

Vaping: An Emerging Health Threat

By Jennifer Faringer, MS.Ed., CPPg

The continued rise in the use of e-cigarettes and vaping among young people was again illustrated in our community with the Monroe County 2019 Youth Risk Behavior Survey (YRBS) recently released by the Monroe County Department of Public Health. Between 2015 and 2019,



the proportion of youth who reported ever having used an e-cigarette or vape product increased from 31 percent to 35 percent. The proportion who reported vaping in the last 30 days increased from 20 percent to 23 percent. During that same time period, trends for both cigarettes and cigar smoking significantly decreased from 12 percent to seven percent.

Mirroring local statistics, federal

data shows about three million U.S. high school students vaping last year.

While makers of various e-cigarette and vaping products claim they are not targeting young people, the escalating trends tell a different story. This summer, CNBC interviewed the CEO of JUUL for their documentary "Vaporized: America's E-cigarette Addiction." Why JUUL? They've quickly become the most popular vape product among teenagers and young



adults. JUUL has very quickly dominated the industry with a 40 percent share of the e-cigarette market that continues to rise. San Francisco, where JUUL's headquarters are based, has banned sales of e-cigarettes.

Why are teens becoming so quickly addicted to JUUL? The ease of use, its ability to be concealed, and its much higher nicotine content are among some of the reasons. JUUL pods typically contain the same amount of nicotine as a pack of cigarettes. The company maintains its products are meant for adults, yet its marketing features young models, bright colors and a variety of JUUL skins and other paraphernalia. At the time of this summer's CNBC report carrying the CEO's apology to parents, the latest research had not yet been released.

In August, 2019, the New York State Commissioner of Health released "Health Advisory: Unexplained Vaping-associated Pulmonary Illness" to hospitals, emergency departments and medical/nursing/pharmacy directors warning them of recent severe

cases with patients aged 18 to 49. All cases reported using a vape product.

By September, more information surfaced, finding an association with vaping that had Vitamin E acetate, an oil derived from Vitamin E that does not pose a similar danger when taken orally or applied to the skin. However, when inhaled, the oil-like properties could indeed be associated with observed symptoms. New York State health officials said Vitamin E acetate is now a "key focus" of their investigation of potential causes of vaping-associated pulmonary illnesses.

Additionally, "the Federal Drug Administration (FDA) is analyzing samples submitted by states for the presence of a broad range of chemicals, including nicotine, THC, and other cannabinoids along with cutting agents/diluents and other additives, pesticides, opioids, poisons and toxins," said FDA spokeswoman Stephanie Caccamo.

Patients described their symptoms as developing gradually with difficulty breathing, shortness of breath, and/or chest pain prior

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Addictions Counselor Credential Training (ACCT)

Class of 2020-2021 beginning January 7, 2020

Applications are being accepted for the next Addictions Counselor Credential Training (ACCT) class of 2020-2021. Classes start on Tuesday, January 7, 2020 and run for 16 consecutive months through May 2021. They are held Tuesday and Thursday evenings from 5:45 p.m. to 8:45 p.m. at the NCADD-RA located at 1931 Buffalo Road in Rochester, New York.

Applications are available by contacting Amy Johnson at (585) 719-3489 or ajohnson@depaul.org. Applications may also be downloaded from the website at ncadd-ra.org/services/addictions-counselor-credential-training/. Once a completed application

has been received by NCADD-RA, the applicant is contacted for a prospective student interview. Class is limited to a maximum of 30 students.

NCADD-RA is a long-standing New York State Office of Alcoholism and Substance Abuse Services approved Educational and Training Provider offering both the evening 350-hour ACCT program as well as ongoing continuing educational workshops during the day. While the ACCT program requires a separate mailed or faxed application, the continuing professional development workshops may be registered for online at: ncadd-ra.org/events-trainings/.



