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National Council on Alcoholism and Drug Dependence — Rochester Area Newsletter

Is Misuse of Pain Medications Still a Prescription-Related Problem?

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

According to the recent 2016 National Survey on Drug Use and Health (NSDUH) survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), there are approximately 7.4 million people (three percent of the U.S. population) ages 12 and over with an illicit substance use disorder.

Additionally, about 11.8 million Americans misused opioids in the past year with the majority, 11.5 million or four-and-a-half percent, having misused prescription pain medications. Approximately 948,000 Americans acknowledged past-year heroin use, 228,000 misused fentanyl, and 641,000 said they used both prescription pain medications and heroin.

According to the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Report, with data tallied by both state and county, New York State showed a slight decrease in the amount of pain medications prescribed from 2010 to 2015. Monroe County experienced a significant decrease (approximately 69 percent) in the amount of prescription pain medications prescribed – from 739 to 514 per capita. This ranked Monroe at 45 out of 57 counties in New York State for per capita pain medication prescribing amounts. Monroe County is definitely going in the right direction but there is still more work needed to further decrease the amount of pain medications being prescribed.

What are possible solutions for more safely prescribing?

- Use opioids ONLY when benefits clearly outweigh the risks.
- Consider non-opioid pain medications (acetaminophen, ibuprofen, naproxen).
- Consider alternative therapies (physical therapy, exercise, chiropractic therapy, massage therapy, acupuncture, cognitive behavioral therapy).
- For acute pain, prescriptions should only be for the duration of pain severe enough to require opioids. Three days or less is often enough; more than seven days is rarely needed.
- Use the lowest effective dose of immediate release opioids when starting, and reassess benefits and risks when considering a dose increase.

Opioid prescribing is dependent on where you live. The Centers for Disease Control and Prevention found:

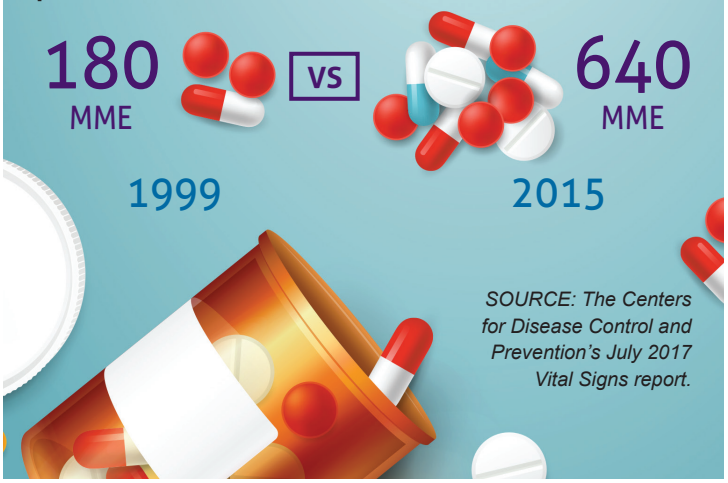
Providers in the highest prescribing counties prescribed

6Xs more opioids

than the lowest prescribing counties.

50% of U.S. counties had a decrease in the amount of opioids prescribed from 2010 to 2015.

The amount of opioids prescribed per person in 2015 was still more than three times as high as was prescribed in 1999!

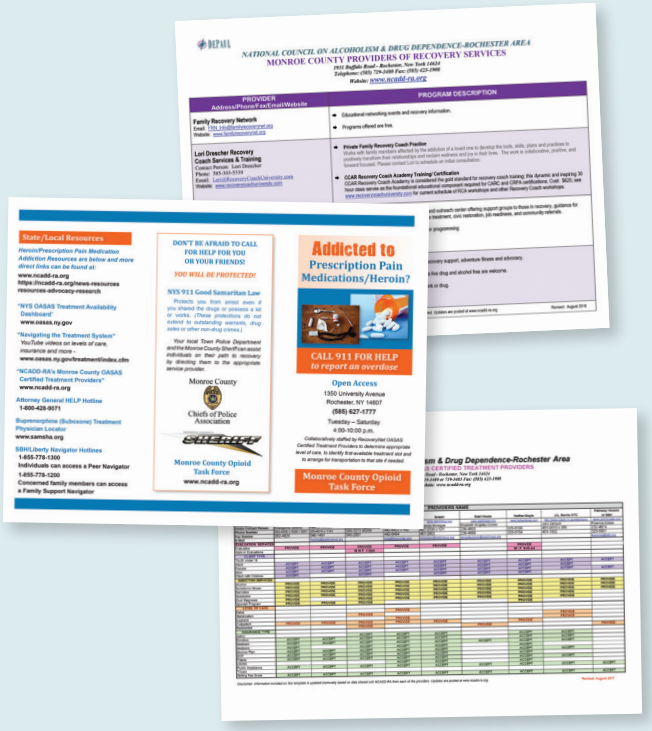


SOURCE: The Centers for Disease Control and Prevention's July 2017 Vital Signs report.

