

## Parental Substance Use Disorder: The Expanding Impact on Children

By Bridget DeRollo, B.S., CPPg

The evolution of science has advanced our awareness and understanding of the human brain, its full maturation by age 25, and the effect of chronic, cumulative stress (much like that experienced by family members with parental addiction) on these structures. We continue to explore and address the complexity of substance use disorders (SUDs) and the multiple impacts on children and families.

**SUDs are defined as significant impairment caused by the recurrent use of mind-altering drugs including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school or home.**

Today, more than ever before, we face an expanding landscape of substance use issues with our country's opioid epidemic.

Based on combined data from the National Survey on Drug Use and Health from 2009 to 2014, about one-in-eight U.S. children (8.7 million) or 12.3 percent of youth aged 17 or younger lived in households with at least one parent who had a substance use disorder in the past year.

Numerous bodies of compiled research investigating the exact effects on the family unit while concentrating on family roles, family bonds and how each person is affected, reveal that one of the most common factors observed was how children always seemed to struggle with some form of mental or emotional difficulty from being raised in an unsafe, unpleasant home environment.

The U.S. opioid epidemic has resulted in an increase in infants who have been exposed in utero and those born addicted. A newborn who is experiencing postnatal

withdrawal symptoms is considered to have Neonatal Abstinence Syndrome (NAS), a constellation of symptoms that an infant can experience up to six months after birth and often times requires longer hospital stays in a neonatal intensive care unit. Symptoms can include central nervous system irritability (tremors, increased muscle tone, high-pitched crying and seizures), gastrointestinal dysfunction (feeding difficulties) and temperature instability.

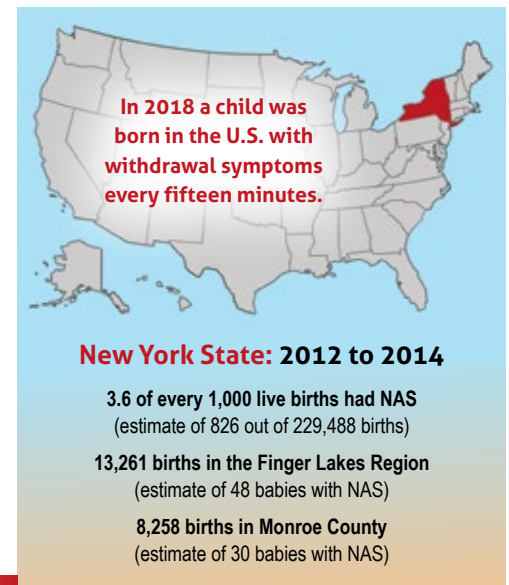
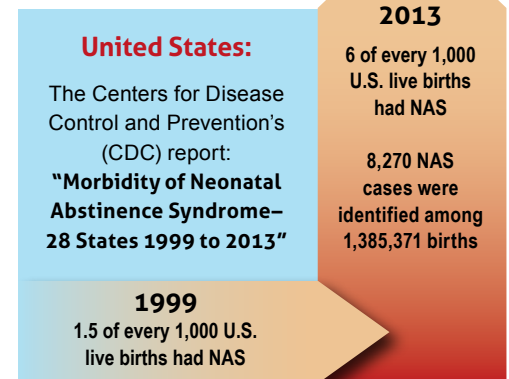
Although other substances have been implicated, NAS is most often attributed to in utero opioid exposure. This can result from maternal prescription opioid use, non-medical opioid use, or medication-assisted treatment, which is long-term treatment with a longer acting opioid under medical supervision for opioid use disorder. These infants may also experience breathing difficulties, have trouble eating and sleeping, have issues with vomiting and diarrhea and have overactive reflexes. They are very difficult to console and some require medication-assisted treatment while others respond to comfort measures. These children may experience hearing and vision problems, delays in fine and gross motor skills, and behavior and cognitive problems.

As they get older, there are other potential challenges caused by NAS, including mental and physical struggles and issues involving educational development. A recent study published in September 2018 by the state of Tennessee revealed that children with NAS were significantly more likely to be referred for disability evaluation, meet criteria for a disability or require classroom therapies or services. The way the brain develops as a result of drug exposure can result in a low

threshold for stress. Little things can become huge issues. Daycares might be too stimulating. Transitions and sitting still can be difficult. Getting expelled from preschool is fairly common for NAS children. Shorter sessions work better because these children tend to become agitated and struggle to calm down.