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

Elaine Alvarado
Administrative Assistant
(585) 719-3481
ealvarado@depaul.org

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

Barb Christensen, CPP
FL PRC Project Coordinator
(585) 719-3482
bchristensen@depaul.org

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

Erin Egloff, B.A.
FLARC Coordinator
(585) 719-3485
eegloff@depaul.org

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

Amy Johnson, MS.Ed.
Community Education Coordinator
(585) 719-3489
ajohnson@depaul.org

Aracelis Ramos
Bilingual Secretary
(585) 719-3484
aramos@depaul.org

Milagros Rodriguez, B.S.
Hispanic Prevention Education Program Coordinator
(585) 719-3486
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 e-mail **www.ncadd-ra.org** website
585-423-1908 fax

Vaping: An Emerging Health Threat *(continued)*

to being hospitalized. With some, their respiration was so compromised they required a ventilator. Additionally, some patients experienced gastrointestinal symptoms such as vomiting and diarrhea. Some reported fever and fatigue.

New York State is taking a proactive approach with an emergency ban on flavored e-cigarettes (often preferred by youth). In light of hundreds now reporting serious pulmonary illnesses in 33 states, Governor Cuomo and the NYS Commissioner of Health are warning New Yorkers to avoid vaping altogether. Under the NYS Medical Marijuana program, while smoking has never been approved, edibles, ointments, liquids and oils via vaporizer are allowed.

Locally, a manufacturer and supplier of vape products is now moving out of state. One question emerges about the current rise in serious pulmonary symptoms and whether that will cause New York to both reexamine the wisdom of allowing vaping in its medical marijuana program and perhaps give pause for the need by some to rush to legalization? Much research remains to be done while there are already cautionary tales emerging from states that have gone down the path of legalization.

Clearly, vaping and using e-cigarettes pose health risks for adolescents and young adults, with now more evidence that both may also pose risk for adults.



Taking Treatment on the Road

By Erin Egloff, B.A.



To address transportation barriers and extend substance use disorder services to as many people as possible, some treatment centers in the Finger Lakes region have implemented mobile units to visit homes, schools, workplaces or community locations. For those with limited transportation options, particularly in more rural areas, mobile units are a way to provide services to individuals who may otherwise not engage in treatment efforts. A lack of childcare options is also a challenge for some families and mobile units can bypass that concern by visiting someone's home.

The Genesee/Orleans Council on Alcoholism and Substance Abuse (GCASA) is using a State Targeted Response to the Opioid Crisis grant to establish the **GCASA Mobile Unit**, which regularly parks at medical offices and Genesee County Mental Health Services, and provides a credentialed counselor and peer services. Their customized van includes equipment used for substance use disorder assessment and evaluation, counseling sessions and peer conversations. Substance use disorder treatment appointments can be scheduled in the mobile unit.

Serving multiple counties, the **Finger Lakes Area Counseling and Recovery Agency (FLACRA)** has created a **Center of Treatment Innovation (COTI)** Department which includes a Mobile Clinic Team that serves as an extension of their outpatient clinics' services. Counseling and peer services are available through the Mobile Clinic Team 24 hours per day, seven days a week, for individuals struggling with substance use and their impacted loved ones. The Mobile Clinic Team is also able to use telepractice for remote prescriber services.

The Wayne County Center of Treatment Innovation (COTI) supports a **Mobile Crisis Response Team** serving county residents. The Mobile Crisis Response Team and the Regional Open Access Center recently celebrated their one-year anniversary on August 30 and are averaging approximately 260 contacts per month. The Mobile Crisis Response Team uses a Mercedes Sprinter van that has been customized as a mobile clinic equipped with a counseling area, restroom, prescription refrigeration, and telehealth video conferencing technology. The Team also includes Certified Recovery Peer Advocates (CRPAs) to connect with individuals and help them construct a recovery plan.

For more information on the GCASA Mobile Unit, call **(585) 815-1800**.

For more information on the FLACRA Mobile Clinic Team, call **(833) 435-2272**.

For more information on the Wayne County Mobile Crisis Response Team, call **(315) 946-5750**.

The Teenage Brain on Drugs

By Amy Johnson, MS.Ed.

Everyone knows that drugs are dangerous but not everyone realizes the detrimental impact that drugs can have on teenagers' brains. Science has proven that the human brain is not fully developed until age 25. Therefore, the use of drugs as the brain is developing can cause permanent damage.

