In 1973, two pediatricians from the University of Washington, Dr. David Smith and Dr. Kenneth Lyons Jones, were called to the King County Hospital in Seattle to see eight children, all of whom had been born to women with chronic alcoholism. All of the children were sitting with their mothers in a single room in a clinic.

“We went from child to child, and four of them looked exactly the same,” Dr. Jones said.

In the beginning, no one believed their findings, but the two doctors had a feeling they had discovered something very important. As they published their work, a majority of pediatricians began to accept the notion of Fetal Alcohol Syndrome (FAS) as a diagnosable disorder. Other doctors were still skeptical.

“Unfortunately it took years for some subspecialists to get on board,” Dr. Jones said. “And obviously, try as we might, educating the public took a lot longer than that.”

Dr. Jones claimed the event most responsible for bringing public attention to FAS, even more than the work of the research community, was the 1989 publication of Michael Dorris’ memoir “The Broken Cord.”

“The real bottom line, of course, is prevention,” Dr. Jones said. “And we know pretty much nothing about that at this point. We don’t even really know what causes this disorder. We know if you don’t drink [during pregnancy] you don’t have a baby with this disorder, but we don’t know what it is about alcohol and what genes are affected, as such, I still persist in feeling very strongly that the only safe approach is not drinking anything during pregnancy.”

In discussing the future of the field, Dr. Jones again spoke of the importance of prevention.

“The major place we’ve come since the early days…is that we’re now focusing on the things that are really important, and those are intervention and prevention,” he stated.

Dr. Jones also cited the work of the American Academy of Pediatrics, which recently declared that pediatricians must think about FASD and recognize that alcohol is a common cause of neurobehavioral effects even in children who don’t have an identifiable case of FAS. Over the next ten years, Dr. Jones said he would like “to get people in their childbearing years to be aware of this disorder and to really start thinking seriously about planning for pregnancy when they hit 18 or 19 years of age.”

“That means not drinking when [they’re] in a time [they] can get pregnant,” Dr. Jones said. “I think intervention and prevention are the major issues that we need to be dealing with, and I’m very hopeful that things will occur over the next ten years that will demonstrate benefits as far as both are concerned.”

Nationally, we’ve seen the emergence of the Fetal Alcohol Spectrum Disorder (FASD) Center for Excellence which now hosts an “Ask the Expert” website (www.fasdcenter.samhsa.gov/misc/askTheExpert.aspx) where every month Dan Dubovsky, the Center’s FASD Specialist, or a special guest, will write about an aspect of FASD in response to questions from the Center’s audience.

Locally, NCADD-RA continues to heighten awareness to the risks of drinking during pregnancy with the community awareness campaign “A Pregnant Woman Never Drinks Alone.” In 2013, this campaign was expanded to three months running April through June in print media and on theater screens at six multiplex theaters throughout Monroe County. NCADD-RA continues to offer FASD presentations upon request to a wide variety of professional and lay groups, sharing information as well as print resources with professionals and families. Additionally, we continue to host a monthly FASD Parent Networking and Support Group.

For more information or to schedule a presentation call (585) 719-3480.
NCADD-RA Collaborating with the Villa of Hope

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

NCADD-RA recently provided training and support groups for the Villa of Hope, (formerly St. Joseph’s Villa) in support of their substance abuse prevention integration project. The effort reflects a comprehensive approach which is the most effective means to institute desired outcomes.

Initial dialogue explored the needs of campus youth affected by chemical dependency in their families who were not currently in chemical dependency treatment themselves. Children of Addiction (COA) groups were identified as a means to support such youth and the first six-week series began in July. Two concurrent small groups were offered—a girls group and a separate boys group—facilitated by Bridget DeRollo utilizing a structured curriculum which incorporates COA education with the LifeSkills Training Program, an evidence-based prevention program.

In addition to the youth groups, NCADD-RA recommended a multi-level, comprehensive reach to educate Villa staff on topics that would heighten their awareness and increase effectiveness in working with youth and their families.

A program overview and dialogue was facilitated by Jennifer Faringer and Bridget DeRollo for upper management staff including Villa President and CEO, Christine Gullo. Additionally a two-part educational series on Signs, Symptoms and Current Trends was presented by Jennifer Faringer for Villa direct care and administrative campus staff.

Future plans include staff trainings for Villa of Hope campus school teachers and staff, health care teams and the Preventive Services division. COA education groups will also be made available to the Preventive Services division as well as Villa group homes.

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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There are numerous legal and illegal drugs that concern chemical dependency professionals including dangerous new synthetics emerging almost every day. Two stand out when it comes to causing the most damage in terms of death and disease.