A 2018 Vanderbilt University study reveals that a child is born in the U.S. with withdrawal symptoms every fifteen minutes, a marked increase from 2015 of every twenty-five minutes.

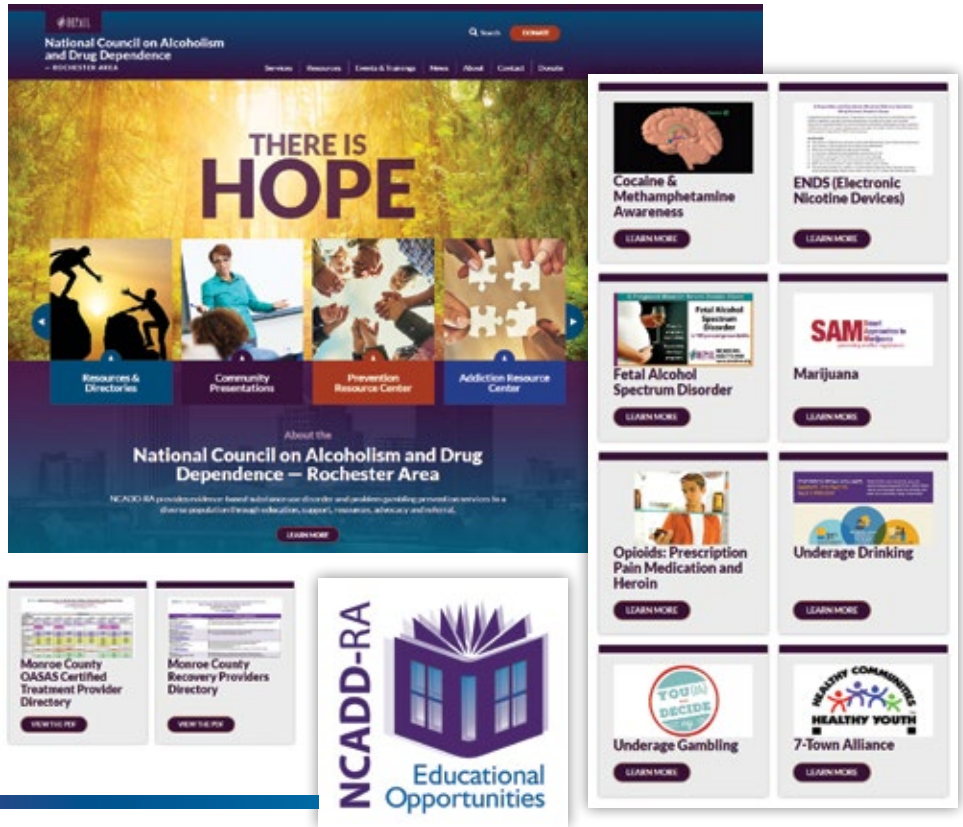
*continued on page 3*



# New NCADD-RA website goes live!

By Jennifer Faringer, MS.Ed., CPPg

After many months of examining our website [www.ncadd-ra.org](http://www.ncadd-ra.org) for its user-friendliness and accessibility, paring down content to what is most current and useful, NCADD-RA has launched our new, mobile-friendly website! We purposely placed the programs, training and resources that are most often searched for and downloaded front and center. We hope the new design is intuitive and easy to navigate. This huge task could not have been accomplished without the assistance of our very talented Communications Team at DePaul!



