

News Briefs and Updates

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

The Reemergence of Synthetic Drugs

Between June and August 2015, New York experienced a ten-fold increase in emergency department visits (more than 2,300) and poison control center calls (more than 300) from the adverse effects of synthetic marijuana as compared to the same time period last year. In response to the dramatic and dangerous increase in medical emergencies, Governor Cuomo recently announced the passage of New York State Department of Health emergency regulations aimed at combatting the sale of synthetic compounds in the state and expanding the existing list of banned substances to include new chemical compounds that have continued to be produced since the first synthetic marijuana spike in 2012.

"Far too many people continue to fall victim to synthetic marijuana and we must do all we can to get these drugs off New York's streets," New York State Health Commissioner Dr. Howard Zucker said. "These new regulations strengthen our ability to fight back against the individuals who are producing and selling these dangerous substances by expanding the list of banned chemical compounds."

Users of synthetics experience a variety of symptoms which



are often unpredictable as the chemicals used in the production of these drugs can vary widely in strength and composition. Symptoms have included renal failure, arrested heart rate, high blood pressure, loss of consciousness, violent behavior, nausea, vomiting, tremors, seizures, hallucinations, paranoia, agitation, anxiety and even death.

The Department of Health continues to partner with law enforcement to crack down on the sale and use of these synthetic drugs. An owner of a smoke shop, as well as any other person possessing, distributing or selling synthetics, are in violation and subject to criminal penalties including a fine of up to \$500 and/or up to 15 days in jail. Civil penalties include a fine of up to \$2,000 per violation. If you are aware of locations where synthetics are manufactured, sold or distributed please call the Synthetic Drug Hotline at 1-888-99-SALTS (1-888-997-2587) or email the Bureau of Narcotics at narcotic@health.ny.gov.

The Dangers of Palcohol

Despite the concerns expressed by prevention advocates and state legislators, Palcohol (powdered alcohol) was approved in March by the Alcohol and Tobacco Tax and Trade Bureau (ATTTB). Palcohol is powdered, freeze-dried alcohol sold in small bags that is intended to be mixed with water to create alcoholic drinks. It is portable and easy to conceal in its powdered form, allowing underage youth to easily gain access to it. Mixing this product incorrectly or ingesting it in its powdered form can lead to



unsafe levels of intoxication. Palcohol represents a public health disaster in the making.

Prevention advocates encouraged New York to ban these alcoholic products from youth. In the meantime, New York State Senator Charles Schumer introduced a federal bill to ban the sale and manufacturing of Palcohol and on August 14, Governor Cuomo signed legislation prohibiting the sale of any powdered or crystalline alcohol product in New York state, joining more than 20 other states banning this substance.

The Finger Lakes PRC and the NYS National Guard Partnership

by Barb Christensen, CPP

In 2011, the Office of Alcohol and Substance Abuse Services (OASAS) and the New York National Guard Civil Operations Counter Drug Task Force entered into an agreement which assigned National Guard Counter Drug Task Force personnel to work with regional Prevention Resource Centers (PRCs). Staff Sargent Kathy Quinones worked hand-in-hand with the Finger Lakes PRC to help provide training and technical assistance for coalitions in our region. In late spring, Kathy retired from the National Guard after more than 20 years of service, which included deployment to both Afghanistan and Kuwait, to become a stay-at-home grandmother.

While we miss Kathy and her wonderful spirit and expertise, we are fortunate the National Guard is now providing two Counter Drug Task Force personnel to work with us in the Finger Lakes Region. It is our pleasure to introduce Staff Sargent Jeramy Baldwin and Specialist Amanda Zaleski as members of NCADD-RA's Finger Lakes PRC team.



Jeramy Baldwin



Amanda Zaleski

A 16-year veteran of the military with multiple deployments to Iraq, Qatar, Kuwait, Saudi Arabia and Germany, Jeramy joined the National Guard's Counter Drug Task Force in 2007. Prior to joining us at the FL PRC, Jeramy was a criminal analyst working first with the Rochester Police Department and then the Drug Enforcement Administration's (DEA) office in Rochester.

Amanda (Mandy) is relatively new to the military with two years of service in the National Guard. Born and raised in the Rochester area, she has a background in biochemistry, math, environmental science and nutrition. A hockey mom of a 13-year-old son, Amanda is currently in training for an Ironman Triathlon, a 140-mile race. Mandy volunteers as a boys' soccer coach and is also a cooking instructor for Cooking Matters at Foodlink.

We feel very fortunate that our National Guard staff are such valuable assets to our mission and community!

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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U.S. College Student Substance Use: 2014 Monitoring the Future Survey Results

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

Though the rates of use have declined throughout the years for some drugs, others are showing a concerning rise based on the most recent findings of the University of Michigan's "Monitoring the Future Survey." The survey is conducted annually by the University of Michigan's Institute for Social Research funded by the National Institute on Drug Abuse (NIDA).

