

## The Essential Role of Prevention, During and Post-Pandemic

By Jennifer Faringer, NCADD-RA Director



**W**e are collectively experiencing ongoing disruptive changes due to the COVID-19 pandemic.

The need for social distancing, while critical to stopping the spread, continues to have a substantial negative impact on the physical and mental well-being of parents and their children across the country, according to a new national survey published in *Pediatrics* (July 24, 2020). Another recent study, conducted in June by Monroe Carell Jr. Children's Hospital at Vanderbilt and Ann & Robert H. Lurie Children's Hospital of Chicago, found similar results with a five-day survey of parents across the country. The results showed that 27 percent of parents reported worsening mental health for themselves and 14 percent reported worsening behavioral health for their children.

Additionally, the rise in both accessibility and overconsumption of alcohol is playing a role. Early in the pandemic, access to alcohol was deemed essential which altered the way it could be purchased and delivered. Increased access fostered a pattern of increased use, bulk purchasing, and overconsumption. More individuals were consuming greater quantities than they had prior to the pandemic. This was due in part to consumers' desire to numb themselves to the stress of rapid changes and the unknown.

Fears and misconceptions fostered the myth that consuming high levels and/or high strengths of alcohol would kill the virus. This is a fallacy; instead, it makes the user more susceptible to COVID-19.

We know from decades of research that high consumption of alcohol is associated with an increased risk of alcohol-related diseases and rates of mortality. Heavy consumption is especially dangerous during this time as it increases the risk of virus transmission by decreasing the effectiveness of the immune system, decreasing lung function, and increasing the likelihood of risky behavior that in turn increases exposure.

The rates of drinking and other drug use across all age groups were already on the rise prior to COVID-19. Add on the stress of the pandemic and you have a potential recipe for disaster for youth, families and communities. We have been correctly asked to remain physically distant and continue to wear masks. In the spring, parents were homeschooling their children, often while working remotely. Each of these necessary precautions have helped our community and our state drive down the infection rate from the highest in the nation to one of the lowest.

**The National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) continues to be at the forefront of prevention efforts, specifically...**

NCADD-RA has transformed all of our educational services and programs to be virtually available. This includes offering Too Good for Drugs (TGFD) in English and Spanish to local schools/classrooms, the Family Program to foster parents, individual violator sessions, and presentations and workshops on a wide variety of educational topics to school and community groups.

Our continuing education for professionals has also shifted to a virtual format. These may be accessed through online registration and continue to provide CASAC/PPP/CPS/LMHC hours. We resumed our Addiction Counselor Credential Training (ACCT) program as well.

NCADD-RA continues to facilitate and provide a leadership role in various networks and task forces to include the Opioid Task Force of Monroe County, the Collegiate Task Force, the Finger Lakes Consortium on Alcohol and Substance Abuse Services (FL CASAS), the regional Prevention Network, the Alcohol and Substance Abuse Providers (ASAP) of New York State's Prevention Committee and many others.

The role of the Council is to be the community's "front door," helping individuals and families identify local services and resources. To assist in that effort, NCADD-RA has completed biannual updates of our Monroe County Office of Addiction Services and Supports (OASAS) Treatment Directory, Recovery Services Directory, Gambling Services Directory as well as our new OASAS Prevention Providers Directory. All may be accessed at: [ncadd-ra.org/resources/information-referral/](https://ncadd-ra.org/resources/information-referral/).

Our Finger Lakes Addiction Resource Center (FLARC) continues providing information and referral linkages to the expanding community partner network and has updated the above resource directories, Medically Assisted Treatment (MAT) Directory (and much more) for the eight counties surrounding Monroe. All may be accessed at [ncadd-ra.org/services/finger-lakes-addiction-resource-center/](https://ncadd-ra.org/services/finger-lakes-addiction-resource-center/).

Our Finger Lakes Prevention Resource Center (FL PRC) has shifted to a virtual

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## The Essential Role of Prevention, During and Post-Pandemic *(continued)*

format to offer comprehensive technical assistance, networking and educational opportunities. The FL PRC staff continue to actively participate in the numerous coalitions in the Finger Lakes region. Attendance has increased for several regional coalitions.

Staff continue to actively support the two State Opioid Response grantees by working with the two designated coalitions in the Finger Lakes, as well as the designated College Coalitions in our region. Regional

Coalition contacts may be found on the FL PRC page at [ncadd-ra.org/services/finger-lakes-prevention-resource-center/](http://ncadd-ra.org/services/finger-lakes-prevention-resource-center/).