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

## NCADD-RA Staff:

**Jennifer Faringer, MS.Ed, CPPg**  
 Director  
 (585) 719-3480  
[jfaringer@depaul.org](mailto:jfaringer@depaul.org)

**Elaine Alvarado**  
 Administrative Assistant  
 (585) 719-3481  
[ealvarado@depaul.org](mailto:ealvarado@depaul.org)

**Jerry Bennett, B.A., CPP**  
 FL PRC Community Development Specialist  
 (585) 719-3488  
[jbennett@depaul.org](mailto:jbennett@depaul.org)

**Barb Christensen, CPP**  
 FL PRC Project Coordinator  
 (585) 719-3482  
[bchristensen@depaul.org](mailto:bchristensen@depaul.org)

**Bridget DeRollo, B.S., CPPg**  
 Family Program Coordinator  
 (585) 719-3483  
[bderollo@depaul.org](mailto:bderollo@depaul.org)

**Erin Egloff, B.A.**  
 FLARC Coordinator  
 (585) 719-3485  
[eegloff@depaul.org](mailto:eegloff@depaul.org)

**Earl Greene, M.A., CAMS-1/Fellow**  
 FL PRC Community Development Specialist  
 (585) 719-3487  
[egreene@depaul.org](mailto:egreene@depaul.org)

**Amy Johnson, MS.Ed.**  
 Community Education Coordinator  
 (585) 719-3489  
[ajohnson@depaul.org](mailto:ajohnson@depaul.org)

**Aracelis Ramos**  
 Bilingual Secretary  
 (585) 719-3484  
[aramos@depaul.org](mailto:aramos@depaul.org)

**Milagros Rodriguez, B.S.**  
 Hispanic Prevention/Education Program Coordinator  
 (585) 719-3486  
[mrodriguez@depaul.org](mailto:mrodriguez@depaul.org)

## NCADD-RA Services:

- Addictions Counselor Credential Training
- Community Education and Advocacy
- Finger Lakes Addiction Resource Center
- Finger Lakes Prevention Resource Center
- Hispanic Prevention/Education Program
- Individualized Alcohol/Other Drug Education
- Resources and Referrals
- Total Approach Family Program

1931 Buffalo Road, Rochester, NY 14624  
[ncadd@depaul.org](mailto:ncadd@depaul.org) e-mail [www.ncadd-ra.org](http://www.ncadd-ra.org) website  
 585-423-1908 fax

# The Dangers of Benzodiazepine Addiction

By Amy Johnson, MS.Ed.

It probably comes as no surprise that a growing number of people are being diagnosed and treated for anxiety. Many times, the drugs prescribed for these conditions include a category of drug known as benzodiazepines. Common benzodiazepines include Valium, Xanax, Ativan and Klonopin. These drugs are considered prescription tranquilizers. Just as with the opioid epidemic, the rise in addiction to benzodiazepines was exacerbated by the pharmaceutical industry's promotion of these drugs as a panacea. This led to overprescribing practices.

These drugs have become household names with most people knowing about them and their sedative effects. They are most often prescribed for insomnia, seizures, muscle relaxation and anxiety. Initially a patient may have a legitimate reason for using them, but over time they could develop a substance use disorder. Researchers have found that their addictive power is similar to that of opioids. Addiction can occur at surprisingly fast rates because a person enjoys the high they receive from the drug and does not wish to give it up. Tolerance builds and a person needs more and more of the drug to get the same effect. For example, if a person is given a benzodiazepine to help them sleep, their body will have built

a tolerance for the drug after only three days. According to the National Institutes of Health, approximately 44 percent of users eventually become dependent on benzodiazepines.

Quitting benzodiazepines is extremely difficult. Withdrawal symptoms are severe and can include extreme irritability, irrational thoughts and behaviors, insomnia, seizures, feelings of skin crawling, feelings of losing their mind, and in some cases, death. A patient must be gradually tapered off of the drug in order to be successful. The average recommended taper time is between eight to 12 months. Someone in active addiction has many factors working against them as they try to stop using benzodiazepines.

This is a growing problem in our nation and in Monroe County. The two most common groups of people being prescribed these medications are the elderly and women. Doctors have found that patients who are using benzodiazepines experience cognitive impairment in the form of forgetting things they once knew and how to perform familiar tasks. Similarly, they are found to impair neuroplasticity, which means they prevent the brain from recording new information. Based on these facts, it is not surprising that numerous studies have been

published linking benzodiazepine use with an increased risk of developing Alzheimer's disease.

A major local concern with the opioid epidemic is the deadly combination of opiates and benzodiazepines because both of these drugs suppress breathing. This is also true for benzodiazepine use combined with alcohol and inhalants.