The latest findings reveal that alcohol continues to be the number one drug used by college students. This directly parallels popularity data for both youth and adults in the general U.S. population. Although alcohol prevalence data generally reflects a decrease in use since 1980 (the first year college student data was measured in this survey), 2014 data indicates 79 percent of college students reported lifetime use; 76 percent reported annual use; 63 percent reported past 30-day use; 35 percent are binge drinkers (defined as having 5+ drinks for men/4+ drinks for women in a two-hour span), while 4 percent reported daily use. Flavored alcoholic beverages were used by 64 percent of students in the past year, 32 percent consumed alcohol with caffeine, and 60 percent reported having been drunk in the past year.

The findings regarding marijuana use reflect that it is the second leading drug used by college students. Rates were highest in 1980 and though 48 percent reported lifetime use, 34 percent annual use, 20 percent past 30-day use and 5.9 percent daily use in 2014, it is important to note that *daily use* is the highest since the study began and has surpassed rates of daily cigarette smoking. Relative to this



change is the perception of harmfulness which dropped significantly from 55 percent in 2007 to 32 percent in 2014. Although synthetic marijuana (often known as "K2" or "Spice") carries its own unique concerns and was first measured in this survey in 2011, past year use measured at 7.4 percent, dropping sharply to .09 percent in 2014.

Nicotine use ranks third in prevalence with 32 percent of students reporting annual use of tobacco via a hookah pipe, 24 percent smoking small cigars, and 22 percent smoking cigarettes. The top three favored forms of nicotine use in the past 30 days in 2014 include 12.9 percent reporting the use of cigarettes, 9.7 percent E-cigarettes, and 9.8 percent flavored little cigars.

The use of amphetamines (predominantly Adderall - used to try to improve studying and test performance) and the use of Ecstasy are trending. Levels had remained considerably low from 2004-2007 followed by a sharp increase from 2008-2012 (and are presently stabilized at high levels at a 10 percent annual prevalence). Synthetic stimulants known as bath salts never really caught on based on the findings in this survey.

The non-medical use of narcotics actually declined after the 2006 rates of 8.8 percent as compared to 4.8 percent in 2014 with Vicodin (2.8 percent) and OxyContin (1.3 percent) being the most popular forms.

For the detailed NIDA Monitoring the Future 2014 report, visit www.drugabuse.gov.

The Importance of Family Communication

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

Parents and caregivers always want the best for children. It is their job to provide care, support, guidance, nourishment and love. It is vital to be a good role model for children as they learn from the behaviors they observe. In our fast-paced world, sitting down to dinner together as a family is becoming a challenge with parents working and juggling schedules to meet the obligations of extra-curricular activities and sporting events.



It is important to keep an open line of communication with our youth, allowing them to express their concerns and feelings. It's vital to keep a close eye on their behaviors and recognize signs of stress including headaches, stomach aches, lack of sleep, anxiety and depression.

The Hispanic Prevention Education Program (HPEP) at

NCADD-RA continues to provide the Botvin *LifeSkillsTraining (LST)* program for youth ranging from third grade to ninth grade and their parents. The Parent Program covers topics such as family communication, parental monitoring and being a good role model. The youth curriculum covers topics such as self-esteem, decision making, dealing with stress and communication skills. Both of these programs are designed to help incorporate healthy relationships for families, both at home and in the community.

For more information on the *LST* program or to schedule a presentation for your school or your community group in English or Spanish, contact Milagros Rodriguez at (585) 353-0358 or mrodriguez@depaul.org

FETAL ALCOHOL SPECTRUM DISORDER IS 100% PREVENTABLE!

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

In recognition of September 9 as international Fetal Alcohol Spectrum Disorder (FASD) Awareness Day, NCADD-RA, the Upstate New York affiliate of the National Organization of Fetal Alcohol Syndrome (NOFAS) partnered with the International FASD Too Young To Drink (TYTD) Campaign. NCADD-RA joined national and international partners by placing the 2015 TYTD image on the NCADD-RA website and Facebook page, joining Twitter discussions on September 9, and printing posters for local distribution.

A mother's alcohol use is the leading known cause of preventable developmental and cognitive disabilities. Children exposed to alcohol in utero are at risk for growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders and impaired intellectual development. Consuming alcohol during pregnancy also increases the risk of miscarriage, low birth weight and stillbirth.

In 2005, the U.S. Surgeon General issued an Advisory on Alcohol Use in Pregnancy that stated that NO amount of alcohol consumption can be considered safe at any time during pregnancy and that cognitive deficits and behavioral problems resulting from prenatal exposure to alcohol are lifelong. If women avoid alcohol entirely while pregnant or trying to conceive, as damage can occur in the earliest weeks of pregnancy, even before a woman knows she is pregnant, these alcohol-related birth defects are 100 percent preventable. The long-standing position of American College of Obstetricians and Gynecologists (ACOG) is that no amount of alcohol consumption can be considered safe during pregnancy.