We invite you to reach out to staff at NCADD-RA for more information on resources, referrals, education and support. Visit the National Council on Drug and Alcohol Dependence-Rochester Area (NCADD-RA) website at [ncadd-ra.org](http://ncadd-ra.org) or visit us on Facebook at [www.facebook.com/NCADDRA/](https://www.facebook.com/NCADDRA/).

Lastly, during this time of stress and

uncertainty, we have an opportunity to self-reflect. Consider both who you want to be during and post-COVID-19. Consider tracking your journey from the fear zone to the learning zone to the zone of growth!

After all this is over, all that will have really mattered is how we have treated one another! Remember staying safe requires our communities coming together for the good of all! Please stay safe, practice social distancing and above all, WEAR A MASK!

Who do I want to be during COVID-19?

- I hoard food, toilet paper and medications I don't need.
- I complain all the time.

### FEAR ZONE

- I forward all messages to others.
- I transmit my anger and fear related emotions to others.

- I stop compulsively consuming things that harm me, from food to news.

### LEARNING ZONE

- I start letting go of things that are out of my control.
- I identify my emotions.

- I make myself aware of the situation and think about the best way to act.

- I verify information before I share it.
- I acknowledge everyone is trying their best.

- Find a purpose.
- I think of how I can help others.
- I show gratefulness.

### GROWTH ZONE

- I use my skills to serve those in need.
- I show empathy to myself and others.

- I live in the present and focus on the future.
- I keep myself emotionally happy and transmit hope.

- I find ways to adapt to changes.
- I practice calmness, patience, relationships and creativity.



**Front row:** Aracelis Ramos, Bridget DeRollo and Jerry Bennett.

**Back row:** Jennifer Faringer, Elaine Alvarado, Amy Johnson, Erin Egloff, Milagros Rodriguez, Irene Lawrence and Earl Greene.

### 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

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# No Justice, No Peace, In the Absence of Truth (A Case for Cultural Humility)

by Earl Green, FL PRC Community Development Specialist

**T**he COVID-19 pandemic, economic crisis, and civil unrest is the current state of America. At the core is systemic institutional and structural racism.

of racism embedded in the very structure and institutions of America. It is woven into the very core of the systems that are implemented. It almost fits the adage, "To not be racist, is to not be American."

**"....and judgement is turned away backward, and justice stands afar off; for truth is fallen in the street, and equity cannot enter...." -Isaiah, Prophet**

For over 20 years, I have provided training, seminars, lectures, workshops, and sermons on anti-racism, diversity, inclusion and equity at national conferences, federal, state and local agencies, community organizations, schools and churches throughout the US and Canada.

I have experienced the powerful blow of hatred, bigotry and racism. Since the pandemic descended on this nation, war has been declared on civil and human rights, particularly on black and brown citizens. There is a denial of reality; cognitive dissonance, and a determination to uphold and protect systemic institutional and structural racism that has plagued us for over 400 years, is being perpetuated and sustained from the highest office in the land. Black and brown lives have been and still are in peril today.

**How do we define truth?** Truth is a quality or state of being true; an absolute force manifested by the verity of the matter. Truth reveals, it is transparent, and at times (if not most times) makes us vulnerable. In the absence of truth, how can there be justice? The cry, the plea and the demand for equity, righteousness and justice, cannot be met in the absence of truth. To deny truth, we deny equity; to deny truth, we deny righteousness; to deny truth, we deny justice; and to deny truth, we deny peace.

**How can equity enter when truth has fallen?** By definition, equity is that which is just and righteous; it is fair. The truth of history reveals a systemic issue

Racism is embedded in the following institutions: housing, health care, judicial, law enforcement agencies, education, religion, banking, treatment, mental health and even prevention. To truly experience a transformation, the truth of history and the current systemic problem of racism must be acknowledged and confronted.

## **A Case for Cultural Humility:**

Cultural humility is a process of communal reflection to examine the root causes of suffering, with the goal of creating a more inclusive worldview. It was originally developed by Melanie Tervalon, M.D., MPH, and Jann Murray-Garcia, M.D., MPH, to address health disparities and inequities in medicine and is further discussed by filmmaker Vivian Chavez in the video titled *Cultural Humility: People, Principles, and Practices*. It's a multidimensional concept that includes self-reflection, critical self-thought, and lifelong learning. It also requires an awareness of power dynamics to ensure respectful partnerships and institutional accountability.

