

# Adverse Childhood Experiences Impacting Area Youth

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

Adverse Childhood Experiences (ACEs) are traumas that have been shown to influence the trajectory of a child's life into adulthood. In addition to creating stress, frequent, prolonged and multiple exposures to ACEs can result in damage to the developing brain of a child and affect overall health in the following ways:

- Reduces the ability to respond, learn, or figure things out, which can result in problems in school.
- Increases difficulty in making friends and maintaining relationships.
- Increases stress hormones which affect the body's ability to fight infection.
- Lowers tolerance for stress which can result in behaviors such as fighting, checking out or defiance.
- Increases problems with learning and memory which can be permanent.
- May cause lasting health problems.

A survival mode response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked offline. Self-protection is their priority. In other words: **"I can't hear you! I can't respond to you! I am just trying to be safe!"**

Examples of ACEs include:

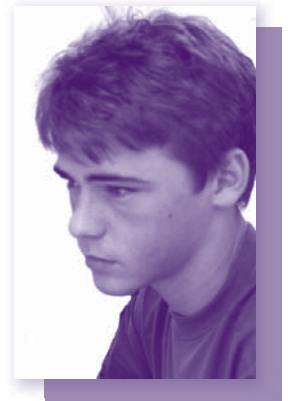
- Emotional abuse
- Physical abuse
- Sexual abuse
- Lack of family support
- Not having enough money for food or housing
- Witnessing domestic violence
- Household substance abuse
- Household mental illness
- Parental marital discord



- Household member imprisoned
- Witnessing community violence

A Monroe County youth sample of the ACEs listed above indicated the following results:

- 30% reported no ACEs
- 25% reported 1 ACE
- 17% reported 2 ACEs
- 12% reported 3 ACEs
- 16% reported 4 or more ACEs
- 70% reported 1 or more ACEs



Compared to youth with no Adverse Childhood Experiences, in Monroe County, a youth with four or more ACEs is...

- At over four times the risk of experiencing mental health difficulties from emotional problems.
- Six times more likely to have considered suicide and 20 times more likely to have attempted suicide in the past 12 months.
- Nearly four times more likely to have been in a fight within the past year and three-and-a-half times more likely to have carried a weapon in the past month.
- One-point-five times more likely to be currently using alcohol.
- At nearly three times the risk of currently using marijuana and at 25 times greater risk of using marijuana before age 13.
- Eighteen times more likely to use cocaine and other drugs, other than marijuana.

*Sources: Trauma-Informed Schools Resource Guide, Wilson Foundation, CCSI, The Community Foundation, TIG; Monroe County Youth Risk Behavior Survey Report 2014-2015*

For more information and other resources on this topic, contact Bridget DeRollo, Family Program Coordinator, at **(585) 719-3483**.

# Problem Gambling YOU(th) Decide 2016 Outreach

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

NCADD-RA received a mini-grant in February 2016 from the New York Council on Problem Gambling (NYCPG) representing our fifth consecutive collaborative outreach project. The primary target audience for 2016 is youth ages 12-17. The goals of the multi-pronged YOU(th) Decide Project includes the following:

- Increase the awareness of the issue of underage gambling and the importance of decreasing youth access to gambling among parents of school-aged youth and community leaders.
- Increase awareness of key media literacy facts.
- Increase youth awareness of the common misperceptions of gambling.

- Increase parental action toward the issue of underage gambling.

This collaborative outreach project will run from February through October of this year. During this time, NCADD-RA will be offering, upon request, problem gambling presentations for high school youth with a focus on deconstructing media messages.

Additionally, we are seeking youth who would like to be involved in advocating for gambling-free events and/or gambling-free policies within their school and/or community group.

For further information, please contact Jennifer Faringer at (585) 719-3480 or email [jfaringer@depaul.org](mailto:jfaringer@depaul.org).

## 2016 YOU(th) Decide Art Contest

NCADD-RA will also be partnering with the New York Council on Problem Gambling (NYCPG) on a problem gambling-themed art project. Youth ages 12-17 are encouraged to submit their original artwork using their choice of materials. The theme should focus on one of the following truths about gambling:

- Good luck charms play no part in winning or losing.