Some behavioral symptoms associated with abuse include:

- Withdrawal from family and friends
- Fear of being without the drug
- Engaging in risky behaviors such as driving after using the drug
- Shifts in mood or personality
- Being secretive and lying to protect the abuse
- Doctor shopping
- Decrease in effort surrounding personal hygiene and grooming

Someone who is in active addiction to benzodiazepines may ask others for their pills. It's important to note that many people who abuse these drugs want to cut back on the amount they use, but are unable or afraid to do so due to the effects of withdrawal. Getting help for someone with active addiction is key to their success.



## Parental Substance Use Disorder: *The Expanding Impact on Children* (continued from page 1)

The National Institutes of Health note that of 304 unique studies, 12 of them evaluated the effects of parental opioid addiction on the parent-child relationship. Observation of mother-child interaction showed that mothers with opioid use disorders are more irritable, ambivalent and disinterested while showing greater difficulty interpreting children's cues compared with the control group. The children showed greater disorganized attachment. They were less likely to seek contact and more avoidant than children in the control group. The children also had increased risk of emotional and behavioral issues, poor academic performance and poor social skills. Younger children had increased risk of abuse and neglect that later in life may lead to difficulties such as unemployment, legal issues and substance abuse.

Current evidence shows the association between parental opioid use disorder, poorer mother-child attachment and suboptimal child developmental and behavioral outcomes. Further research and treatment targeting children and families with parental opioid use are needed to prevent difficulties later in life.

# The Importance of Medication-Assisted Treatment

By Erin Egloff, B.A.

**M**edication-Assisted Treatment (MAT) refers to the use of medication as part of an individual's substance use disorder (SUD) treatment and/or recovery, along with adjunctive therapy. It is evidence-based treatment that has been proven effective for those with certain substance use disorders.

Here are answers to some frequently asked questions about MAT from the NCADD-RA's Finger Lakes Addiction Resource Center:

## Why prescribe medication if a person is trying to live without drugs or alcohol?

Substance use disorders are life-threatening illnesses. MAT, an evidence-based practice, is approved by the Food and Drug Administration (FDA) for treatment. Our culture continues to struggle to understand that alcohol and other drug dependence are diagnosable medical conditions. For instance, if an individual has diabetes, he or she may have to take insulin for a period of time or indefinitely. Heart medication, blood pressure medication and anti-depressants are all effective ways to treat medical conditions, akin to how MAT is able to treat substance use disorders.

While it is understandable that a person would like to live a healthy life without any medication, there are some medical conditions that require or can be improved with specific medications. Dr. Stuart Gitlow, past president of the American Society of Addiction Medicine, makes the point that "the drug we're replacing is a dangerous one that will kill you, and we're replacing it with a drug that allows you to go back to work, have money in your pocket and live normally again."<sup>1</sup> MAT supplements a recovery plan that includes counseling or therapy, much like anti-depressants supplement a therapy and exercise regimen, and heart medication or insulin supplement a change in diet and exercise.

## What are the medications that are used in MAT?

There are different medications that treat opioid use disorder and alcohol use disorder. Opioid use disorder, in the form of pain pills or heroin, can be treated with three different medications. Methadone has been commonly known since the Vietnam War. In 1971 President Nixon supported the first federal program that used methadone to treat opioid use disorder. Methadone is a full agonist opioid impacting the brain by simulating that the patient's body is still receiving the substance, even though the person does not feel any effects. Methadone clinics are strictly regulated by state and federal legislation and those who are prescribed methadone normally have to visit a clinic every day or every two days because the medication's effect wears off within that time.

Naltrexone has also been approved by the FDA to be used in the treatment of alcohol use disorders and opioid use disorders. It can be taken as a pill or through an injection and is considered an opioid antagonist. This medication works by blocking certain brain receptors so that the effects of opioids or alcohol are not experienced.

Buprenorphine is the most recently approved MAT option available for opioid use disorder. The medication has increased access to treatment because it can be prescribed or dispensed by physicians who are properly waived. Often referred to as Suboxone, buprenorphine is an opioid partial agonist, which means that it has a physical impact similar to that of opioids but at a much lower level.

As with all medication, there are side effects, and the presence of other health problems needing medication also have to be taken into account. A waived MAT prescriber will work closely with their patient to ensure their use of MAT is safe.