**How do you hone and strengthen your move toward truth, equity and wellness?** It takes time, and that's OK. Structural racism and bias have resulted in bigotry, hatred, disregard, and disrespect. It will take time to unravel this, as well as to collectively heal. Maya Feller, M.S., R.D., CDN recommends the following:

### **1. Commit to unlearning.**

Begin unpacking and unlearning what you know while being ready to take in new information. Seek out educators

and teachers who are not replications of yourself. To learn something new, we all need to be comfortable taking a step outside of our bubble.

**2. Engage in both formal and informal learning.** Not everything happens in a classroom, and we all learn differently. Seek out teacher trainings and continuing education opportunities where the leaders include people of color, people of different body shapes, sizes, and abilities, and people who identify as LGBTQIA+.

**3. Diversify your life and work experiences.** Allow yourself to cultivate organic relationships with people outside of your cultural group. Consume art and music from a multitude of cultures. Expand your palate and taste foods outside of your normal routine. Read books written by authors from other cultures, not just the books that outline disparities but where people live their everyday lives and experience a range of emotions. Continually ask yourself to make space for alternative viewpoints.

**In conclusion,** we must keep fighting for equity, righteousness, and justice. We must keep standing, teaching and speaking truth, for truth must stand again in the street. Why? Because our children are watching, the next generation is watching, and history is watching.

My thoughts and prayers are extended to all the families who are being buffeted by the strong headwinds of grief and bereavement. I acknowledge their pain and express my condolences to the many families (African Americans and people of color) dealing with the tragedy of loss and trauma associated with how Daniel Prude, Jacob Blake, George Floyd, Ahmad Aubrey, Breonna Taylor, and countless others who lost their lives and those who were severely injured at the hand of those whose job it is to serve and protect. Black Lives Matter.



# A Society Under the Influence

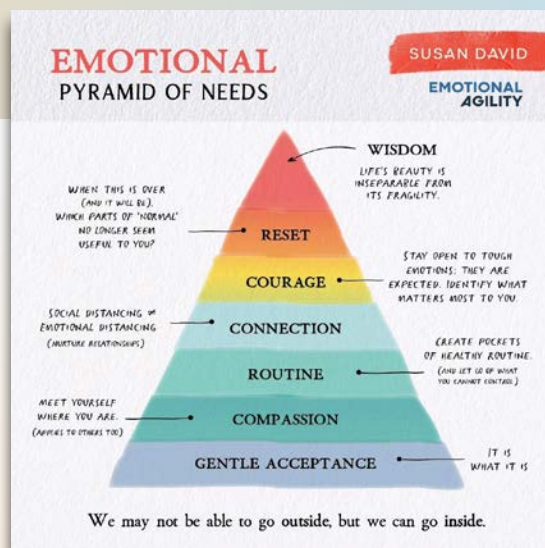
by Bridget DeRollo, Family Program Coordinator

A family system is a fluid unit operating at a particular capacity and is influenced by multiple factors and conditions. Substance use disorder is one example of a condition (a disease) which can seriously impair a family's ability to function and impacts each individual family member. It is important to note that the **children are most vulnerable**. Often, children get tangled up in the confusion, stress, unpredictability and other adverse experiences which have a present and future impact on their lives (Adverse Childhood Experiences; ACE's [www.cdc.gov/violenceprevention/aces/about.html](http://www.cdc.gov/violenceprevention/aces/about.html)).

On an oddly similar note, we have been undeniably 'under the influence' of a global pandemic that has caused us to suddenly move from the comfort zone of familiarity and routine to many unknowns. It's induced stress and fear, grief and loss, and has challenged us to navigate our direction. To add to these dynamics, our citizens are confronting injustices, are seemingly being divided and separated by what's becoming politically polarized bedrock, wildfires, hurricanes and flooding are hitting our coastline states, and many are facing potential economic setbacks. Mental health issues, substance use, relapse, household violence and drug overdoses, to name a few, are on the rise.

Clearly, we are **under the influence of stress and change**. All of us. In our own unique ways. It's influencing the world 'pulse.' But let's not forget, **this is also a time of opportunity, learning and growth**. And, certainly, **let's not forget our children**. Whether it be teachers and staff, parents and family members, health care workers, human service providers or passersby in our communities, our children need us. They are depending on us to provide them a sense of normalcy, to calm their fears, to be good role models, and to lend to an environment that is rich and safe for them to learn and thrive in. This includes a sense of security, a feeling of belonging, and a place where relationships and connection are formed and maintained.