- Most people who gamble lose.
- Gambling can become an addiction; gambling comes with no guarantees.
- Underage gambling is not safe.

NCADD-RA will select first, second and third place winners from artwork submitted to us by May 25, 2016. Selected pieces will then be sent to NYCPG in Albany for an additional statewide selection process.

### 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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# Updates on Medical Marijuana in New York State



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

In June 2014, New York State passed a medical marijuana (MMJ) bill which has been recognized as one of the most restrictive and responsible medical marijuana bills in the country. With the June passage, MMJ is approved for the following medical conditions: cancer, HIV/AIDS, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, inflammatory bowel disease, epilepsy, Huntington's disease, spinal cord injury, neuropathy and the terminal patient. Allowable forms of MMJ in New York did not include smokeable marijuana but did include oils, tinctures, edibles and vaporizers.

Physicians choosing to recommend MMJ must take an online course through the New York State Department of Health (DOH) to become certified. They are required to do a complete patient assessment and history in order to **recommend** MMJ for an individual. A single dose is limited to 10 mg and a certified patient cannot possess more than a 30-day supply.

Following the comment period in January of 2015, NYS DOH agreed to several other measures that would make the NYS MMJ program even more restrictive (responsible). Highlights of the revised law include: having a pharmacist on-site directly supervising the activity in the dispensary, excluding edibles as an allowable form of MMJ, and limiting NYS manufacturers and dispensaries to five approved brands or products that demonstrate a consistent cannabinoid profile. In January 2016, NYS DOH reviewed dozens of scientific articles on Alzheimer's disease, muscular dystrophy, dystonia, post-traumatic stress disorder (PTSD) and rheumatoid arthritis and found that there was insufficient scientific evidence that MMJ would benefit these conditions. Therefore the original list of medical conditions approved for MMJ remains as it was.

The five approved manufacturers with their four associated dispensaries which opened in early 2016 include:

- Etain (Warren County)  
Distributing in Albany, Ulster, Onondaga, Westchester
- Bloomfield Industries (Queens)  
Distributing in Manhattan, Nassau, Onondaga, Erie
- PharmaCann (Orange County)  
Distributing in Bronx, Albany, Erie, Onondaga

- Vireo Health (Fulton County)  
Distributing in Albany, Westchester, Queens, Broome
- Columbia Care (Monroe County)  
Distributing in Manhattan, Monroe, Clinton, Suffolk

Some of the challenges to NYS DOH, as well as to communities across the state from a health and safety standpoint, will include monitoring manufacturers, dispensaries and product for a consistent profile, as well as monitoring the physicians who chose to become certified to recommend MMJ. There is a growing body of research that points to the impact of marijuana on adolescent brain development, on the decrease in memory, loss in IQ points as a young adult, exacerbation of PTSD symptoms, and increased likelihood of developing psychotic disorders with frequent use of high-potency marijuana.

Policy recommendations from the American Society of Addiction Medicine (ASAM) include support of the decriminalization of marijuana while not supporting legalization. In those states that have already legalized marijuana use, Colorado and Washington for example, ASAM recommends that jurisdictions implement public health and safety measures to minimize any potential harm to vulnerable populations. ASAM supports the use of cannabinoids for medicinal purposes only when governed by the appropriate safety and monitoring regulations such as those established by the U.S. Food and Drug Association (FDA) research process. The New York Society of Addiction Medicine's (NYSAM) position is similar to that of AMA's.

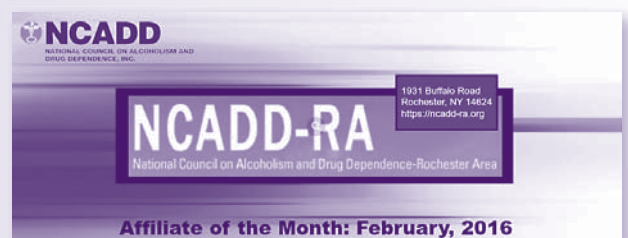
There may be legitimate uses for marijuana, but it should be treated as any other drug and be subject to the approval process of the FDA. Physicians in other states are now trying to get their states to adopt New York State's model as it currently provides more protections than any other state model.