New Resources Available at www.ncadd-ra.org!

Several new and/or updated resources specific to opioids (both heroin and prescription pain medications) may be found on our website at: https://ncadd-ra.org/news-resources/resources-advocacy-research under the heading Heroin/Prescription Pain Medication Addiction Resources. Resources include the following:

- The Opioid Task Force Resource brochure, released in August 2017, includes information on the new Open Access, Opioid Education and Training, Opioid Overdose (Narcan) Trainers, recommendations for patients and providers, the Good Samaritan Law, and links to various local, state and federal resources.
- NCADD-RA's Recovery Services in Monroe County, updated in September 2017, now includes double the number of services from last year when this listing was first developed!
- NCADD-RA's Monroe County OASAS-Certified Treatment Providers listing which was first developed a decade ago and updated in August 2017 has added two new fields! One field highlights those agencies who now have walk-in evaluation days/times. The second new field highlights a new level of care – stabilization.



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
- Finger Lakes Addiction Resource Center

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Front row: Aracelis Ramos, Bridget DeRollo and Milagros Rodriguez-Vazquez.
Back row: Jennifer Faringer, Barb Christensen, Elaine Alvarado, Erin Egloff, Jerry Bennett and Earl Greene.

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The Voice for Children

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

When a person is under the influence of a mind-altering drug, the brain centers that control thoughts, feelings and behaviors change. That is why a person feels different while the drug is in their bloodstream. Approximately 10 percent of the population who use mind-altering substances develop a substance use disorder (SUD), a medical condition of the brain whereby the structural pathways within the brain change. The recent opioid epidemic has dramatically increased public attention regarding the topic of SUDs. More than ever, we are seeing families struggling with concern regarding their loved ones.

Each person with a SUD impacts the lives of an average of five to six others. Oftentimes, loved ones experience feelings of confusion, frustration, fear, stress and grief. The classic unspoken family rules consisting of "Don't talk, Don't trust, Don't feel" are abided by which in turn lend to an unhealthy platform of existing. Over a period of time this often creates an environment of cumulative trauma and chronic emotional stress. Children growing up in these dynamics often remain silent and unidentified.

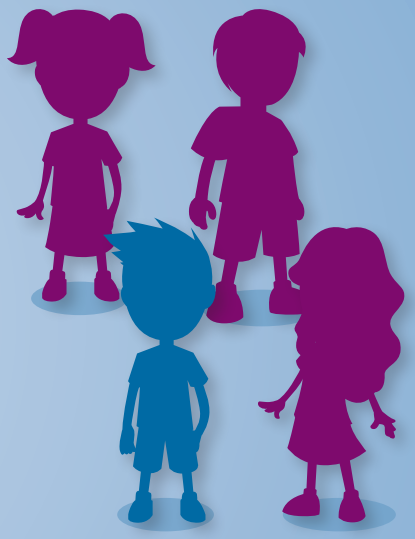
The impact of substance abuse disorders is real, reaching wide and deep. But with greater understanding comes the opportunity for greater healing.

Let's keep our children in the forefront by discussing this topic and validating their experiences. DePaul's NCADD-RA offers the Total Approach Family Program to increase knowledge and help families navigate a new direction. These services include educational groups for children, teens and adults. Presentations on this topic are also available to community audiences.

For more information, contact Bridget DeRollo, Family Program Coordinator, at (585) 719-3483 or at bderollo@depaul.org.

Statistics and information regarding children living with Substance Use Disorders (SUD) in their families:

Over 8.3 million or 11.9%
of U.S. children under the age of 18 lived with at least one parent with a SUD during the past year.



These children are **more likely to begin drinking** at a young age and to progress to drinking problems more quickly.

32% higher medical costs
They experience greater physical and mental health problems and higher healthcare costs.

Studies show they may have increased resilience when they benefit from the efforts of supportive adults.

Research documents that they are **more at risk** than their peers for substance use, delinquency and depression, as well as poor school performance.

Children who cope best often trace their sense of well-being to support from a family member, teacher, or other significant adult in their lives.

Approximately **1 in 4** children are exposed to a SUD in the family before age 18.

ONLY 1 in 20
children get any help, yet there is growing evidence that with help, these children can learn to thrive, become resilient and change their lives.