The last portion of the brain to develop is the prefrontal cortex (the front of the brain). This part of the brain is involved with planning, controlling emotions, impulse control and judgement. This explains why teenagers are moody and sometimes engage in risky behavior. They grow out of this as their brain develops. However, if a teenager uses drugs or alcohol, they may struggle with emotion regulation, task completion or impulse control on a long-term scale.

The myelin in the brain is also not fully developed in a teenager. Myelin acts like an insulator which helps transmit brain messages. When there is less myelin, the brain sends louder messages. This results in teenagers experiencing more intense

sensations and pleasure, and causes them to experience negative emotions louder as well. This can cause and exacerbate the use of drugs and alcohol in teens, either through them wanting to experience the pleasure feelings or to mute the negative emotions. For this reason, the maturing brain is at risk and vulnerable to short-term and long-term use and abuse of drugs and alcohol.

All addictive substances disturb the reward pathways in the brain. They affect the chemicals in the brain known as endorphins, particularly dopamine. These chemicals are what produce happiness and positive feelings. This reward pathway is the way in which teens are highly motivated, through positive feelings.

Use of drugs or alcohol can alter these reward pathways which can result in everyday activities not providing positive feelings anymore. Their brains crave the feelings provided from drugs and alcohol. It can even lead to natural messages being overridden to the point teenagers feel they don't need



food, sleep, or friends as much as they need drugs or alcohol. These feelings may lead to becoming addicted faster and are the reason that drug use in teen years creates a higher risk for addiction later in life.

The world and culture teenagers are experiencing today is much different than the world that existed even 15 years ago. Teenagers are faced with new pressures and new substances. Due to these factors, it is important for parents and teachers to be educated, involved and observant when it comes to teenage substance use and abuse.

The Opioid Epidemic and its Relationship to Mental Health

By Milagros Rodriguez, B.S.

The opioid epidemic has become a crisis in our country. We hear of it practically every day in our local and national news. Unfortunately, we also hear of it through our friends or family that have been affected by the loss of a loved one. The numbers are alarming with hundreds of deaths locally in our community and thousands nationally. These individuals who are now a statistic in this tragic epidemic were someone's child, spouse, parent, sibling, family member and friend. How are people dealing with the loss of their loved one?

New data indicates that the chances of youth suicide are nearly double for the children of parents who use opioids. There has been an increase in youth suicide, specifically the number of girls committing suicide, closing the gap between male and female suicide rates. "Girls between 10

and 14 years of age showed the largest percentage increase."¹

Pain management is often one of the things we associate with opioid addiction, yet how often does mental health come to mind? How are families impacted by a loved one using opioids? "The care of families with a parent who uses opioids, researchers advised, should include mental health screening of their children."²

Mental health is a conversation that has less stigma today than it did decades ago. It is now discussed when you visit your primary care physician. Educators, teachers and adults that have contact with youth are being trained in Mental Health First Aid and how to identify if a child needs intervention services or treatment. All New York State students will discuss mental health as part of their school curriculum.

Some college professors are incorporating mental health days into their courses. Going to the gym is addressed as keeping your body and mind healthy.

The Hispanic Prevention Education Program (HPEP) offers evidence-based programs covering topics that are important to emotional, physical and mental health such as self-esteem, healthy decision-making skills, healthy relationships, and the dangers of alcohol, tobacco and other drugs, to name a few. For more information on the HPEP program and its services, please contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

1. Tumolo, J. (2019). Suicide Attempt Risk Doubles in Children if Parent Uses Opioids. *Psych Congress, Volume 5. (No.1), Pg. 7.*

2. Tumolo, J. (2019). Young Girls' Suicide Rate Shows Unprecedented Growth. *Psych Congress, Volume 5. (No.1), Pg. 12.*



The FDA's Commitment to Sound Policy on CBD

From Testimony: Hemp Production and the 2018 Farm Bill, July 25, 2019

By Bridget DeRollo, B.S., CPPg

The 2018 Farm Bill was signed into law in December 2018, changing the definition of marijuana in the Controlled Substances Act (CSA).

The new version of the bill removes hemp (defined as *Cannabis sativa* L.) and derivatives of cannabis that have no more than .3 percent concentrations of the psychoactive compound delta-9-tetrahydrocannabinol (THC) on a dry weight basis.