For further information or to request a presentation on this or other addiction-related topics contact Jennifer Faringer at [jfaringer@depaul.org](mailto:jfaringer@depaul.org) or (585) 719-3480.

## NCADD-RA recognized as "Affiliate of the Month" for February 2016!

*"We are proud of the excellent services you provide to your community. We are highlighting you on our Facebook Page and on the NCADD website to share your good work with the public and to demonstrate our pride and appreciation of your agency's work. We are proud to have you as part of our NCADD National Network of Affiliates. Thank you, and keep up the exceptional work!"*

Leah Brock, Director of Affiliate Relations, NCADD, Inc.



For Affiliate of the Month post visit:

<https://www.ncadd.org/blogs/affiliate-of-the-month/entry/ncadd-ra-rochester-ny-affiliate-of-the-month-february-2016>

# Community Anti-Drug Coalitions of America Host 26th National Leadership Forum

By Barb Christensen, CPP, FL PRC Project Coordinator

Approximately 2,700 participants from all 50 states, plus the Marshall Islands, the Republic of Palau and Taiwan, attended the Community Anti-Drug Coalitions of America's (CADCA) 26<sup>th</sup> Leadership Forum in Maryland in early February. The CADCA Leadership Forum has become one of the country's premier training events for coalitions, youth, substance abuse prevention and treatment professionals, and numerous related health fields and researchers.

The Forum kicked off with the Substance Abuse and Mental Health Services Administration's (SAMHSA) 12th Annual Prevention Day on February 1 which included addresses by SAMHSA's Acting Administrator Kana Enomoto and the new Surgeon General, Vice Admiral Vivek H. Murthy, M.D. Attendees heard from the Director of The Office of National Drug Control Policy (ONDCP) Michael Botticelli, Acting Administrator, Drug Enforcement Administration (DEA) Chuck Rosenberg; Professor of Psychobiology at Harvard Medical School Dr. Bertha Madras, award-winning reporter and producer Andy Field, plus several members of Congress. Attendees also participated in their choice of more than 70 workshops and took a trip to Capitol Hill to visit members of Congress and network with colleagues from around the country and beyond.

While this is always an exceptional event, this year's Forum was especially noteworthy for the Finger Lakes region. We had coalition



Pictured are CADCA's General Arthur Dean, Rachel Pena and Rob Levy from Heath Communities That Care Coalition.

and provider attendees representing all twelve counties in the Finger Lakes Region. Some coalitions were able to attend though scholarship stipends provided again this year by NCADD-RA's Finger Lakes Prevention Resource Center (FL PRC). In addition, The Healthy Communities that Care Coalition in Livingston County received one of only two national "Got Outcomes" awards that CADCA presented based on data showing a dramatic reduction in their rates of underage drinking. Lastly, the NCADD-RA's Earl Greene and

Jerry Bennett were selected to present a workshop entitled: "Cultural Humility vs. Cultural Competence: Do You Know Me?" which had more than 100 participants and received rave reviews.

Please join me in recognizing these accomplishments. While these are some of the more significant highlights of this year's forum, it's also important to acknowledge that the opportunity to learn from other's successes and challenges is a benefit we all took away from this event.

*If you are interested in more information about community coalitions in the Finger Lakes Region please contact Jerry Bennett (jbennett@depaul.org), Earl Greene (egreene@depaul.org), or Barb Christensen (bchristensen@depaul.org) at the FL PRC.*

## Chasing the Dragon: The Life of an Opiate Addict

An opioid and prescription drug abuse epidemic is sweeping the country, impacting all segments of society. To help raise awareness of this epidemic and to educate young people on the dangers of addiction, the FBI and DEA have released the documentary *Chasing the Dragon: The Life of an Opiate Addict*, a compilation of heart-wrenching and first-person accounts by addicts, family members of addicts, law enforcement officers and prosecutors about their experiences.