## MAT sounds like it could help me or my loved one who lives with a substance use disorder. How do I go about getting a prescription for the medication?

It's important to remember that MAT is not magic; it is one form of treatment for individuals who meet certain criteria, and like other medications, it is not one-size-fits-all. MAT may or may not be an appropriate or effective treatment depending on an individual's specific situation, and is only one part of a treatment or recovery plan, alongside counseling or therapy. To find out if MAT is an option, an individual should receive an assessment at an OASAS Certified Treatment Center or an Open Access Clinic.

To find a convenient location in the Finger Lakes area, one can visit <https://ncadd-ra.org/services/finger-lakes-addiction-resource-center/> and look at their county's Treatment Provider Directory. After the assessment, an SUD professional will help develop a treatment plan that may or may not include MAT. The first steps are acknowledging that one needs help with their substance use disorder, and then seeking treatment.

1. Sheridan, Kate. "How effective is medication-assisted treatment for addiction? Here's the science." Statnews.com, May 15, 2017, <https://www.statnews.com/2017/05/15/medication-assisted-treatment-what-we-know/>.



# Youth at Risk – Vaping Trending Upward!

By Milagros Rodriguez, B.S.

**V**aping, Juuling and e-cigarette use have reached crisis-levels in our school systems. Currently in our nation, there are an estimated two million middle and high school users of these products. Locally, according to the 2017 Monroe County Youth Risk Behavior Survey, approximately 20 percent of youth reported using an e-cigarette in the last 30 days.

Marketers and manufacturers claim that e-cigarettes were created to help adults quit smoking, however, the facts show that young adults who use e-cigarettes are four times more likely to begin smoking tobacco cigarettes than their peers who do not vape. Teens claim to use these products for the availability of different flavors, their popularity among other young people, and the fact that it is easy to hide usage (devices look like pens or flash drives and the vapor is odorless). Many young people are unaware of how much nicotine these products contain. Many believe they do not contain nicotine at all, that it is simply water vapor. This is a myth! Ninety-nine percent of e-cigarette products sold contain some level of nicotine. The Juul is being called the “iPhone of e-cigs.” It is the most popular e-cigarette on the market with about 75 percent of market share.

Juul devices resemble flash drives. Some schools have had such an issue with Juuling that they have banned flash drives in order to avoid students sneaking Juuls into school. A Juul pod contains around 200 puffs which is equivalent to a pack of cigarettes. The Juul device also contains the highest level of nicotine of any e-cigarette device, and much higher than a traditional cigarette.

A growing concern in the health community is the toxicity of these e-cigarettes and how it has affected kids. According to NBC News, kids are having difficulty focusing and showing symptoms of withdrawal including headache, fatigue and stomachache, all of which can be symptoms of nicotine toxicity and even poisoning. This is all new territory, as researchers try to determine how nicotine affects the adolescent brain.

The Hispanic Prevention/Education Program has an evidence-based curriculum, Too Good for Drugs, that is offered to youth as young as kindergarten up to adults. The program covers topics such as self-esteem, decision making skills, how to manage emotions, as well as the effects of alcohol, tobacco and other drugs.



For more information on this program, contact Milagros Rodriguez at (585) 719-3486 or [mrodriguez@depaul.org](mailto:mrodriguez@depaul.org).

For more information on electronic cigarettes and vaping visit our website at: <https://ncadd-ra.org/resources/awareness-campaigns/ends-electronic-nicotine-devices/>

For further information regarding referenced statistics in the article visit: <https://www.nbcnews.com/health/health-news/vaping-sent-teenager-rehab-his-parents-blame-juul-s-heavy-n956356> or visit: <https://www2.monroecounty.gov/files/health/DataReports/MC%20YRBS%202017.pdf>

## Finger Lakes Coalition Corner Updates

By Barb Christensen, CPP and Jerry Bennett, B.A., CPP

**A**t the December 2018 meeting of the **Chemical Prevention Advisory Council (CPAC)**, Town of Perinton Supervisor Ciaran Hanna announced that the town amended their code to include vape shops under “Adult Use” establishments. This change imposes much stricter limits on their locations.