The cumulative effects of these two drugs were ultimately responsible for the deaths of the two founders of Alcoholics Anonymous, Bill W. and Dr. Bob Smith, and the founder of NCADD, Marty Mann, and millions of others over the years. When used together, they will cause over 400,000 deaths this year alone. Every three- and- a- half years, they are responsible for killing more people than all the American casualties from the Revolutionary War to the present.

It’s the combination of alcohol and tobacco that create this synergistic combination of death and disease! All the other drugs combined do not even approach the mortality rate of alcohol and tobacco combined, and yet these two drugs are often “overlooked” in terms of the damage caused when used together.

According to the Centers for Disease Control and Prevention, (CDC) excessive alcohol consumption is the third leading cause of death and tobacco is the first leading cause of preventable death. People who are addicted to alcohol are three times more likely to be smokers than non-smokers. Most alcoholics do not die from alcohol itself. In fact, more alcoholics die from tobacco-related diseases that are synergistically enhanced by the combination of the two.

As we find out more about the chemical mechanisms of the brain, we learn that nicotine and alcohol work similarly on brain receptors. Scientists have determined brain chemistry changes caused by the use of these two substances together increase the likelihood of addiction. The result is a dangerous array of diseases that may worsen with each drink and puff. The combination of drinking and smoking work together to increase the risk of digestive track cancers. The same is true of oral cancers. Alcohol dehydrates the cell walls of the mouth and allows more of the poisons from tobacco to enter the oral tissues. This causes more cellular changes that may later become cancerous. Esophageal, pharynx and larynx cancers are also greatly exacerbated by both smoking and heavy drinking.

A study of smoking and drinking conducted by the University of London published in the 2013 Journal of Psychiatry showed the two drugs combined were found to cause “aging brain” or cognitive dysfunctions including increased memory issues, slower processing of information and difficulty in learning. Additionally, the researchers found that both judgment and reasoning were impacted, making subjects more susceptible to being argumentative.

Teens who smoke are nine times more likely to be at risk for alcohol addiction later in life according to the 2010 National Survey of Drug Use and Health. Smoking during the teen years increases the number of nicotine receptors, which are also used by alcohol as teens get older. This is known as “up-regulation,” and may be one of the reasons why there is a strong connection between smoking and drinking in adulthood.

The more we learn about the tobacco-alcohol connection, the more disconcerting it becomes. The deadliest dangers are often right in front of us at the local convenience store.

“Smoking” Alcohol? What’s Next?

by Jennifer Faringer, MS.Ed., CPP, Director of DePaul’s NCADD-RA

There is a deadly new way teens are getting drunk and with the help of YouTube, it’s going viral! “Smoking alcohol” is a practice in which alcohol is vaporized using air pumps or poured over dry ice allowing the vapors to be inhaled. The dangerous new trend is being marketed as a diet-conscious way to consume alcohol, with videos luring teens with false promises that “this can help you lose weight.” Additionally the false ads suggest that you can somehow hide your drunkenness from parents or the police.

“When you drink alcohol normally, the liquor takes time to affect you, first going into your stomach, then slowly processed in your liver, and about 20 minutes later, into your bloodstream, but when a teen smokes alcohol it is absorbed instantly into the lungs, going then immediately to the brain,” said Steve Pasierb, Director of the Partnership at Drugfree.org.

Doctors warn the subsequent risk of alcohol poisoning is much greater with this method of administration.

“It’s binge drinking in an instant,” said Pasierb. “It’s getting five or six shots into your bloodstream right away.”

The normal response of the body if drinking to excess is to vomit. The body’s protection mechanism, and the liquor is expelled. When alcohol is inhaled, there is no way for the brain to expel it. Another myth is that smoking alcohol isn’t illegal or that you cannot get a DWI from it – both are false!

This trend is so new, we have yet to see data appear on tracking surveys. Doctors say when blood levels are tested it may be difficult to tell whether alcohol has been inhaled or drunk. Either way, it’s illegal and risky! Emergency department physicians are watching for this now!
NCADD-RA’s 67th Annual Luncheon

NCADD-RA celebrated its 67th anniversary with this year’s Annual Luncheon on May 17 at Mario’s Italian Steakhouse in Rochester. We were honored to welcome the keynote speaker Dr. Ruben Baler, from the Office of Science Policy of the National Institute of Drug Abuse. Dr. Baler presented an engaging, informative and energetic presentation entitled, “Addiction and the Adolescent Brain: The Bigger Picture and Strategies for Communities.”

New ACCT Class Begins January 2014

NCADD-RA is currently accepting applications for the Addiction Counselor Credential Training (ACCT) program class of 2014-2015. Interested students are encouraged to submit their applications early this fall as the application deadline is November 22 OR when the maximum class size of 30 students is reached.