We encourage you to view and share this exceptionally impactful 49-minute video which is free and downloadable at the following site: <https://www.fbi.gov/news/stories/2016/february/raising-awareness-of-opioid-addiction/video/chasing-the-dragon-the-life-of-an-opiate-addict>.

(You may also access at: <https://ncadd-ra.org/awareness/campaigns/prescription-drug-abuse>.)

To locate a treatment provider in Monroe County go to:  
<https://ncadd-ra.org/news-resources/resources-advocacy-research>.

**Find help and hope**  
for alcoholism, drug abuse or problem gambling

Call or Text  
**1-877-8-HOPENY**  
Text HOPENY/AD788: 1-877-846-7369

Available 24 hours/7 days

Office of Alcoholism and Substance Abuse Services  
[www.oasas.ny.gov](http://www.oasas.ny.gov)

**FIND A PROVIDER**

To locate a treatment bed on any given date in NYS go to the OASAS website at <http://www.oasas.ny.gov/> and click on the "Find a Provider" button in the upper right of the OASAS homepage.

# Cultural Humility vs. Cultural Competence

By Earl Greene, M.A., CAMS-I/Fellow, FL PRC Community Development Specialist

On February 2, 2016, I was extremely honored and humbled to present and facilitate a training entitled “Cultural Humility vs. Cultural Competence: Do You Know Me?” at the 26th Annual Community Anti-Drug Coalitions of America’s (CADCA) National Leadership Forum in Washington, D.C., along with co-presenter Jerry Bennett. I was overwhelmed by the response and appreciative of the participants in this training.



than assuming that all members of a particular 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.<sup>(7)</sup> 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.<sup>(8)</sup> Approaching each encounter with the knowledge that one’s own perspective is full of assumptions and prejudices can help one to keep an open mind and remain respectful of the person seeking care.

More than a concept, cultural humility is a process of communal reflection to analyze the root causes of suffering and create a broader, more inclusive view of the world. Originally developed by Doctors Melanie Tervalon and Jann Murray-Garcia (1998) to address health disparities and institutional inequities in medicine, cultural humility is now used in public health, social work, education and non-profit management. It is a daily practice for people who deal with hierarchical relationships, changing organizational policy and building relationships based on trust.

**Cultural competence** has long been the avenue by which we learn to be knowledgeable, sensitive and understanding while serving diverse populations in the work of prevention, treatment, education and healthcare. Cultural humility goes beyond the concept of cultural competence, encouraging individuals to identify their own biases and acknowledging that those biases must be recognized. Cultural competency implies one can function with a thorough knowledge of the mores and beliefs of another culture; cultural humility acknowledges that it is impossible to be adequately knowledgeable about cultures other than one’s own. Humility denotes a willingness to accurately assess oneself and one’s limitations, the ability to acknowledge gaps in one’s knowledge, and an openness to new ideas, contradictory information, and advice.

**Cultural humility** is a lifelong process of self-reflection and critique, recognizing and redressing the power imbalances in the physician/patient, social worker/client or provider/community dynamic, and accountability to this life-long process.

First and foremost, cultural humility means not pigeonholing people.<sup>(6)</sup> Knowledge of different cultures and their assumptions and practices is indeed important, but it can only go so far. Rather

(6) “UCSF Reinvents Medical Education” *UCSF Today* (November 13, 2001). Accessed 3/24/09.

(7) Miller, Suellen. “Cultural Humility is the First Step to Becoming Global Care Providers” *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. Vol. 38, No. 1, pp 92-93 (2009). Accessed on 3/24/09.

(8) Borkan, J.M. et. al. “Towards Cultural Humility in Healthcare for Culturally Diverse Rhode Island” *Medicine and Health: Rhode Island*. Vol. 91, No. 12 (2008). Accessed on 3/24/09.

## Teach A Child - Change A Community

The PUEDO Coalition continues to expand by becoming more representative of leadership in the Hispanic community. Milagros Rodriguez facilitates as chair of the PUEDO coalition. In Spanish, PUEDO stands for Prevencion, Unidad, Educacion, Decision, Orgullo. In English, it stands for Prevention, Unity, Education, Decision and Pride. The mission of the coalition is to prevent youth drug use, violence and school drop-out through education, good decision making and building pride in home and community.



