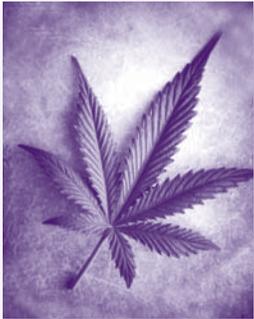


Understanding the Conversation: “Medical” Marijuana

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



Heated national and local debates on “medical” marijuana are occurring and it’s important to have a clear understanding of the language, the issues and what potentially is at stake for families and the community.

The recently-released national Monitoring the Future (MTF) 2012 survey clearly illustrates the inverse relationship between the use of marijuana by adolescents and their perceived risk

of using marijuana. Comparing survey data from 1975 to 2012, as shown in the graph on page 4, illustrates that when perceived risk rises, use falls. States that currently have “medical” marijuana dispensaries are experiencing the lowest perceptions of harm among youth in the nation, with subsequent increasing patterns of use. As data continues to mount, it is clear that states passing “medical” marijuana initiatives experience an increase in the use and abuse of marijuana, a decline in academic achievement, a negative impact on employability, as well as an increase in public safety issues.

According to the Food and Drug Administration (FDA), there are no sound scientific studies that support the medical use of smokeable marijuana for the treatment of any condition or disease. There are, however, legal FDA-approved cannabinoid medications. They include the oral form Marinol and the soon-to-be released Sativex (an oral spray), with other products in research and development. The FDA process ensures the consumer that the approved medication has a standardized purity, potency and quality, risk/benefit assessment, and is accompanied by adequate directions for use.

In the “medical” marijuana states, the marijuana recommended (NOT prescribed) and sold in the dispensaries (NOT in pharmacies) is not held to any such guidelines nor expectations of quality for consumer safety as would occur with an FDA-approved medication. This is an important distinction as a doctor’s recommendation for a product purchased in a dispensary is a far cry from a prescribed medication that is filled in a pharmacy. The “medical” marijuana dispensaries are now also selling marijuana-laced food products that include candy bars, oils, creams, honeys, peanut butter, beverages, ice cream and many other products.

Who are the medical marijuana (MMJ) doctors in MMJ states? They are physicians who typically advertise heavily, some of whom even pre-qualify patients online, giving out MMJ for any

“Medical” Marijuana at-a-glance:

- In the “medical” marijuana states, marijuana is **recommended** NOT prescribed
- Recommended (only) marijuana is then purchased at the dispensary NOT at the pharmacy
- According to the FDA there is NO sound scientific evidence that supports the use of smokeable marijuana
- “Medical” marijuana is NOT a legislative issue; the approval process of this or any proposed medication is through the FDA.

and every ailment. While proponents of “medical” marijuana-use claim the drug will be directed only to the seriously ill, the data from the MMJ states paints a very different picture showing just five percent or fewer of patients receiving MMJ recommendations for cancer, glaucoma and AIDS. The vast majority of patients receiving MMJ (95 percent or more) are receiving recommendations from their physicians for dysphoria, anxiety, depression, insomnia and non-specific muscle pain.

Additionally, the potency of smokeable marijuana is far greater than it was 40 years ago, from two to three percent to a range of 12 to 15 percent or higher today. Research shows that heavy use impairs concentration and retention which is critical for adolescents in peak learning years. Tetrahydrocannabinol (THC), an active cannabinoid in marijuana, changes the way sensory information reaches the brain, again crucial for learning and memory. The result is a lessened ability to form and store new memories. New data from MTF 2012 demonstrates that persistent marijuana users show a significant decline in IQ between ages 13 and 38 years.

In terms of the impact on crime, the Los Angeles Policy Department (LAPD) reported a 200 percent increase in robberies, 52 percent increase in burglaries, 57 percent increase in aggravated assaults and a 130 percent rise in burglaries from autos near dispensaries in Los Angeles. There are an estimated 800 dispensaries in Los Angeles alone!

Marijuana addiction affects one in every nine of those who

Continued on page 4

Problem Gambling Parent Outreach and Education Project

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

The New York Council on Problem Gambling (NYCPG) 2013 Problem Gambling Parent Education and Outreach Project is entering its second year of statewide, coordinated efforts to raise awareness of problem gambling with parents. This year, the NYCPG is working with even more local Councils across the state to continue our collective efforts to educate parents of school-aged youth about gambling and problem gambling, and to encourage them to talk to their kids about the issue. NCADD-RA is once again proud to partner with NYCPG to continue needed prevention outreach efforts!



health fairs. We reached a total of 1,517 parents or 152 percent of our projected reach.