The chart below is a breakdown of the protective factors which mitigate health risk and risk behavior and risk factors for individuals, families and communities.



For children who were already living with chronic stress prior to COVID-19, including children impacted by substance use disorder in the family, we know they are dealing with additional stress and we are here to support them. The NCADD-RA offers the Total Approach Family Program and other support services for families impacted by substance use disorder. For more information, contact Bridget DeRollo, Family Program Coordinator at (585) 719-3483 or [bderollo@depaul.org](mailto:bderollo@depaul.org).

Lastly, life is transforming. Attempts at rebalancing our lives begins with focusing on what we can control. Some of us are in the field of improving human lives but when we all get involved, just imagine what we can accomplish.

## Protective Factors

## Risk Factors

<ul style="list-style-type: none"> <li>• A feeling of control over one's life</li> <li>• A sense of cohesion with others</li> <li>• Close relationships with competent adults</li> <li>• Connections to prosocial organizations</li> <li>• Tolerance for delayed gratification</li> <li>• A sense of humor</li> </ul>	<b>Individual Factors</b>	<ul style="list-style-type: none"> <li>• Little sense of control over one's life</li> <li>• Poor self-control</li> <li>• Negative emotionality</li> <li>• A need for immediate gratification</li> </ul>
<ul style="list-style-type: none"> <li>• Good parenting skills</li> <li>• Trusting relationships</li> <li>• Well-defined family roles and responsibilities</li> <li>• Opportunities to learn to deal with criticism, rejection and silence</li> </ul>	<b>Family Factors</b>	<ul style="list-style-type: none"> <li>• Parental and sibling drug use</li> <li>• Poor child rearing and socialization practices</li> <li>• Ineffective parental supervision</li> <li>• Family conflict and marital discord</li> <li>• Domestic violence, abuse and neglect</li> </ul>
<ul style="list-style-type: none"> <li>• Participation in school, work and community with a sense of belonging and contributing</li> <li>• A social network of peers</li> <li>• An opportunity to learn to handle challenges</li> </ul>	<b>Community Factors</b>	<ul style="list-style-type: none"> <li>• Limited resources</li> <li>• Low socioeconomic status</li> <li>• Communities that lack the ability or resources to reach out to those in need of assistance</li> </ul>

# The Impact of Remote Learning

by Milagros Rodriguez, HPEP Coordinator

**C** OVID-19 has made this year very challenging in so many ways. It has literally changed every aspect of our lives. We are now faced with new ways of socializing, building relationships, monitoring our finances, health and learning. Technology has been a huge part of our daily lives, yet virtual physician office visits and virtual education went from personal preferences to the “new normal.”

Although some have transitioned to this “new normal” without any problems, unfortunately that’s not the case for all, especially as it pertains to remote learning.

“The US education system was not built to deal with extended shutdowns like those imposed by the COVID-19 pandemic.” (E. Dorn, B. Hancock, J. Sarakatsannis, E. Viruleg).

Many school districts are providing students with laptops and tablets, yet not all students have access to internet service. This barrier is higher in lower income sectors which are predominately comprised of Black and Hispanic students. Furthermore, many of the parents in these low-income areas work full-time and away from home, thus, children are not supervised during learning time. The learning loss therefore is higher for both Black and Hispanic students, increasing the existing learning gaps. The effects of remote learning could possibly last a lifetime.

“In normal circumstances, students who miss more than ten days of school are 36 percent more likely to drop out. In the wake of school closures following natural

disasters, such as Hurricane Katrina (2005) and Hurricane Maria (2017), 14 to 20 percent of students never returned to school. We estimate that an additional two to nine percent of high school students could drop out as a result of the coronavirus and associated school closures – 232,000 ninth to 11th graders (in the middle scenario) to 1.1 million (in the worst one).” (E. Dorn, B. Hancock, J. Sarakatsannis, E. Viruleg).

In addition to the disruption in learning, there likely has been a disruption to students’ emotional and social well-being. Many sports and extra-curricular activities have been cancelled, many graduations were virtual, and students are missing their peers and their school support systems, all of which could possibly result in students feeling isolated, lonely, stressed and anxious.