Prior to this enactment, the CSA did not differentiate between hemp and all cannabis and listed them as Schedule 1 substances controlled by the Drug Enforcement Administration (DEA).

The 2018 Farm Bill explicitly preserved the Federal Drug Administration's (FDA) authority over hemp products, therefore, hemp products must meet any applicable FDA requirements and standards, just like any other FDA-regulated product. For example, the FDA's existing authorities over foods, dietary supplements, human and veterinary drugs and cosmetics apply to hemp products. These safeguards help ensure that Americans have access to safe and accurately labeled hemp products and, in the case of drugs, that patients can depend on the effectiveness of these products.

In late 2018, the FDA advanced three hemp seed-derived food products through the agency's Generally Recognized as Safe (GRAS) process. Hemp seeds do not naturally contain cannabidiol (CBD) or tetrahydrocannabinol (THC), which are cannabinoid compounds that are found in other parts of the cannabis plant. The hemp seed products – hulled hemp seed, hemp seed protein powder and hemp seed oil – can be legally used in the U.S. food supply. Any food products made with these hemp seed ingredients are subject to the same FDA requirements as any other food, such as those related to

ingredient and nutrition labeling, as well as the risk-based, prevention focused Food Safety Modernization Act safeguards.

The current regulatory state is more complex when it comes to hemp products that contain CBD. It is unlawful under the Federal Food, Drug, and Cosmetic Act (FD&C Act) to introduce into interstate commerce a food or dietary supplement (including any animal food or feed) which has an added substance that is an active ingredient in an approved drug product or a substance for which substantial clinical investigations have been instituted, and the existence of such investigations has been made public. These provisions in the statute exist to protect patients and preserve their access to the most safe and advanced pharmaceutical system in the world. Adding drugs like blood pressure medicines or chemotherapeutics to foods, or to products marketed as dietary supplements, may not be in the best interests of American consumers and patients.

In June 2018, the FDA approved the drug Epidiolex for treatment of seizures associated with two very rare and severe pediatric diseases. The approval of this medicine was a significant milestone for these patients and their families. The active ingredient in this drug is pure CBD with no THC. (Note: clinical studies revealed that CBD is not risk-free. It identified certain safety risks including the potential for liver injury.) Based on both the approval of this drug, as well as previous substantial clinical investigations of CBD, it cannot be marketed as a dietary supplement, and foods to which CBD has been added cannot be introduced into interstate commerce under the FD&C Act. The only exception is if the drug was marketed in foods or dietary supplements before the drug was approved and before it was subject to substantial clinical investigations. The FDA is not aware of any priors; therefore, the FDA has concluded this exception does not apply to CBD.

The passage of the 2018 Farm Bill has led to the misperception that all products made from or containing hemp, including those made with CBD, are now legal to sell in interstate commerce. Storefronts and online retailers have flooded the market. The FDA has seen CBD appear in a wide variety of products including foods, dietary supplements, veterinary products, and cosmetics. However, the FDA's role remains the same: to protect and promote public health. The FDA's biggest concern is the marketing of CBD products that make unsubstantiated therapeutic claims to prevent, diagnose, mitigate, treat or cure serious diseases, but have not obtained new drug approvals (and the FDA has issued numerous warning letters regarding such).

The proliferation of such products may deter consumers from seeking proven, safe medical therapies for serious illnesses – potentially endangering their health or life. The FDA has identified additional concerns of products revealing they did not contain the amount of CBD claimed on a products label, and/or the products contained other substances that were not on the label such as other cannabinoids like THC.



SAMHSA Providing New Source of Training and Technical Assistance for Prevention Efforts

By Barb Christensen, CPP

Many of you may be familiar with the former regional Centers for the Application of Prevention Technologies (CAPT), developers of the Substance Abuse Prevention Skills Training and Ethics for Prevention Training. In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) made the decision not to renew the contract funding the regional CAPTs. However, in its effort to improve implementation and delivery of effective substance abuse prevention interventions and provide training and technical assistance services to the substance abuse prevention field, SAMHSA instead began forming a network of regional Prevention Technology Transfer Centers (PTTC). The PTTC Network, modeled after the Addiction Technology

