

Exhibitors: One (1) 6' table, and one (1) chair will be provided with exhibitor's cost. *Conference registration is not included.*

Set Up Time: 7:30 a.m.

- \$100 Not-for-Profit Exhibitor
- \$200 For-Profit Exhibitor

Agency: _____

Contact Name: _____

Phone: _____

E-mail: _____

Please make your check payable to NCADD-RA or provide your credit card information. Return this form to:

NCADD-RA
Attention: Elaine Alvarado
1931 Buffalo Road, Rochester, NY 14624

- Visa
- MasterCard
- Discover Card
- American Express

Credit card number: _____

Security Code: _____ (*back of the card*)

Expiration date: ___/___/___

Amount charged: \$ _____

Signature: _____

Billing name: _____

Billing address: _____

Deadline: April 4, 2018

(There is a limited number of exhibitor tables available).

NCADD-RA Resources: Prevention/Treatment/Recovery

Heroin/Prescription Pain Medication Addiction Resources

<https://ncadd-ra.org/news-resources/resources-advocacy-research>

Opioid Task Force of Monroe County
(brochure of resources)

<https://ncadd-ra.org/programs-services/opioid-task-force-of-monroe-county>

NCADD-RA Finger Lakes
Addiction Resource Center

<https://ncadd-ra.org/programs-services/finger-lakes-addiction-resource-center>

NCADD-RA Finger Lakes
Prevention Resource Center

<https://ncadd-ra.org/programs-services/finger-lakes-prevention-resource-center>

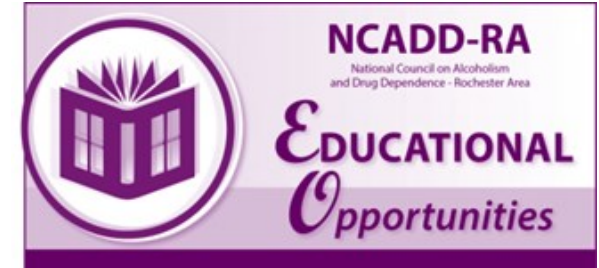
NYS OASAS
Treatment Availability Dashboard
www.oasas.ny.gov

www.ncadd-ra.org



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

1931 Buffalo Rd ■ Rochester, NY ■ 14624
(585) 719-3481 ■ (585) 423-1908 fax
www.ncadd-ra.org



**NATIONAL COUNCIL ON ALCOHOLISM AND
DRUG DEPENDENCE-ROCHESTER AREA**



Opioid Epidemic: A Community Responds

Wednesday, April 25, 2018

8:30 a.m. - 3:00 p.m.

DoubleTree by Hilton

1111 Jefferson Road

Rochester, NY 14623

5.5 Clock Hours

CASAC Renewal

CPP Section 1

CPS Section 1



Agenda



Setting the Stage: Opioids Trends, History

Jennifer Faringer, MS Ed, CPPg
NCADD-RA

Law Enforcement Response/Initiatives

MC District Attorney Sandra Doorley
MC Sheriff Todd Baxter

MC Department of Public Health

Michael Mendoza, MD
MC Commissioner of Health

Medical Perspectives

Mark Winsberg, MD, BCFM, DABAM
Medical Director RRH Chemical Dependency Services.
Timothy J. Wiegand, MD, DABAM, FACMT, FAACT, FASAM
URMC Assoc. Prof. Emergency Medicine/Director of Toxicology
Medical Director, Huther Doyle

Medically Assisted Treatment

Patrick Seche, MS, CASAC
URMC Strong Recovery

Transforming Stigmatizing Language

Charles Morgan, MD, DFASAM, FAAFP, DABAM

Prevention Panel

Education/Community Awareness
Finger Lakes Addiction Resource Center/
Community Coalitions

Treatment Panel

Addressing Access to Care

Open Access, Walk-In Evaluations, Rapid Access

Recovery Services & Peer to Peer Panel

RORecovery Fitness
RecoveryNOW
CORE
Recovery Navigators

Questions, Evaluations & Certificates

Opioid Epidemic: A Community Responds

Sponsored by:

TruetoX Laboratories

Finger Lakes Addiction Resource Center

Wednesday, April 25, 2018

8:30 a.m. - 3:00 p.m.

Cost: \$50

(Includes continental breakfast and lunch)

DoubleTree by Hilton

1111 Jefferson Road

Rochester, NY 14623

Description:

This full-day workshop will cover national, state and local trends, a historical perspective of the opioid epidemic, and the intersection between prescription pain medications, heroin and fentanyl.

New strategies being implemented across multiple sectors from Monroe County leadership to include the Commissioner of Public Health, the District Attorney and the Monroe County Sheriff will be shared, as will case studies from addiction medicine physicians and Medically Assisted Treatment options. Following lunch, there will be a series of panels focusing on prevention (education, awareness, coalitions, Finger Lakes Addiction Resource Center), treatment (increased access options) and recovery services.

Training Registration:

(Registration Deadline is April 18, 2018)

Contact name: _____

Phone: _____

Agency: _____

E-mail: _____

Please list additional names (Do not include contact listed above if attending):

Total Number Attending: _____ x \$50 = _____

Please make your check payable to NCADD-RA or provide your credit card information. Return this form with payment to:

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Security Code: _____ *(back of the card)*

Expiration date: __/__/__ Amount charged: \$ _____

Signature: _____

Billing name: _____

Billing address: _____

Refund Policy

Reservations cannot be held without accompanying payment or proof of payment. There are no refunds.