SOURCES: G.F. Grant, Estimates of U.S. children; SAMHSA NSDUH; NIAAA Alcohol Alert No. 67; SAMHSA Office of Applied Studies, COSA's; SAMHSA/CSAP Children's Program Kit: Supportive education; SAMHSA/CSAT, Hot topics: Children and Addiction.

ANGER MANAGEMENT: A Neglected Topic in Substance Abuse Prevention and Intervention

By Earl Greene, MA, CAMS-1/Fellow, FL PRC Community Development Specialist

In my 35 years of working in the field of human services, mental health, substance abuse prevention and treatment, and teaching anger management for close to 20 years, I've come to the conclusion that anger management is a neglected topic in substance abuse prevention and intervention. While I've always known that there is a connection and have taught extensively on its importance, devoting an entire session on substance abuse in my anger management classes, I decided to do more research on the matter. I present this information as an opportunity for consideration by prevention and treatment providers.

What is Anger Management?

Anger management is rapidly becoming the most requested intervention in human services. According to the American Psychiatric Association, anger is a normal human emotion. It is not a pathological condition, therefore it is not listed as a defined illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Rather, anger is considered a lifestyle issue. This means that psychotherapy or psychotropic medication are not appropriate interventions for teaching anger management skills.

As defined and identified in my class, anger is a natural human emotion, a response to a real or perceived wrong-doing and/or injustice and a secondary emotion. The American Association of Anger Management Providers define anger management as a skill enhancement course which teaches methods for recognizing and managing anger, stress, assertive communication and emotional intelligence. Anger is seen as a normal human emotion that is a problem when it occurs too frequently, lasts too long, is too intense, is harmful to self or others, or leads to person- or property-directed aggression.

Dr. Sidney Cohen at the UCLA Neuropsychiatric Institute demonstrated the relationship between, anger, violence and the use of alcohol and or cocaine. One of the most popular articles written by Dr. Cohen, was entitled, "Alcohol, the most dangerous drug known to man." In this and other publications, Dr. Cohen systematically demonstrated the causal relationship between cocaine and alcohol abuse and aggression. Much of this research was done in the 70s and 80s.

ANGER is a natural human emotion, a response to a real or perceived wrong-doing and/ or injustice and a secondary emotion.

Anger has always been a factor in substance use disorder (SUD) intervention. Unfortunately, until recently, it has been overlooked or treated as an afterthought by SUD programs nationwide. Substance use and abuse often coexist with anger, aggressive behavior and person-directed violence.

Data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Household Survey on Drug Abuse indicated that 40 percent of frequent cocaine users reported engaging in some form of violence or aggressive behavior. Anger and aggression often can have a causal role in the initiation of drug and alcohol use and can also be a consequence associated with substance abuse. Persons who experience traumatic events, for example, often experience anger and act violently, as well as abuse drugs or alcohol.

Anger management as an afterthought

In spite of the information available to all professional SUD providers, anger management has not received the attention which is deserved and needed for successful substance abuse treatment. Despite the connection of anger and violence to substance abuse, few substance abuse providers have attempted to either connect the two or provide intervention for both.

It may also be of interest to note that SAMHSA has published an excellent client workbook along with a teacher's manual entitled "Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual [and] Participant Workbook." This publication is free and any program can order as many copies as needed without cost. There is simply no excuse for shortchanging substance abuse clients by not providing real anger management classes.

Limited anger management research

It is not possible to determine the effectiveness of anger management which is fragmented and not based on any particular structure of theoretical base. The Canadian Bureau of Prisons has conducted a 15-year longitudinal study on the effectiveness of anger management classes for incarcerated defendants whose original crime included SUD, aggression and violence.

One of its first findings was that in order to be useful, the anger management model used must have integrity. Integrity is defined as using a client workbook containing all of the material

Continued on page 5

Electronic Cigarettes Banned in Schools

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

As the rate of adolescent use of e-cigarettes rises, Governor Cuomo signed legislation in July to ban the use of e-cigarettes on all public and private school grounds in New York State. Prior to this legislation, several local schools had already added language to their drug and alcohol policies to include e-cigarettes, calling it a drug delivery device impacting the health of the student as well as the school environment. The new legislation removes any loopholes and further advances community efforts to decrease teen smoking in all of its forms!

With the ban of e-cigarettes on school grounds, youth access will be further diminished. School grounds includes any building or structure, surrounding outdoor grounds within school property, and any vehicle used to transport children or school personnel.

A recent 2017 NYS Department of Health survey found that high school use of e-cigarettes had doubled in the last two years (from 10.5 percent in 2014 to 20.6 percent in 2016). A 2016 Surgeon General's report showed the number of high school youth using e-cigarettes increased 900 percent between 2011 and 2015. Use of e-cigarettes has clearly become the most commonly used form of nicotine among youth.