In terms of community outreach, we projected reaching 90,000 in 2012. Utilizing a combination of placed media, with press releases and two op-eds, we were able to reach approximately 670,000 or a total of 744 percent above our projection!

In response to the many calls for counseling and treatment services NCADD-RA received, we continue to offer meeting space for two Gamblers Anonymous groups which

Project goals for the grant last year and continuing into 2013 include increasing awareness among parents of:

- the risks and consequences of problem gambling and youth
- the signs of problem gambling
- where to go for more information

NCADD-RA's projected goal in 2012 for this effort was to reach 1,000 parents of school-aged youth through a combination of direct parent presentations and information provided through

meet at our site Tuesday and Thursdays at noon at 1931 Buffalo Road. We are also pleased to announce a new problem gambling counseling resource, Mind Evolution Counseling Services, which has just expanded to include counseling for problem gambling. They are located at 215 Alexander Street in Rochester. For more information or to schedule counseling call (585) 325-7748.

To learn more or to schedule a parent presentation for your school or community group call NCADD-RA at (585) 719-3480 or (585) 719-3485 or visit our website at www.ncadd-ra.org/underagegambling.

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: Aracelis Ramos, Ross Amico and Bridget DeRollo. **Back row:** Elaine Alvarado, David Young, Jennifer Faringer, Milagros Rodriguez-Vazquez, Rob Levy, Barb Christensen, and Jerry Bennett.

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“Mari-Technology...What is it?”

By Ross Amico, MS.Ed., Community Education Coordinator

In the NCADD-RA's fall 2012 newsletter, an article appeared about the use of electronic cigarettes sometimes called “E-Cigs” which are designed for “vaping” tobacco. Electronic cigarettes are battery-operated devices that resemble cigarettes, and are designed to deliver nicotine, flavor and other chemicals. They turn highly addictive nicotine and other chemicals into vapor by heating them. The vapor is then inhaled by the user.

Many of the E-Cig products are also being developed as “Mari-Technology.” Increasingly, electronic cigarette manufacturers, businesses in favor of legalizing marijuana, and drug users themselves, have been “modifying” electronic cigarettes into devices which are specifically designed for “vaping” stronger more potent marijuana as well as hash-like substances with names like Honey Oil, Hash Oil, Ear Wax, Liquid Hash etc. Every day, new vaporizers like E-Doobie, Hash Oil Atomizer, Trippy Sticks, The Essential Vaporizer Pen, etc. are being introduced.

So what exactly are these “stronger” substances? It turns out that there are multitudes of ways you can take marijuana, extract the oils, concentrate them, and prepare them in such a way that they can be vaped. The result? Tetrahydrocannabinol (THC) becomes much more concentrated. When a person smokes the high potency marijuana, the THC concentration can fall in the 13 to 15 percent range. However the THC potencies in the marijuana “oils” that are used in a vaporizer designed for this purpose can be even higher. If we are to believe the producers’ websites, these vaporizers can deliver THC levels in the 70 percent and higher range! THC at these concentrated levels reaches the brain within seconds and the effects are magnified. This potentially results in higher rates of



adverse health effects including mental illness/psychosis, abuse/addiction, driver impairment, criminal activity, etc.

The potential for harm to our youth is very real. The “vape” companies have elaborate websites and sophisticated marketing techniques utilizing the latest software and social media avenues specifically designed to capture the attention of youth. They talk about how “safe” vaping is, giving examples of celebrities who use these products. What the “vape” companies neglect to mention is the fact that they are not approved by the FDA, nor are they supported by reliable peer-reviewed research studies. We have no reliable information on the potential negative health effects on users especially among adolescents or young adults. The FDA in 2010 attempted to regulate e-cigarettes as drug-delivery devices (as nicotine gum and patches) but lost in court.

Many teens already believe that marijuana is “safe” due to a decreasing perception of risk and an increasing trend of acceptance of marijuana in general in our culture, as well as the legalization efforts of pro-marijuana groups. One in nine marijuana users become addicted and that ratio increases to one in six if the users marijuana use began during their adolescence.