This summer, NCADD-RA joined training providers and educational institutions across the state to undergo a very thorough curriculum standardization process. The standardized curricula were then reviewed by the NYS Office of Alcohol and Substance Abuse Services (NYS OASAS) to ensure that all Credentialed Alcoholism and Substance Abuse Counselor (CASAC) applicants have adequate exposure to the full range of counselor competencies, knowledge in physical and pharmacological effects, diversity in different treatment approaches, including medication-supported recovery, and professional and ethical responsibilities. We have since received notice that our application was approved and NCADD-RA is now recognized as a NYS OASAS-certified provider of the CASAC 350-Hour Education and Training Standardized Curriculum.

For more information on the NYS OASAS credentialing process and requirements, visit www.oasas.ny.gov/sqa/credentialing/index.cfm. For more information and/or to request an application package for the upcoming ACCT Class of 2014-2015, visit our website at www.ncadd-ra.org or contact Ross Amico at ramico@depaul.org or (585) 719-3489.
According to the Centers for Disease Control (CDC), the use of e-cigarettes among middle and high school students doubled between 2011 and 2012, with 10 percent of high school students having tried an e-cigarette last year, compared with five percent the previous year. Although public health concerns/impact are not yet completely clear in regard to e-cigarettes, this trend is a serious concern. With youth, concerns include the impact of nicotine on the developing brain. Although most students who tried an e-cigarette had also smoked regular cigarettes, there were twenty percent of middle school students and seven percent of high school students who had not smoked a regular cigarette before trying an e-cigarette.

While we have been successful at reducing the national average in regards to smoking, with New York state being lower than the national average, the increasing exposure to nicotine through the newer e-cigarette drug delivery system may begin to reverse our earlier successes. On one hand e-cigarettes appear to have fewer toxins, however the makers of these products are greatly increasing, by double or triple, the potency of nicotine contained within the e-cigarette cartridge. With increasing potency comes increased risk of abuse and dependence.
In August, the Partnership at Drugfree.org released new research from their latest Partnership Attitude Tracking Study (PATS), a nationally-projectable survey that tracks teen drug and alcohol use and parent attitudes toward substance abuse among teens. The research, sponsored by MetLife Foundation, shows that Hispanic teens are using drugs at alarmingly higher levels when compared to teens from other ethnic groups, confirming that substance abuse has become a normalized behavior among Latino youth.

**Increase in Hispanic Teens Who Have Misused/Abused Prescription Drugs At Least Once**

Hispanic teens are now almost twice as likely as they were two years ago to have misused or abused a prescription (Rx) medicine at least once in their lifetime (30 percent in 2012 compared to 17 percent in 2010). This reflects a noteworthy 76 percent increase over two years. In 2012:

- More than one-quarter of Hispanic teens (26 percent) reported having abused or misused a prescription drug in the past year, compared to 15 percent for both Caucasian and African-American teens.
- One in seven Hispanic teens (16 percent) reported they engaged in the risky behavior of mixing alcohol with prescription drugs (without a prescription), compared to 11 percent for Caucasian teens and six percent for African-American teens.
- One in ten Hispanic teens, or ten percent, abused over-the-counter (OTC) cough medicine in the past year, compared to five percent for both Caucasian and African-American teens.

**Hispanic Parents Face Challenges When Protecting Their Kids from Drug and Alcohol Abuse**

Study data also found that Hispanic parents are more likely to be permissive toward their teen’s substance abuse and share misconceptions regarding the relative safety of prescription drug abuse:

- One in five (21 percent) Hispanic parents think “it’s okay if my teen smokes marijuana sometimes,” compared to six percent for Caucasian parents and 11 percent for African-American parents.
- More than one in four (28 percent) Hispanic parents believe using Rx drugs to get high is much safer than using street drugs, compared to nine percent for Caucasian parents and 20 percent for African-American parents.

“Parents play a critical role in helping shape the development and behavior of their teens and Hispanic parents, unfortunately, they often feel helpless in influencing their teens’ behaviors,” said Dr. José Szapocznik, Ph.D., Professor and Chair, Department of Public Health Sciences, University of Miami Miller School of Medicine. “The key to making parental influence count is building a positive relationship with your children, said Dr. Szapocznik. “Catch your children doing something that you as a parent can validate and reward," he added. “Through positive parenting, parents can become more influential in their teens’ lives.”

NCADD-RA’s Hispanic Prevention/Education Program continues to provide bilingual education and awareness for both parents and youth utilizing the evidence-based program LifeSkills Training (LST). Additionally, Milagros Rodriguez continues to facilitate the long-running Hispanic Prevention/Education Program (HPEP) Task Force which has recently, through a series of focused input sessions, transformed to a more comprehensive coalition. The PUEDO coalition stands for Prevención, Unidad, Educación, Decision, Orgullo (Prevention, Unity, Education, Decision, Pride), and is a fitting name for a newly energized coalition!