Both electronic and vapor drug delivery systems which includes e-cigarettes, vaping pens, e-hookah and other similar devices, typically use (but are not limited to) liquid nicotine of varying concentrations. Exposing the adolescents to nicotine can cause addiction and will harm the developing brain.

NYS e-cigarette regulations (as of June 15, 2017) include:

- Liquid nicotine must be sold in a child-resistant bottle.
- Sale/distribution of e-cigarettes or liquid nicotine to persons under age 18 is prohibited.

- Self-service displays of e-cigarettes or liquid nicotine are prohibited except in tobacco businesses and adult-only locations.
- Vending machine sales of e-cigarettes are permitted in bars, private clubs and tobacco businesses only. The products must not be accessible to the general public and must be both visible to and under direct control of the person in charge.

On the federal level, the Food and Drug Administration (FDA) will launch an educational campaign targeting e-cigarette use among youth this fall. "The Real Cost" campaign was originally launched in 2014 focusing on cigarette use among youth and in 2016 the campaign was expanded to include smokeless tobacco use in rural male youth. The 2017 expansion is intended to discourage e-cigarettes and other electronic nicotine delivery systems (ENDS) by youth. The FDA will be evaluating the effectiveness of the expanded media campaign.

Anger Management *Continued from page 4*

needed for an anger management class, consistency among trainers in terms of how the material is taught and a pre- and post-test to document change made by clients who complete the class.

Anger management training is rarely integrated into SUD treatment

At the present time, anger management is rarely integrated into any model of substance abuse intervention. Rather, it is simply a filler included with a standard twelve-step program.

Trends in anger management and SUD treatment

Several years ago, the California legislature established guidelines for all state and locally supported SUD programs. This legislation is included in what is commonly referred to as Proposition 36. As a result of this legislation, all SUD counselors must have documented training in anger management facilitator certification. This training requires 40 hours of core training plus 16 hours of continuing anger management education on a yearly basis.

In New York State, the National Anger Management Association (NAMA) provides certification in anger management, with advanced courses and national conferences to enhance effectiveness.

George Anderson, MSW, BCD, CAMF – Anderson Services

SAMHSA's *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual [and] Participant Workbook*

National Anger Management Association (NAMA)
www.anger-management-resources.org

The Role of Communications Media in Environmental Strategies

By Barb Christensen, CPP, FL PRC Project Coordinator

Environmental prevention strategies are aimed at changing and managing environments to promote healthy choices. Often directed at limiting availability and access, the ultimate goal of using environmental strategies is to create long-term population level change. One of our most effective and comprehensive means of shaping that environment employs a three-pronged approach. It includes the enacting or improving of laws, regulations and policies; enhancing the enforcement of the laws, regulations or policies; and the use of media to raise community awareness and support for policy enactment and improved enforcement.

In order to properly and successfully use media in support of policy change or enhanced enforcement, it is critical to understand the core components of media advocacy, social marketing and a social norms misperception campaign, the three most often used types of media campaigns.

Media advocacy is the strategic use of media to support community organizing and advance public health policy. It is typically aimed at policy makers in an effort to influence policy change as well as the general community to garner public support for that change. A prime example of media advocacy is the use of media to enact ordinances related to smoking in public places.

In contrast, social marketing is aimed directly at the consumer using commercial marketing approaches to directly influence attitudes and behaviors for societal benefit rather than commercial benefit, such as anti-smoking campaigns. Social marketing can help to motivate individual behavior change but that impact will often be temporary. Media advocacy can then be used to motivate decision makers to generate those long-term policy and enforcement changes to solidify alterations in personal behavior.

Lastly, and possibly the most difficult media campaign to use properly, is a social norms misperception campaign. If youth mistakenly perceive that peer-risky behaviors occur at much higher rates than data indicates, or that "everyone is doing it," their behaviors can be negatively influenced by that perception. A social norms misperception campaign utilizes accurate data aimed directly at youth to correct those misperceptions of peer attitudes and behaviors.

This public health approach using media campaigns in support of environmental strategies is grounded in the fact that behavior is powerfully shaped by the environment. The synergistic effect of coalitions and providers working together to help create this community change can be very powerful, but it must be noted that in order for these strategies to be effective they need to be community-based and community-driven.

More information on implementing effective environmental strategies may be found at: https://www.oasas.ny.gov/prevention/evidence/EnvironmentalEBPs.cfm.

Stimulant Medicine Abuse and Youth

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

When used as prescribed, medicine can improve our lives, but when abused or misused, the results can be damaging. There has been an increase of youth and teens associating the use of medicines as an effective way to deal with their problems.