As the use of these vaporizers become popular, there are potential dangers ahead. Chemical dependency treatment providers are already experiencing increasing numbers of clients who’s primary drug of choice is marijuana and the numbers continue to climb. “Mari-Technology” may be a “quick road” to “nowhere” fast. Time will tell.

For more information or to request a staff presentation on this or other addiction related topics call NCADD-RA at (585) 719-3489 or visit our website at www.ncadd-ra.org.

Monroe County Legislature Takes a Stand on Synthetic Drugs!

On March 12, 2013, the Monroe County Legislature unanimously passed a county-wide law making the selling or distribution of synthetic drugs (bath salts and synthetic marijuana) a misdemeanor punishable by up to one year in jail and a \$1,000 fine. Building upon a similar resolution issued by NYS in August 2012, the Monroe County version has been strengthened from a law enforcement perspective and has proactively

included a greatly expanded definition of synthetics, covering both current and emerging synthetics. Speaking on March 12th in support of the Synthetics Law was Jennifer Faringer, Director of NCADD-RA and Dave DiCarlo, chief of Gates Police Department. Jennifer co-authored an Op Ed on this topic for the Democrat and Chronicle with bill co-sponsor Steven Tucciarello.

Bravo Monroe County Legislature!



Pictured L to R: Monroe County Legislator Rick Antelli, Monroe Ambulance Ken Peterson, NCADD-RA Director Jennifer Faringer and Monroe County Legislator Steve Tucciarello.

Binge Drinking Among Young Women and Girls: More Serious Than You Might Think

by Rob Levy, MS.Ed., FL PRC Training Specialist

When you think of binge drinking, what image comes to mind? Frat boys in togas? “Girls Gone Wild”? While young men and boys still binge slightly more, young women and girls are binge drinking with ever-increasing frequency and quantity, placing themselves at greater and farther-reaching risk. The number of fatalities — 23,000 each year — is only the tip of the iceberg. Other risks, many unique to women, include being the victim of sexual assault or violence, STDs and unintended pregnancy, including the attendant risks alcohol poses to fetal and child development. Women, regardless of size, metabolize alcohol differently, increasing their risk of acute alcohol poisoning, as well as numerous long-term and serious health problems.

A recent Centers for Disease Control and Prevention (CDC) study of data from two national surveys shows that one in nine women age 18 to 24 binge drinks, and one in five high-school age girls do so. While binge drinking is defined as five or more drinks in a row for men and four for women, the amounts reported by women and girls in these studies were over six drinks in a row, and the frequency more often than three times each month. These numbers are probably low owing to underreporting on self-reported surveys, such as the 2011 Behavioral Risk Factor Surveillance System for women 18 and older and the 2011 Youth Risk Behavior Survey (YRBS) for high school-age youth. According to the YRBS, the reported rate of binge drinking among high school girls ranges from 45 percent for freshmen to 62 percent, or almost two out of three seniors. Further, these surveys do not include



college students, the military, high-school absentees or drop-outs.

Not surprisingly, alcohol consumption among high school girls is strongly correlated with that of adult women, probably due to the influence of adult role models (or providers) and the desire of youth to behave like young adults.

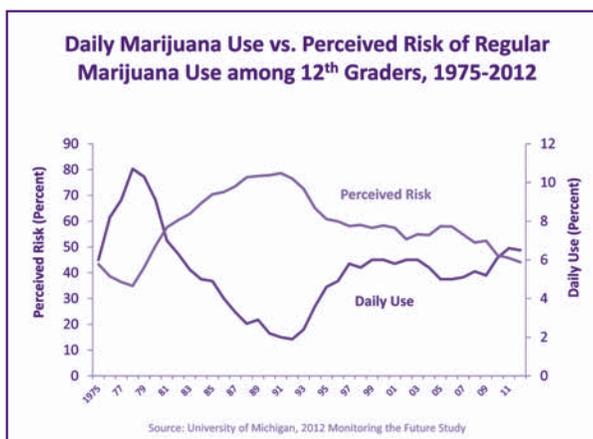
There are also influences that go beyond the traditional desire of youth to grow up. Alcohol marketing targets youth, in frequency and type of ads, price and

placement of product, and through the development of beverages with strong appeal to young women. The caffeine may have been removed from alco pops, but the large size, low-price, fruity-sweet flavors and high alcohol content remains. Particularly for young women, these are still a dangerous four-to-five drink “binge in a can.”