Now more than ever, students need to feel supported and cared for by their parents and guardians as well as by their teachers and educators. The Hispanic Prevention Education Program (HPEP) can provide lessons virtually to students in the Rochester City School District to discuss these important issues of feelings and emotions, especially during COVID-19. The lessons are available to students in grades K-6 and can be offered in Spanish as well. They are part of the evidence-based curriculum Too Good for Drugs which consists of 10 lessons. For more information, please contact the HPEP Coordinator Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.



**“The US education system was not built to deal with extended shutdowns like those imposed by the COVID-19 pandemic.”**



Resource: Dorn, E., Hancock, B., Sarakatsannis, J., Viruleg, E. (2020). COVID-19 and student learning in the United States: The hurt could last a lifetime, McKinsey & Company June 2020



**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](https://ncadd-ra.org/donate).**

# Polypharmacy in the Older Adult Population

by Amy Johnson, Community Education Coordinator



**P**olypharmacy is commonly defined in the medical community as the use of several (usually five or more) medications daily (legal drug use as prescribed). This is particularly common in the older adult population. An estimated 50 percent of adults over the age of 65 take five or more medications a day, with 12 percent taking ten or more medications. Although sometimes polypharmacy is necessary, in some instances it can lead to negative outcomes and poor treatment effectiveness.

Studies have showed that polypharmacy is linked to a decrease in overall quality of life, including decreased mobility and cognition. It is also associated with an increased risk of falls and functional decline. Usually, polypharmacy is a slippery slope. A patient complains of side effects from one drug and then another drug is added to their regimen to combat unwanted symptoms and so on and so forth; the cycle continues. Every medication has potential side effects, and with every drug added to a regimen, there is an added risk of side effects.

Polypharmacy "gone wrong" can lead to medication nonadherence due to difficulty managing multiple medications, drug duplication (being prescribed the same medication just with a different name), drug interactions, and adverse drug reactions

which refer to an injury or illness that is a result of a medication, which account for approximately 10 to 30 percent of hospital admissions of older adults.

It is important for patients who take multiple medications to have a prescription drug audit with their primary care physician every year. This is where the patient brings in all the prescriptions they take on a regular basis and the doctor reviews each one. This audit should also include over-the-counter medications, supplements and vitamins that are taken regularly. This will allow the physician to identify any potential drug interactions or to eliminate any unnecessary medications.

Deprescribing is the most common intervention for polypharmacy, including the identification and discontinuation of medications where the benefit does not outweigh the harm. This should be considered when a new symptom arises, when the patient develops an end-stage disease, and/or if the combination of drugs is risky. There are special tools that doctors use to determine if deprescribing is the best option. It is very important to speak openly with your doctor about all medication use and to advocate for yourself or your loved one.

## Community Coalitions Campaign to Monitor, Secure and Dispose of Medications

by Jerry Bennett, FL PRC Community Development Specialist

- **Bet you wouldn't go out without monitoring the air in your tires, the gas in your tank, or the cereal in your stomach. But what about monitoring the medications in your home?**
- **Bet you wouldn't ride without securing your helmet or drive without a seatbelt. But what about securing the medications in your home?**
- **And I'm sure you would dispose of your daily trash and remove expired, moldy food from the fridge. But what about your expired, unwanted, unused medications in the home? They need to go too!**

**I**n the Finger Lakes region, the Substance Abuse Prevention Coalition of Ontario County has launched the Monitor, Secure, Dispose campaign to address one element of the opioid crisis utilizing a grant from the New York Office of Addiction Services and Supports (OASAS). As part of the campaign, parents are encouraged to monitor their medications, check usage and remind kids about their 'stay clear' policy (example 'back in the day', parents might have 'notched' the whiskey bottle to gauge improper usage). Many other community coalitions in the

region have launched similar campaigns.

In addition to monitoring their medications, parents are also encouraged to secure and even lock them up. So, do we tighten the caps? Put med bottles up high and out of sight? Clear them off the counter and nightstand? Perhaps even put them in a Rx Safer Lock Box which holds 8-10 standard size pill bottles, with a combination lock?

Finally, as medications expire, become unusable or are no longer needed - now what? Coalitions have seen success in working with local law enforcement and other partners to get medication disposal

boxes installed throughout their community/county. The coalitions have promoted and publicized the locations with brochures, newspaper ads and public presentations.