Youth are abusing prescription stimulants (that often were not prescribed for them) in order to manage stress. They are also used as "study drugs" to pull off an "all-nighter" for last-minute studying and exam preparation. These stimulant medicines, such as Adderall, Ritalin and Concerta, when used by the person for whom they were prescribed, are often helpful in improving daily functions and quality of life. These medications do not enhance learning or thinking abilities for individuals that do not have Attention Deficit Hyperactivity Disorder (ADHD). When misused or abused, the results are very dangerous and may lead to delirium, psychosis, heart failure, addiction and even death.

"The data is showing us that overall stimulant medications do not improve your cognitive performance," said Dr. Nora Volkow, Director of the National Institute on Drug Abuse. "If you have someone that is performing optimally, and you give them a stimulant, the performance may deteriorate. If you're giving stimulant medications to a kid who does not have ADHD, at the time in their life when their brain is developing very rapidly that may interfere with those developmental processes. When someone is abusing stimulants the effects may not vary dissimilar to those observed with cocaine or methamphetamine – all of these are stimulant drugs. Stimulant abuse can produce full-blown psychosis."

The data on the misuse of these drugs is very alarming. Youth do not regard this as a problem as they believe the misconception that because these are prescription medications they are "safer" than street drugs. Teens abusing prescription medications report family, friends, and acquaintances as their source. Each day, 1,756 teens will abuse prescription drugs for the first time. Considering that approximately 80 percent of individuals who inject heroin started by abusing prescription pain medications (both of which are opioids), early recognition of the signs of abuse and education on the effects of misusing all categories of prescription medications is imperative.

- https://drugfree.org/parent-blog/school-stress-study-drugs-helpful-harmful/
- https://drugfree.org/article/medicine-abuse-whats-happening-why/
- https://drugfree.org/parent-blog/school-stress-stimulant-abuse-kids-know-parents-dont/

NCADD-RA's Annual Luncheon

May 24, 2017

DePaul's National Council on Alcoholism and Drug Dependence – Rochester Area celebrated its 2017 Annual Luncheon on May 24 in Rochester, New York, recognizing the 71st anniversary of NCADD-RA.

Director of the NCADD-RA Jennifer Faringer is pictured here with keynote speaker Bertha K. Madras, Ph.D., a Professor of Psychobiology at Harvard Medical School and former Deputy Director for Demand Reduction in the White House Office of National Drug Control Policy, Executive Office of the President.

Director of the NCADD-RA Jennifer Faringer is pictured here with the Charlotte C. Hegedus Community Excellence Award recipient Timothy J. Wiegand, MD, FACMT, FAACT, FASAM. Dr. Wiegand is an Associate Clinical Professor of Emergency Medicine, the Director of Toxicology at Strong Memorial Hospital and UR Medicine, as well as Medical Director of Huther Doyle, an addiction services provider in Rochester.

Director of the NCADD-RA Jennifer Faringer is pictured here with ROCovery Fitness, Inc. co-founders Sean Smith and Yana Khasper who accepted the Community Collaboration Award on behalf of the organization which provides peer-led, wellness initiatives aimed at assisting individuals recovering from drug and alcohol addiction in Rochester, New York.

Family Program Coordinator Bridget DeRollo is pictured here with the Helen Guthrie Memorial Youth Advocate of the Year recipient Marcy McClain, MS, ATR, CASAC who was recognized for her work with the Center for Youth Services and the Young Adult Outpatient Program through Westfall Associates.

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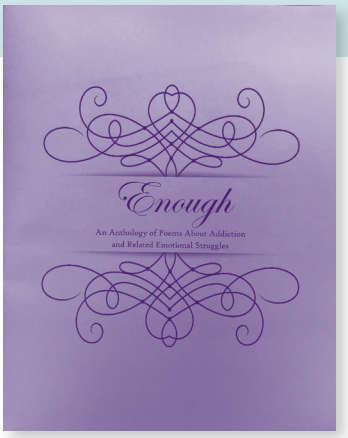
In celebration of September 2017, National Recovery Month NCADD-RA is proud to present in collaboration with Thomas W. Paul:

Enough: An Anthology of Poems about Addiction and Related Emotional Struggles



Copies are available at NCADD-RA offices for a minimum donation of $5 to cover printing costs. For more information contact Elaine Alvarado at (585) 719-3480 or ealvarado@depaul.org.

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

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For further information or to schedule a customized presentation with one of our staff, please contact Jennifer Faringer, NCADD-RA's Director, at jfaringer@depaul.org or (585) 719-3480.