What can be done? The Guide to Community Preventive Services recommends several evidence-based, population-level strategies to reduce binge drinking and related harms. These include limiting alcohol outlet density, increasing the price of alcohol through taxes or other means, limiting sales of large single cans, and increasing legal liability for those who sell or provide alcohol to minors. Youth-led groups have literally taken to the streets in some communities to urge convenience stores and gas stations to stop selling alco pops. Screening and behavioral counseling is also recommended for college-age and other young women.

For more information and strategies, see: www.thecommunityguide.org/alcohol, or visit the CDC’s Vital Signs website at: www.cdc.gov/vitalsigns.

“Medical” Marijuana *Continued from page 1*



start using the drug. If use begins in the teen years, addiction rates jump to one in every six! Substance abuse treatment admission data shows an increase by two-thirds in the number of clients under

18 years of age, citing marijuana as the primary drug of use.

In summary, the potential negative impact of “medical” marijuana and legalization of recreational use of marijuana must be fully understood. We know from the experience of states who have gone this route, that both would further:

- Reduce the perception of harm associated with marijuana use
- Increase the number of new initiates, daily users and those addicted to marijuana
- Increase societal health and safety costs related to increased use and abuse

To learn more or to schedule a presentation for your school or community group on this topic or other addiction-related topics, contact NCADD-RA Director Jennifer Faringer at jfaringer@depaul.org or call (585) 719-3480 or Community Education Coordinator Ross Amico at ramico@depaul.org or call 585-719-3489.

Alcohol Metabolism Research: Gene Variations

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

The effects and experiences from consuming alcohol vary from person to person and are influenced by many factors such as gender, age, body mass, amount consumed, rate of consumption and overall health. Why some people drink more than others and why some experience fewer adverse consequences is the focus of a National Institute on Alcohol Abuse and Alcoholism (NIAAA) article, "Alcohol Metabolism: An Update."



efficiently than others resulting in how long acetaldehyde stays in the body. When the enzyme action is slower, acetaldehyde stays in the body longer and vice versa. When acetaldehyde builds up in the body, this creates dangerous and unpleasant effects. When a person experiences unpleasant effects, the likelihood of drinking large amounts or drinking often is reduced. This is a built in genetic "protective factor" for alcohol abuse and alcoholism.

Research suggests that genetics influence the process of alcohol metabolism. Metabolism is the way in which an individual's body breaks down a substance. The alcohol molecule is broken down generally by three steps.

First, the enzyme alcohol dehydrogenase (ADH) breaks down the alcohol molecule and converts it into acetaldehyde. Acetaldehyde (a highly toxic carcinogen) is then further metabolized by the enzyme aldehyde dehydrogenase (ALDH) which converts it into acetate. Acetate is then converted into carbon dioxide and water for easy elimination from the body. There are small amounts of alcohol that also go through the metabolic process by interacting with fatty acids which become compounds called fatty acid ethyl esters (FAEE's). These compounds have been shown to contribute to liver and pancreas damage (1).

Acetaldehyde has been a focus area in research. Although acetaldehyde is short lived during the metabolic process, it has the potential to cause significant damage especially in the liver where the majority of metabolism takes place. The pancreas, brain and gastrointestinal tract are also part of the metabolic pathway which in turn also places these areas at risk for potential damage.

Research shows that different people carry different variations of the ADH and ALDH enzymes which explains, in part, why individuals are affected differently. Some variants work more or less

Research also suggests that genetics may determine how vulnerable a person is to alcohol's carcinogenic effects (2). It is possible the genes that protect against alcoholism may increase a person's risk of alcohol-related cancers. Acetaldehyde promotes cancer in several ways, by interfering with the replication of DNA and inhibiting the body's process in repairing damaged DNA (2). So, even though a person is less likely to drink large quantities, if their body is unable to eliminate acetaldehyde efficiently, the research suggests their risk of developing certain cancers (upper respiratory tract, liver, colon, rectum and breast) is higher than drinkers who are exposed to less acetaldehyde during alcohol metabolism.