The effects of prenatal alcohol exposure occur on a continuum, referred to as Fetal Alcohol Spectrum Disorder (FASD). The more a woman drinks during pregnancy, the greater the risk of effects



and the greater the potential range and severity. While heavy drinking is linked to the most serious risk, moderate consumption can also be harmful. Occasional drinking has also been linked to more subtle effects such as learning and behavior problems like attention and hyperactivity disorders, and problems with judgment and understanding cause and effect.

NCADD-RA hosts a FASD Parent Networking and Support group meeting. Participants Eileen and Mike Snyder adopted their son Aleksandr from Russia at 10 months old. He was born with Fetal Alcohol Syndrome (FAS) and is now 17 years old. They say the journey between then and now has been a roller coaster ride. "Having a child with FAS is not for the faint of heart," said the Snyders. "Being told that he had not been exposed to alcohol prenatally, and to find out differently, was difficult for us."

Having the proper supports in place and being a strong advocate has helped make everyday life possible when dealing with a child with FAS, the Snyders said. "When others stare at you and your child with disbelief in his antics, you learn to ignore," the couple adds. "When family members and others give you advice on parenting you smile and pretend to heed their expertise. We adore our son and pray he has many opportunities in his future. We would never trade a day in our lives with Aleks, but so wish we all didn't have the tremendous hurdles to overcome."

For more information locally on Fetal Alcohol Spectrum Disorder, the FASD Parent group, links to diagnostic and intervention resources, or to schedule a community presentation on FASD, contact Jennifer Faringer, Director of DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area, at (585) 719-3480 or visit our website at www.ncadd-ra.org.

ACCT News, Class of 2015-2016

NCADD-RA began the 20th consecutive Addiction Counselor Credential Training (ACCT) program on September 8 with a record number of students enrolling this year!

The ACCT program continues to draw a student population which is diverse in terms of age, ethnicity, educational levels, work experience, and those in recovery or impacted by the use of a loved one. The ACCT program, an approved New York State Office of Alcohol and Substance Abuse Services (OASAS)

Education and Training provider since its inception, continues to provide 350 hours over a sixteen-month period toward the New York State Credentialed Alcohol and Substance Abuse Counselor (CASAC). Students requiring only individual sections may also enroll on a section-by-section basis as space allows.

Questions may be directed to Community Education Coordinator Beth McNeill at bmcneill@depaul.org or NCADD-RA Director Jennifer Faringer at jfaringer@depaul.org.

NCADD-RA's 2015 Annual Luncheon

“Responding to the Opioid Addiction Epidemic”



NCADD-RA Director Jennifer Faringer pictured with keynote speaker Dr. Andrew Kolodny, M.D., who presented “Responding to the Opioid Addiction Epidemic” at the NCADD-RA’s Annual Luncheon on May 15 at Mario’s in Rochester, NY.



Guthrie awardee Cheryl Piccirillo, MEd, winner of the Helen Guthrie Memorial Youth Advocate of the Year award, pictured with Total Approach Family Program Coordinator Bridget DeRollo.



Dr. Norman Wetterau, winner of the Charlotte C. Hegedus Community Excellence Award, pictured with NCADD-RA Director Jennifer Faringer.



NCADD-RA staff seated from left, Beth McNeill, Barb Christensen, Aracelis Ramos and Elaine Alvarado.

Compassion and Non-Judgement: Caring for Individuals with Chemical Dependence

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

*“The spirit of compassion goes beyond language, culture and tradition.
It makes us one with all living beings.”*

Father Michael Bassano ~ Lopburi, Thailand

As mentioned in the fall 2014 NCADD-RA newsletter, drug abuse has become a nationwide public health crisis with death due to overdose now exceeding death by motor vehicle collision in the United States. Addiction knows no boundaries. It is an equal opportunity disease affecting all ethnicities, genders and socio-economic classes. Traditionally, addiction has been perceived as a lack of self-control or moral failing. It is currently recognized and treated as a chronic brain disease often associated with relapses (Courtwright, 2010; Ersche, Williams, Robbins, & Bullmore, 2013; Vrecco, 2010).

Attitudes of family members, friends, co-workers, the media and even some health care providers portray addicted people in a very negative light. People with a substance-use disorder are frequently depicted as weak, criminal, lazy and morally corrupt (Bartlett, Brown, Shattell, Wright, Lewallen; 2015). Similar to how society views mental illness, there is also a stigma toward those who suffer from addiction. When caregivers (be it family members, friends or health care providers) project a negative attitude on people who are chemically dependent, this can have a significant impact on the treatment and care people receive. Additionally, chemically-dependent individuals will then have a more negative view of themselves and their problems, making it more difficult to seek treatment (Conner & Rosen, 2008). The addicted person may react in anger, denial or hostility toward those who perceive their problem in such a negative light.

