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 Use Disorders
- Opioid Crisis and Community Response
- “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 or (585) 719-3489.