Variations in metabolism continue to be of particular interest to researchers who are investigating the differences in drinking patterns, alcoholism and adverse health conditions. For more information on this topic visit NIAAA at www.niaaa.gov to read the full article.

- (1) Vonlaufen, A.; Wilson, J.S.; Pirola, R.C.; and Apte, M.V. Role of alcohol metabolism in chronic pancreatitis. *Alcohol Research & Health* 30(1): 48-54, 2007
- (2) Seitz, H.K., and Becker, P. Alcohol metabolism and cancer risk. *Alcohol Research & Health* 30(1):38-47, 2007

For more information on this topic please contact Total Approach Family Program Coordinator Bridget DeRollo at bderollo@depaul.org or call (585) 719-3483.

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Location:

1931 Buffalo Road, Rochester, NY
(Ansel Adams Room)

Call (585) 719-3480 or (585) 719-3481
for more information or date of next meeting.

Highlights and Updates from the Finger Lakes Prevention Resource Center (FL PRC)

By Barb Christensen, CPP, FLPRC Project Coordinator

Since its inception four years ago, the Finger Lakes Prevention Resource Center (FL PRC) continues to provide training and technical assistance for coalitions and prevention providers in the region. Last fall we offered a Second Step Training for provider staff, giving regional providers yet another option as they continue to increase implementation of Evidence-Based Programs (EBPs). FL PRC staff provides on-going assistance to the regional Strategic Prevention Framework-State Incentive Grant (SPF-SIG) Coalition in Seneca County as well as help several other coalitions as they prepare to apply for federal grants. These funding opportunities provide helpful resources to coalitions as they implement evidence-based environmental prevention strategies.

FL PRC also provided stipends to several regional coalitions allowing them to send two of their members to the 23rd Annual Community Anti-Drug Coalitions of America (CADCA) Leadership Forum held in Washington, D.C. in early February. This event brings together more than 2,000 professionals and volunteers from across the U.S. and beyond who work in addictions and related fields, and offers information on the latest research and trends in substance abuse. In addition to the more than 90 workshops, the Leadership Forum offers opportunities to meet and hear from federal legislators

as well as representatives from key federal agencies such as Substance and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Office of National Drug Control Policy (ONDCP), National Institute on Drug Abuse (NIDA) and others.

One of the FL PRC-sponsored coalition representatives shared that attending the CADCA Forum “provided me with a wonderful opportunity to meet and network with individuals who are involved in coalition work from across the county. Attending the conference allows you to acquire new information, new ideas, new resources and renew your energy to be able to tackle the critical work we and our coalitions do in our communities.”

During these times of limited resources, the FL PRC remains committed to providing training, technical assistance and opportunities such as these for the coalitions and providers in the Finger Lakes Region, thus allowing them to maximize their existing efforts.

For more information contact Barb Christensen at (585) 719-3482 or bchristensen@depaul.org; Jerry Bennett at (585) 719-3488 or jbennett@depaul.org, or Rob Levy at (585) 719-3487 or rlevy@depaul.org.

Federal Grants Support Community Coalition Efforts

by Rob Levy, MS.Ed., FL PRC Training Specialist

Two things we know for certain — it takes a committed group of people to bring about social change, and change doesn't happen if a community isn't ready. Preventing and reducing underage drinking and substance abuse is daunting, yet we have good evidence that everyday people joining together can make a difference. This is how community coalitions are born. All-volunteer coalitions are challenged to find human and financial resources necessary to research problems, collect data, develop effective strategies, implement them and track their progress.

Recognizing this, the federal government created two major grant programs that provide substantial support to hundreds of community coalitions, allowing them to hire full- or part-time staff to spearhead their efforts. The largest of these is the Drug-Free Communities (DFC) Support Program, and the other is the Sober Truth On Preventing Underage Drinking, or STOP Act. Both grants have strict requirements and provide technical support to ensure that these dollars are well-spent.

The DFC grant provides up to \$125,000 per year, and is renewable for up to ten years. DFC grants support two key objectives: coalition-building, and data-driven substance abuse prevention. Coalitions must connect with and include all sectors of the community to increase their effectiveness and build readiness for change. DFC

grantees are required to focus on at least two key substances of abuse, which may include alcohol, marijuana, tobacco, prescription or other drugs.