On May 1, 2019, the Rush-Henrietta School District and the Youth Asset Team will host a three-part series of community forums on mental health, suicide and substance abuse. The **Rush-Henrietta Community Health and Safety Coalition** has secured a stipend from **Substance Abuse and Mental Health Services Administration (SAMHSA)** to provide co-sponsorship for the forum focused on substance abuse.

**Welcome to new coalition leaders in the Finger Lakes area:**

- **Hannah Smith**, Brockport Campus-Community Coalition
- **Ward Brower**, Schuyler Coalition on Underage Drinking and Drugs
- **Marcy Lambrecht**, Ontario County Substance Abuse Prevention Coalition

For a complete list of Finger Lakes Coalitions and their respective points of contact, to view the Perinton town code regarding vape shops, and to download the Rush-Henrietta 2019 Spring Forum Series, visit the NCADD-RA website at <https://ncadd-ra.org/services/finger-lakes-prevention-resource-center/>.

# Research Updates on Cannabis Use in Adolescents and Newborn Health and Exposure

By Jennifer Faringer, MS.Ed., CPPg



In the February 2019 Journal of American Medical Association (JAMA) Psychiatry, a meta-analysis that included 11 studies with more than 23,000 adolescents and teens showed that cannabis users were 37 percent more likely to develop depression as young adults than were non-users. Prior research has shown similar links to depression, psychosis, schizophrenia and cognitive disorder but none were of the magnitude of this meta-analysis. This study showed not only a strong link between cannabis use in adolescence and depression, but also a strong link with suicidal ideation.

The findings have significant implication for public health “as they translate into more than 400,000 cases of adolescent depression that are potentially attributable to cannabis exposure... as such they stress the importance of educating teenagers regarding the risks of cannabis use.” Gobbi cautioned clinicians that “it’s important when you evaluate a patient in their early 20s to also evaluate their consumption of cannabis, both past and present.” [Gabriella Gobbi, MD, Ph.D., Department of Psychiatry, McGill University, Montreal was the principal researcher.]

“Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements.

However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties **but also by its availability and social acceptability.**

In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs **not because they are more dangerous than illegal drugs but because their legal status allows for more widespread exposure.**” -Dr. Nora Volkow, psychiatrist and director, National Institute on Drug Abuse (NIDA).



As the number of states that have or are considering legalization of marijuana grows and as the potency of marijuana has significantly increased, it is important to look at the impact on newborns. We already know that in utero exposure to cannabis can lead to higher rates of both low birth weights and preterm delivery. With the trends showing increased use and decreased perception of risk, it stands to reason that increasing numbers of pregnant women are using cannabis.

A retrospective review of over 1,000 newborns found those exposed to cannabis were 84 percent more likely than unexposed newborns to be low in birth weight,

79 percent more likely to be born preterm, and 43 percent more likely to be admitted to a neonatal intensive care unit. The researchers found these risks to be independent of other risk factors such as other drug exposure and sociodemographic risks. [Principal researcher Beth Bailey, Ph.D., University of Colorado Denver Anschutz Medical Campus.]

This research represents additional significant bodies of research that should inform anyone seeking to further promote the “medicalization” of marijuana. **The message must be that of exercising extreme caution when considering the legalization of recreational commercialized marijuana in any form whether edible, smoked or vaped.**

There are many ways you can make a difference in the lives of those served by the NCADD-RA. Your generous support will help NCADD-RA continue to provide quality education, support, resources, advocacy and referral. To donate, please visit: [www.ncadd-ra.org/donate/](http://www.ncadd-ra.org/donate/).

# Cultural Humility and Community Civil Unrest: Historical Strategies in Transforming Communities

By Earl Greene, M.A., CAMS-1/Fellow

I recently had the privilege of presenting at the Cultural Humility series of the 2019 Community Anti-Drug Coalitions of America's (CADCA) 29th Annual National Leadership Forum in Washington, D.C. The overall theme for the forum this year was "Transforming Communities - The Power of Prevention," which speaks to the growing problem of opioid, heroin and fentanyl misuse, overdoses and deaths, coupled with the legalization of medical and recreational marijuana.