Compassion is a better way to approach caring for those with addiction, by recognizing the suffering of another, the wish to relieve that suffering, removing the cause of the suffering, if possible (Friedman, 2011), and facing the pains of another individual. Compassion can be shown through:

- Active listening
- Genuine concern
- Engagement
- Respect for the person
- Patience
- Awareness of suffering
- Desire to relieve suffering

According to the National Institute on Drug Abuse (2008), effective treatment of persons with addiction requires treatment of the whole person (Bartlett, Brown, 2013). Other problems must be addressed including finding the underlying cause or causes of the addiction. Compassion is a good place to start.

*“Shame and stigma cannot co-exist
with compassion.”*

Vicky Dulai, 2014

News Briefs and Updates

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On August 10, the State Education Department issued a memo to district superintendents, superintendents of public schools, and administrators of public, charter, and nonpublic schools regarding opioid prevention.

Effective August 11, 2015, Educational Law 922 along with Public Health Law 3309 permit school districts, boards of cooperative education services (BOCES), county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in New York state to provide and maintain opioid antagonists (Narcan) on-site in each instructional school facility for use during emergencies to any student or staff suspected of having an opioid overdose, whether or not there is a previous history of opioid abuse. Additionally, Part V of Chapter 57 of the Laws of 2015 authorizes registered professional nurses (RNs) to administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed by a licensed physician or certified nurse practitioner. Related guidance documents and further information may be found at: <http://www.schoolhealthservicesny.com/HeroinandOpioidToolkitResources>. Questions regarding this law may be directed to StudentSupportServices@nysed.gov.

Schools and Opioid Prevention



Join the Voices for Recovery!

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

This year's theme for recovery month, "Join the Voices for Recovery: Visible, Vocal, Valuable!" highlights the value of recovery, inviting individuals in recovery and their supporters to be change agents in their communities.

The urgency of health care reform compelled the Substance Abuse and Mental Health Services Association (SAMHSA) to define recovery and to promote the availability, quality and financing of vital services and supports that facilitate recovery for individuals. This includes a full continuum of services: prevention, treatment and recovery. SAMHSA defines recovery from Mental Disorders and/or Substance Use Disorders as **a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.**

We recognize that recovery emerges from hope; the belief that recovery is real and that people can and do overcome the internal and external challenges, barriers and obstacles that confront them. Recovery is person-driven with self-determination and self-direction being at the foundation. Recovery occurs via many pathways as individuals are unique with distinct needs, strengths, preferences,

goals, culture and backgrounds. Recovery pathways are highly personalized and may include professional clinical treatment, use of medications, support from families, faith-based approaches, peer support, and other approaches. Recovery is characterized by continual growth and improved functioning that may involve setbacks. As setbacks are a natural rather than an inevitable part of the recovery process, it is essential to foster resilience for all individuals and families.

Abstinence from the use of alcohol, illicit drugs and non-prescribed medications is the goal for those with addictions.

Locally, NCADD-RA hosted the theatrical production "Moments...An Evening with Bill W.," a one-man show, written by Bill McNiff and performed by Andrew Matthews that tells the true story of Bill Wilson the co-founder of Alcoholics Anonymous (AA). The event was held on September 25 at Asbury First United Methodist Church in Rochester. Additionally NCADD-RA partnered with Family Recovery Network as they hosted their First Annual Recovery Resource Fair on September 19 at Marketplace Mall.



Capital for a Day at NCADD-RA

On July 9, the NCADD-RA hosted a New York State Office of Alcohol and Substance Abuse Services (OASAS) Listening Forum as part of New York State Governor Andrew Cuomo's inaugural "Capital for a Day" event held in Rochester. The OASAS Listening Forum was facilitated by Commissioner Arlene Gonzalez-Sanchez, along with help from her executive and field office staff. The Listening Forum, held at NCADD-RA's headquarters in Rochester, included participation from local leaders and community members who discussed and gathered feedback regarding the new public messaging focused on prevention and raising awareness about addiction, the heroin and prescription opioid epidemic, and strategies to reach Rochester and Finger Lakes communities.

Topics discussed that morning included:

- **Talk2Prevent Campaign**
(alcohol and substance abuse prevention)
- **Kitchen Table Toolkit**
(or how to address alcohol and drug abuse conversations around the kitchen table)
- **Combat Heroin and Prescription Drug Abuse Campaign – Phase 2**





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What's in your medicine cabinet?

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

- 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.



National Council on Alcoholism
and Drug Dependence -
 Rochester Area

To learn more or
 to schedule a presentation,
 contact NCADD-RA at (585) 719-3489.



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

AN AFFILIATE OF



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 or (585) 719-3489.