For more information on the PUEDO Coalition, contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

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# Hispanic Prevention/Education Program (HPEP) Recognized As Affiliate Spotlight

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

The NCADD-RA's Hispanic Prevention/Education Program (HPEP), was featured as the December NCADD Affiliate Spotlight. "We are proud to have you as part of our NCADD Network of Affiliates," said Leah Brock, Director of Affiliate Relations, NCADD, Inc. For the full Affiliate Spotlight visit: <https://www.ncadd.org/blogs/affiliate-spotlight/entry/rochester-affiliate-s-hispanic-prevention-education-program>.



The program has been shown to reduce the use of tobacco, alcohol and other drugs by up to 75 percent, cuts poly-drug use by up to 66 percent and is effective with White, African-American and Hispanic youth. The lessons covered in the program include self-esteem, decision making, smoking information, advertising, stress, communication, social skills and assertiveness.

The program has been well received by youth and faculty. Some of the

comments from youth LST participants include:

- "I did not know that I would learn this much, thank you!"
- "Ms. Rodriguez is a great teacher. We love having her here at #22."
- "Thank you for everything you have taught me."

The HPEP program provides increased awareness about chemical dependency and its impact on the Hispanic community, evidence-based education, support, information and referral. The program recognizes and respects the cultural distinctions of the Hispanic community.

This school year, HPEP presented the evidence-based program LifeSkillsTraining (LST) program to fourth and fifth graders at Rochester City School No. 22 and third through sixth graders at Eugenio Maria Charter School.

The LifeSkillsTraining program is designed to target the primary causes of substance use. It addresses all the important factors leading youth to use one or more drugs by teaching a combination of health information, general life skills and drug-resistance skills.

For information about the LifeSkillsTraining program and/or to schedule a presentation for your school or community group in Spanish or English, contact Milagros Rodriguez at (585) 719-3486 or [mrodriguez@depaul.org](mailto:mrodriguez@depaul.org).

## Comprehensive Addiction and Recovery Act (CARA)

An important federal act CARA, which would establish a comprehensive, coordinated, balanced strategy to expand needed prevention and education efforts while also promoting treatment and recovery, passed with an overwhelming bi-partisan vote! CARA authorizes \$600 million in grants to address the national prescription opioid and heroin addiction epidemic.

### What are some of the provisions of CARA?

- Expand prevention and educational efforts aimed at teens, parents and other caretakers, and aging populations to prevent the abuse of opioids and heroin and to promote treatment and recovery.
- Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
- Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
- Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
- Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
- Launch a medication assisted treatment and intervention demonstration program.
- Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

# BIG TOBACCO STILL MARKETING TO YOUTH

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

*“From the 1950s to the present, different defendants, at different times and using different methods, have intentionally marketed to young people under the age of twenty-one in order to recruit ‘replacement smokers’ to ensure the economic future of the tobacco industry.”*

U.S. District Court Judge Gladys Kessler  
Final Opinion, *United States v. Philip Morris*, 2006

It may not be surprising to learn that Big Tobacco companies have been spending millions of dollars a year on advertising. However, it may surprise you that Big Tobacco companies are strategically marketing to youth in our country and all over the world, to replace smokers who have died or quit smoking.

Some fast facts about Big Tobacco marketing strategies:

- The major tobacco companies currently spend approximately \$12.8 billion annually (\$35 million per day) marketing and promoting their products.
- They track the behaviors of youth under 21 years of age and place their advertisements in places where youth are most likely to see them.
- Sweet flavors were (at one point) added to cigarettes to entice teenagers to use them.
- Point-of-sale advertising is directed at youth who frequent convenience stores, with prime product placement at an eye-level of three feet or lower to entice children to smoke.
- In 2007, Camel sold pink and teal-packaged cigarettes specifically to attract young girls, also known as the “pink version of Joe Camel.”
- Camel No. 9 campaign began in 2010 and targeted young girls and women by advertising in magazines with high youth readership, similar to how the Joe Camel ad campaigns effectively targeted youth starting in 1988.