## **There are debates on these issues which are worth examining:**

The issues of opioid, heroin and fentanyl misuse, overdoses and deaths that have affected predominantly white populations in suburban and rural areas are met with an urgency for prevention and treatment. While the growing crisis of crack cocaine misuse, overdoses and deaths in the 1980s primarily affecting urban (inner city) areas garnered national attention, it was not for prevention and treatment, but for the policies of stop and frisk, arrest and incarceration.

The discussion for the legalization of medical and recreational marijuana is very interesting whether you're for or against it. While we know the effects of marijuana – dependence, impairment, as well as legal and fatal consequences – the discussion has somehow shifted from preventing legalization to prevention by way of establishing a position. However, the discussion lacks a very key element – decriminalization. Since marijuana (medical and recreational) in some states

is legal, where are the proponents for decriminalization? What will happen with the number of people, mainly the disproportionate number of people of color currently serving 10 to 15 year prison terms for possessing small amounts of marijuana? Are we to assume that legalization, particularly for recreational marijuana, equates to decriminalization?

When considering the concept of "Transforming Communities - The Power of Prevention," I chose to address historical strategies from the past, particularly strategies implemented in community civil unrest which focused on impact verses outcomes. The Strategic Prevention Framework (SPF) developed by Substance Abuse and Mental Health Services Association (SAMHSA) provides us with a specific process of coalition development and action. These strategies include assessment, capacity building, planning, implementation and evaluation, with sustainability and cultural competence being at its core.

Cultural competence is the one area where we are lacking in our approaches to prevention. How often do we ask ourselves if a strategy or approach is culturally relevant and responsive? Culture is ever-changing and always being revised within the dynamic context of its enactment. "Culture does not determine behavior, but rather affords group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment, and their experiences. ...individuals choose

between various cultural options, and in our multicultural society, many times choose widely between the options offered by a variety of cultural traditions. It is not possible to predict the beliefs and behaviors of individuals based on their race, ethnicity or national origin." (Linda Hunt, Associate Professor of Anthropology at Michigan State University)

Rather than focusing on competence, which indicates fully acquired knowledge, we must focus on humility which indicates a process of learning and growth. Cultural humility is best defined not as a discrete end point but as a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues and with themselves.

"Cultural humility incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial partnerships with communities on behalf of individuals and defined populations." (Tervalon & Garcia, 1998)

Transforming community change begins with our mental framework and is manifested in our language and behaviors, impacting our very lives. In response to injustices, double-standards and unrest, we must address issues of concern and implement strategies that are culturally relevant and responsive for true transformation.

Dr. Martin Luther King, Jr. said, "Riots are the language of the unheard."





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

Non-profit Org.  
U.S. Postage  
**PAID**  
Rochester, N.Y.  
Permit No. 1323

## NCADD-RA Presents 73rd Annual Luncheon

**When:** Wednesday, May 22, 2019

Registration/book signing: 11:00 a.m. – 11:30 a.m.

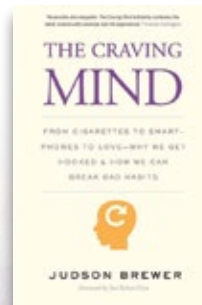
Annual Luncheon: 11:30 a.m. – 2:00 p.m.

**Where:** DoubleTree Inn

1111 Jefferson Road Rochester, New York 14623

**Keynote speaker:** Judson Brewer, MD, PhD presents “The Craving Mind”

**Register online:** <https://ncadd-ra.org/events-trainings/ncadd-ra-annual-luncheon/>  
or you can also contact Elaine Alvarado at (585) 719-3481 or [ealvarado@depaul.org](mailto:ealvarado@depaul.org).



Judson Brewer, MD, PhD



## Community Presentations Available Upon Request...

NCADD-RA provides community presentations on a wide variety of substance use disorder 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, faith groups, or workplace organizations.

**For further information or to schedule a presentation with one of our staff, please contact Amy Johnson at [ajohnson@depaul.org](mailto:ajohnson@depaul.org) or (585) 719-3489, or Jennifer Faringer at [jfaringer@depaul.org](mailto:jfaringer@depaul.org) or (585) 719-3480.**

### Topics include, but are not limited to:

- Signs, Symptoms and Current Trends
- Opioid Epidemic and Community Response/Resources
- Marijuana and Synthetic Drugs
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Problem Gambling: Impact on Families and Communities