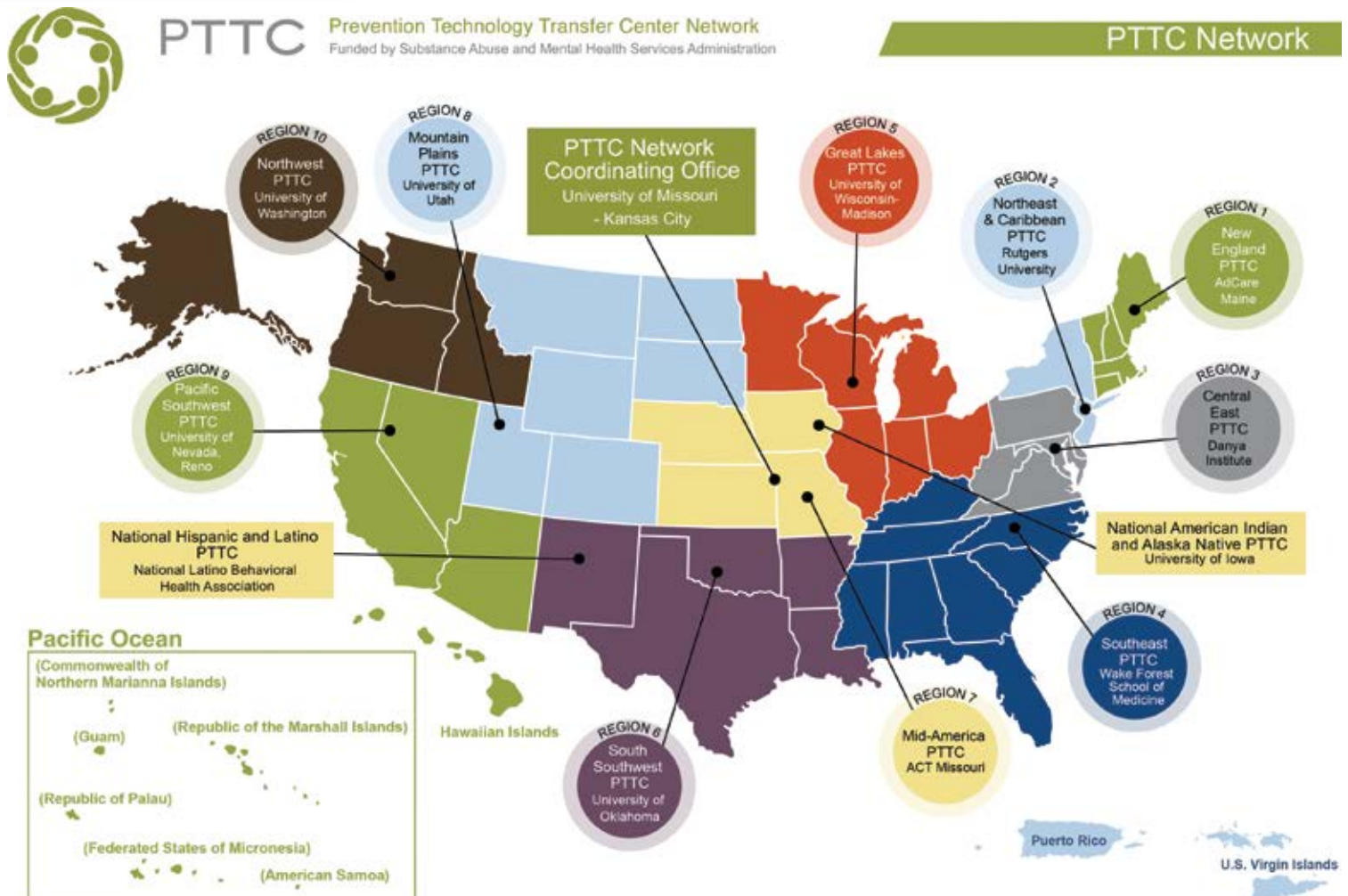
Transfer Centers (ATTC) established in 1993, is made up of 10 Domestic Regional Centers, two National Focus Area Centers and a Network Coordinating Office. Together, the network serves all 50 states, the District of Columbia and Puerto Rico, plus all other US territories. New York State is served by the Northeast & Caribbean Prevention Technology Transfer Center (NeC-PTTC), administered by the Center for Prevention Science, School of Social Work and Rutgers University which covers New York, New Jersey, Puerto Rico and the US Virgin Islands.