Adults without easy access to these boxes have been encouraged to use medication destruction bags (i.e., Deterra). The process is simple: drop the meds into the disposal bag, add water to the charcoal-like ingredients in the bag, shake well, and dispose into your household trash. The meds have now been neutralized!

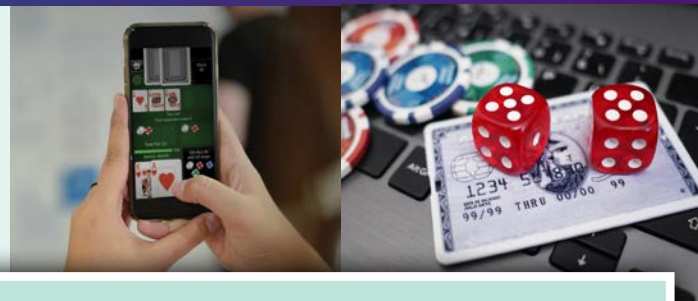
Coalitions have designed creative support materials including bookmarks and newspaper ads with drug drop box locations, magnets, brochures, flyers targeted to realtors, funeral homes, hospice care, veterinarians and parents, and even a short, youth-developed video clip highlighting Disposal Rx packets, created by the Steuben Prevention Coalition and highlighted nationally on the Disposal Rx website.

Kudos to so many who are taking a 'bite out of the problem!'



# Recovery from Problem Gambling: Challenges During Times of COVID-19

by Jennifer Faringer, NCADD-RA Director



## YOU(th) Decide!

**S**eptember was National Recovery Month, a time to celebrate recovery from all addictions including one that's not always openly discussed – problem gambling. Recognized as a “hidden addiction,” the signs of a problem gambling addiction are not as easy to recognize as with dependence on alcohol or other drugs. It is especially important to increase the awareness of problem gambling, making it a priority in terms of prevention education and awareness, as well as screening, counseling and treatment services.

During COVID-19, access to the primary three staples of gambling (casinos, sports and racetracks) have all been very limited and restricted as all involve large gatherings and were deemed non-essential. Only very recently are casinos in the early stages of reopening on a limited basis. However, since the mid-March closures, online gambling opportunities have been thriving and expanding in access and availability.

Online gambling includes online poker, online lottery, online casinos and

eSports. Those in early recovery from a problem gambling disorder have been faced with not only increased access to online gambling but also the sharp increase in anxiety and depression which may accompany the uncertainty and social and physical isolation associated with the pandemic. Additionally, gamblers that are in early recovery have lost their access to in-person Gamblers Anonymous (GA) meetings. GA meetings are still available but now through a virtual format, which for some may not be ideal.

The National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) has developed and continues to update the Problem Gambling Services Directory which includes regional resources for prevention education, private practice counseling and treatment, with many, if not all, offering services virtually. For more information, visit [ncadd-ra.org/services/finger-lakes-addiction-resource-center/](http://ncadd-ra.org/services/finger-lakes-addiction-resource-center/).

NCADD-RA continues to partner with the New York Council on Problem Gambling on their YOUth Decide 2020 Project. You can get involved by:

- Taking a parent/adult pledge to talk to young people about the risks of problem gambling
- Asking your youth, ages 12-18, to complete a five-minute survey
- Learn more by requesting an educational presentation to your youth or parent group
- Join a group of community leaders who are interested in exploring a school and/or community policy that includes problem gambling.

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

**Continued from page 6:** NCADD-RA's Finger Lakes Prevention Resource Center continues to support the efforts of regional coalitions by distributing both RX Safer Lock Boxes and Deterra Safe Disposal pouches upon request, as long as they are available.





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## NCADD-RA Now on Facebook!

During this challenging time of social isolation as we collectively work toward keeping our families, friends and the greater community safe and well, the staff at NCADD-RA created a Facebook page. While we cannot be physically with you, we sincerely hope that the NCADD-RA Facebook page will offer families, youth and the community tools and tips that not only are specific to alcohol, tobacco, other drugs and problem gambling but also to the mental health challenges that have arisen as a result of our current environment. Please like us and share with your friend network on Facebook. Our message to you: ***There is hope and we will collectively get to the other side of this!*** ***Wishing you and your families good health and please stay safe!***



## 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. (Presentations are currently being provided through a virtual platform.)

**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, Concentrates, Vaping: What is the Connection?
- Risks of Vaping
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Problem Gambling: Impact on Families and Communities