*“The base of our business is the high school student.”*

Lorillard Tobacco

*“Today’s teenager is tomorrow’s potential customer, and the overwhelming majority of smokers first begin to smoke while still in their teens...The smoking patterns of teenagers are particularly important to Philip Morris.”*

Philip Morris

According to SAMHSA, a 2014 survey revealed that over 2,500 children in the United States tried their very first cigarette, while an additional 580 children under the age of 18 became regular, daily smokers. Ninety percent of adult smokers picked up the habit in their teens.

**What is being done to counter this massive advertising promoting deadly tobacco products?**

Counter marketing campaigns have been underway to fight back against Big Tobacco companies’ influence on children and smoking.



Truth.com has created trendy and eye-catching PSAs targeted for youth that address topics such as: “Social Smoking IS Smoking; We Will Be the Generation That Ends Smoking.” One PSA features Tyra Banks debunking the myth that smoking is attractive. A just-released PSA video, titled “CATmageddon” illustrates how pets in the homes of smokers are at a much higher risk of acquiring cancer, heart and lung diseases.

Other teen smoking prevention campaigns are “Tobacco Never Quits,” out of the state of Maine, and the internationally-based Tobacco-Free Kids Campaign which focuses on implementing proven strategies (such as lobbying to increase cigarette taxes, and lobbying for smoke-free public places) to help lower the rate of youth smoking.

In 2011, the Food and Drug Administration (FDA) partnered with the National Institutes of Health (NIH) on a national, large-scale, study of tobacco users ages 12 and over. According to the National Institute on Drug Abuse, “they will examine what makes people susceptible to tobacco use; evaluate use patterns and resulting health problems; study patterns of tobacco cessation and relapse in the era of tobacco regulation; evaluate the effects of regulatory changes on risk perceptions and other tobacco-related attitudes, and assess differences in attitudes, behaviors and key health outcomes in racial-ethnic, gender, and age subgroups.”

Tobacco-use education starts in the home. There are resources available online to help parents learn how to talk to their children about tobacco use. Teens and youth can watch fun and engaging PSA videos (featuring teens) on [www.thetruth.com](http://www.thetruth.com), and sign up for positive social media messages about ending the younger generations’ use of tobacco. Kick Butts Day, (March 16, 2016) empowered youth to take a stand against tobacco products on an annual day of activism across the U.S. You can find more information at [www.kickbuttsday.org](http://www.kickbuttsday.org).

While Big Tobacco continues their marketing campaigns to lure young, new users, there are efforts being made to curtail their attempts to solicit children into becoming tobacco and nicotine addicts.

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm)

[http://www.tobaccofreekids.org/who\\_we\\_are/](http://www.tobaccofreekids.org/who_we_are/)

[http://www.tobaccofreekids.org/microsites/camel/Camel\\_History.pdf](http://www.tobaccofreekids.org/microsites/camel/Camel_History.pdf)

<http://www.tobacconeverquits.com/facts-on-big-tobacco>

<https://www.thetruth.com/the-facts/fact-215>

<http://www.kickbuttsday.org/about/faqs/>



**DePaul**  
**National Council on Alcoholism**  
**and Drug Dependence – Rochester Area**  
 1931 Buffalo Road  
 Rochester, New York 14624

Non-profit Org.  
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 Rochester, N.Y.  
 Permit No. 1323

## What's in your medicine cabinet?

**Prescription drug abuse is on the rise.**  
**Being informed is your best defense.**

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

- Don't share your prescriptions.
- Know the signs and symptoms of abuse.
- Properly conceal and dispose of old or unused medications. For dates and locations of pharmaceutical waste collection sites located near you, visit:

[www.monroecounty.gov/hhw](http://www.monroecounty.gov/hhw)



[www.ncadd-ra.org](http://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:**

- Signs, Symptoms and Current Trends of Substance Abuse
- "Medical" Marijuana, Synthetic Drugs of Abuse
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Prescription/Over the Counter Drugs of Misuse/Abuse
- Problem Gambling: Impact on Youth and Families



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](mailto:bmcneill@depaul.org) or (585) 719-3489.