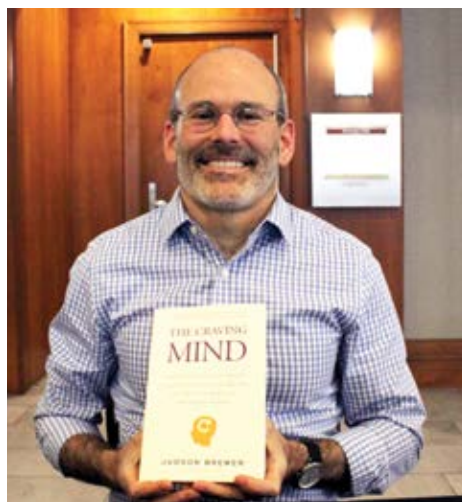
The NeC-PTTC model includes federal, state and local planning and capacity building; state-of-the-art training and technical assistance services; augmenting the resources available to community

coalitions and funded providers to improve their understanding of prevention science, epidemiological data and use of evidence-based and promising practices.

The Finger Lakes Prevention Resource Center (FLARC) continues to work with regional communities and providers, offering training and technical assistance on all the elements of the Strategic Prevention Framework (SPF). Being able to access the additional training and technical assistance provided by the new NeC-PTTC will provide a boost to our communities which are often asked to plan and implement complex, multifaceted strategies to address their local substance abuse issues.

If you would like more information about the PTTC Network or the NeC-PTTC, please visit: pttcnetwork.org/centers.





NCADD-RA's Annual Luncheon

DePaul's National Council on Alcoholism and Drug Dependence –Rochester Area held its Annual Luncheon on May 22, 2019 in Rochester, New York, celebrating 73 years of service.

Top row (from left to right): Winner of the Charlotte C. Hegedus Community Excellence Award, Rick Briggs, LMHC, CASAC, Westfall Associates, pictured with NCADD-RA Director Jennifer Faringer. Keynote Speaker Judson Brewer, M.D., Ph.D. NCADD-RA Family Program Coordinator Bridget DeRollo pictured with the winner of the Helen Guthrie Memorial Youth Advocate of the Year Award April Aycock, LMHC, CASAC, URM Strong Recovery. *Bottom row (from left to right):* NCADD-RA staff Earl Greene and Jerry Bennett. NCADD-RA staff Aracelis Ramos, Elaine Alvarado, Amy Johnson, Milagros Rodriguez and Barb Christensen.



If NCADD-RA has touched your life, and has made an impact on you, your family, and your community please consider making a donation.

Your generous support will help NCADD-RA continue to provide quality education, support, resources and referral and advocacy through our many programs and services!

There are many ways you can make a difference in the lives of those served by the NCADD-RA.

To donate, please visit ncadd-ra.org/donate.



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and Drug Dependence – *Rochester Area*
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Rochester, New York 14624

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ACES

Adverse Childhood Experiences (ACEs) can include exposure to:

- Abuse
- Substance use
- Loss of family
- Neglect
- Loss of friends
- Violence
- Mental illness
- And more

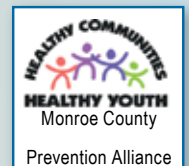
Resources:

- Center for Parent and Teen Communication
<https://parentandteen.com>
- SAMHSA
- Center for Disease Control and Prevention (CDC)
www.cdc.gov/violenceprevention/acesstudy/
- www.acesconnection.com

Brighton.....(585) 242-5200 x5012
DePaul's NCADD-RA.....(585) 719-3482
East Irondequoit.....(585) 339-1525
Fairport-Perinton.....(585) 421-8419

Greece.....(585) 966-2345
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Rush-Henrietta.....(585) 359-5233
Spencerport.....(585) 349-5245
Webster.....(585) 216-0026
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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 or (585) 719-3489, or Jennifer Faringer at 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
- Vaping and E-cigarettes
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Problem Gambling: Impact on Families and Communities