**Celebrating Recovery Month**

This year NCADD-RA celebrated Recovery Month in September with a special screening of the newly-released film entitled “The Anonymous People,” a feature documentary film about the 23.5 million Americans living in long-term recovery from alcohol and other drug addiction.

NCADD-RA invited community members and providers to attend the screening at DePaul’s NCADD-RA, 1931 Buffalo Road on September 25, followed by a discussion. NCADD-RA also brought the screening to the JL Norris ATC and the Monroe County Correctional Facility in September. Collectively, NCADD-RA reached 120 people including clients, staff and community members.
Multiple national and local reports cite an ongoing and disturbing rise in heroin use stretching from rural to suburban and urban populations. Many factors are responsible for this increasing trend.

An increase in the number of people addicted to prescription pain medications has occurred as the numbers of patients and quantity of opiate pain medications being prescribed grows. As the number of those addicted to opiate pain medications increases, so does a drive to switch to heroin when both access and cost become a factor. Heroin on the street is much less expensive than diverted pills, especially the popular oxycodone. Also, the heroin itself is often more potent and more plentiful today than in the last several decades. The increase in the potency of heroin results in an increase in the risk of an overdose.

Locally, law enforcement, treatment providers and medical professionals are reporting a change in the demographics of those using heroin. Once thought to be confined to urban areas, it is now appearing across all communities. We are also seeing a younger population addicted to heroin. The client population once in their 40s and 50s, now reflects users in their early 20s and younger. Heroin remains one of the most addictive drugs in the world, with approximately 25 percent of everyone who tries it becoming dependent upon it. Tolerance quickly develops, causing the user to need more of the drug to achieve the same effect, which in turn prompts the user to seek greater quantities of the drug to support their habit. Overdoses are not infrequent, with heroin reaching the brain so quickly that witnesses sometimes hesitate to call for help immediately, resulting in fatalities.

According to the 2011 National Survey on Drug Use and Health (NSDUH) the number of people who reported using heroin in 2011 (620,000) was higher than the number in 2007 (373,000). Local treatment providers point to a change in census, with increases from two to nine percent of the client population being admitted for heroin.

Staff at NCADD-RA provide awareness presentations on current trends including prescription drugs and their relationship to the rise in heroin. NCADD-RA is currently running the comprehensive community awareness media campaign, “What’s in Your Medicine Cabinet?” which seeks to alert the public to both the risks prescription pain medications can pose and the importance of safely disposing of all unwanted medications.

For more information visit our website at www.ncadd-ra.org. To locate safe take-back sites in Monroe County, visit the county site at www.monroecounty.gov/hhw. On October 26, NCADD-RA will again proudly partner with the local Drug Enforcement Administration for the National Safe Take Back Day! For more information on National Safe Take Back Day, visit www.dea.gov.

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**Heroin on the Rise, Nationally and Locally**

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

**Highlights and Trending Data from DEA’s NFLIS**

The National Forensic Laboratory Information System (NFLIS) is an excellent resource from the U.S. Drug Enforcement Administration (DEA), providing communities yet another data source to track drug trends across the country. The NFLIS collects results from data analyses conducted by state and local forensic laboratories, providing an important resource for monitoring illicit drug use and trafficking, to include the diversion of legally manufactured drugs into illegal markets. Some of the highlights of the most current report (NFLIS 2012 Midyear Report) include:

- Cannabis/THC was the most frequently reported drug (272,615) followed by cocaine (155,476), methamphetamine (88,865) and heroin (65,510). These four drugs accounted for 69 percent of all drug reports.

- Oxycodone reports in the northeast and south showed a significant upward trend, while in the West and Midwest increasing trends began to trend downward in 2010.

- Approximately 69 percent of the narcotic analgesic reports were for oxycodone or hydrocodone. Alprazolam accounted for 51 percent of the tranquilizer and depressant reports. Methamphetamine accounted for 85 percent of the stimulant reports.

- Cannabis/THC was the most frequently reported drug in the Midwest (42 percent), Northeast (35 percent) and South (29 percent), while Methamphetamine was the most frequently reported drug in the West (31 percent). [NFLIS 2012 Midyear Report]
New NCADD-RA Website is Launched

NCADD-RA is pleased to introduce our new website which went live August 26th! Information and resources are more easily accessible as is a strong social media presence that includes a Pinterest page and many updates on DePaul’s Facebook page! Visit us at www.ncadd-ra.org.

Community Presentations Available Upon Request...

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

**Topics include, but are not limited to:**
- Current Trends: “Medical” Marijuana, Synthetic Drugs of Abuse
- Fetal Alcohol Spectrum Disorders
- Signs, Symptoms and Current Trends of Substance Abuse
- Impact of Addiction on the Family
- Prescription/Over the Counter Drugs of Misuse/Abuse
- Consequences of Teen Smoking
- Underage Drinking
- Problem Gambling: Impact on Youth and Families

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