Like the DFC, the STOP Act grant was created to strengthen community collaboration, and increase the use of state-of-the-art approaches to prevention. Eligibility is limited to current or former DFC grantees. At a maximum grant of \$50,000 for up to four years, the STOP grant helps coalitions transition from a DFC grant to alternative sources of funding.

Both grants require coalitions to use population-based strategies that focus upon factors in the community at-large that impact youth. The goal might be to reduce retail or home access, increase consequences for providing alcohol or drugs to youth, counter pro-alcohol or drug media messages, change the location of alcoholic beverages in stores or the number of alcohol outlets in one area, or advocate for policy changes such as banning or restricting the sale of high-alcohol, fruit-flavored “alcopops” that appeal to young people.

In the Finger Lakes region we have already seen the benefits of DFC grants to several community coalitions, with more coalitions applying in this year's grant cycle. In a time of tightening budgets, we are glad to see support for these grassroots efforts continue.

Latinos at Higher Risk

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

Individuals with substance abuse disorder may also have a mental health diagnosis, or what is referred to as a co-occurring disorder. People addicted to substances are twice as likely to suffer from mood and anxiety disorders. Approximately 8.9 million adults have a co-occurring disorder and only 7.4 percent of them receive treatment for both conditions. Individuals that receive treatment for their co-occurring disorders benefit from these services in many areas of their lives, for example: reducing their substance use, decreasing hospitalization, fewer contacts with the legal system and an improved quality of life. An astonishing 55.8 percent are receiving no treatment at all for their co-occurring disorders.

Latinos are identified as a high risk group for depression, anxiety and substance abuse. Prevalence in Latino women is at 46 percent compared to Latino men 19.6 percent. Latinos with mental health issues often do not seek professional help; less than one in 11 contacts a mental health care specialist. Some seek treatment in other settings, such as general health care or clergy. The Center for Disease Control and Prevention Youth Risk Survey found a 10.7 percent attempted suicide rate among Latino youth, compared with a 7.3 percent rate among African-American youth and a 6.3 percent rate for White, non-Latino youth. The rate of high school Latino girls was one-and-a-half times greater than African-American youth with Latino girls at 14.9 percent to 9 percent respectively.

There are many consequences of not being treated or not being diagnosed including higher homelessness rates, incarceration, increased medical illnesses and sometimes even suicide. More than half of the adults reporting having a mental or substance abuse disorder during their lifetime state that the onset occurred during their childhood or adolescence. During adolescence the brain experiences dramatic structural and developmental changes. Early exposure to drugs at this critical stage often changes the brain in ways that increase the risk for developing mental disorders. Also, early symptoms of mental illness may lead to an increased risk for later drug use. Individuals with depression or anxiety may attempt to "self medicate," relying on alcohol, tobacco and other drugs to temporarily relieve their symptoms.

Between 14 and 20 percent of young people have mental, emotional and behavioral disorders. The potential benefits of preventing these disorders are greatest when efforts are focused on young people. Early intervention can be very effective in preventing or delaying the onset of these disorders. Some strategies for enhancing the psychological and emotional



well-being of youth may include strengthening families by improving communication, teaching effective parenting skills, strengthening individuals by building their resiliency skills, early screening of youth at risk and promoting mental health in schools, and health care and community programs by providing education in coping skills and healthy lifestyle choices.

Prevention education is a powerful tool that ensures our communities and valuable future generations have the

tools to make healthier decisions. The Hispanic Prevention Education Program (HPEP) offers a curriculum in LifeSkills for youth third grade through high school as well as for parents.

References: www.samhsa.gov, www.drugabuse.gov, www.nami.org

For more information on the HPEP contact Program Coordinator Milagros Rodriguez-Vazquez at mrodriguez@depaul.org or call (585) 719-3486.

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Friday, May 17, 2013

11:00 a.m. – 2:00 p.m.

Mario's Italian Steakhouse

2740 Monroe Ave., Rochester, NY 14618

Key Note Speaker:
Ruben Baler, Ph.D.

*Health Scientist -
 Office of Science Policy
 and Communications at the
 National Institute on
 Drug Abuse (NIDA)*



Key Note Topic:
**Addiction and the Adolescent Brain:
 The Bigger Picture and Strategies
 for Communities**

For more information contact Elaine Alvarado
 at **(585) 719-3481** or ealvarado@depaul.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.