

# National Council on Alcoholism and Drug Dependence

— Rochester Area Newsletter



### Binge Drinking

For women: four or more drinks consumed in 2-3 hours  
For men: five or more drinks consumed in 2-3 hours



### Heavy Drinking

For women: eight or more drinks per week  
For men: fifteen or more drinks per week



### Underage Drinking

Any alcohol use by those under age 21



### Drinking While Pregnant

ANY alcohol use by pregnant women

**EXCESSIVE ALCOHOL USE**

### Alcohol Related Statistics

- In the U.S., more than 140,000 people die each year from excessive alcohol use.
- The national cost of excessive alcohol use is estimated at \$249 billion/year.
- Over 60 percent of Americans increased their alcohol consumption during the pandemic.
- One in 10 children live with a parent who has an alcohol use disorder.

## Alcohol's Impact on Wellness and Work *by Valerie Way, LCSW-R*

**A**lcohol is part of American culture. While most Americans drink responsibly and within moderation, there are others who use alcohol excessively and experience alcohol-related problems which impact one's health, wellness and work.

### How is excessive alcohol use defined?

According to the 2021 National Survey on Drug Use and Health (NSDUH), 133.1 million Americans reported alcohol use and 60 million (or 45.1 percent) identified binge drinking in the past month. This percentage of binge drinkers was highest among young adults aged 18 to 25 years (29.2 percent or 9.8 million) followed by adults aged 26 or older (22.4 percent or 49.3 million), then by adolescents aged 12 to 17 (3.8 percent or just under one million). Of the 133.1 million Americans who identified current alcohol use, over 16 million (or 12 percent) reported heavy alcohol use. The percentage of heavy drinkers was highest among those 26 or older (85 percent or 13.8 million). Of these, 60 percent (8.2 million) were between ages 26 and 49 years, 30 percent (2.7 million) were between 50 and 64 years, and 11 percent (1.5 million) were 65 years or older.

With alcohol use being so prevalent in the United States, it's almost inevitable that problem drinking will impact work environments. Even before the COVID-19 pandemic, approximately 15 percent

(19.2 million) of U.S. workers reported drinking at work or coming to work hungover. After the pandemic, this number grew to approximately one-third of the population.

### Why do people drink alcohol at work?

The most influential reasons have to do with workplace culture/acceptance of alcohol use, boredom, stress or isolation due to work, and the availability to use on the job. Long-term consequences of excessive alcohol use can have negative effects on one's health as well as within the workplace. Persons with excessive drinking patterns have higher rates of chronic health diseases, injuries, intimate partner violence, suicide, and risky sexual behaviors/experiences. Excessive drinking behavior can lead to workplace problems including increased rates of absenteeism and work-related injuries, decreased rates of quality work/productivity, poorer decision making, strained relationships, and higher rates of disciplinary procedures and turnover.

When a company addresses workplace substance use, it can have a positive impact on job-related performance, creating a safer work environment for all and enhancing a healthier bottom line.

### Here's what you can do:

- Talk openly about substance use in the workplace: [drugabuse.com/addiction/substance-abuse-workplace/](http://drugabuse.com/addiction/substance-abuse-workplace/)
- Have policies in place that address

substance use in the workplace:

[www.samhsa.gov/workplace/employer-resources/prepare-workplace](http://www.samhsa.gov/workplace/employer-resources/prepare-workplace)

- Foster connections between co-workers: [www.addictions.com/workcareer/how-to-spot-a-co-worker-or-employee-with-a-substance-abuse-problem/](http://www.addictions.com/workcareer/how-to-spot-a-co-worker-or-employee-with-a-substance-abuse-problem/)

- Address disciplinary concerns: [hrdailyadvisor.blr.com/2018/10/11/now-what-disciplining-an-employee-with-a-suspected-addiction-or-substance-abuse-issue/](http://hrdailyadvisor.blr.com/2018/10/11/now-what-disciplining-an-employee-with-a-suspected-addiction-or-substance-abuse-issue/)

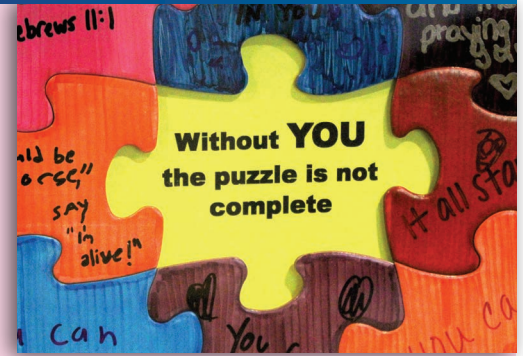
- Contract with an employee assistance program/community agency for assessment and referral: [www.samhsa.gov/workplace/employer-resources/provide-support](http://www.samhsa.gov/workplace/employer-resources/provide-support)

- Ensure that health care benefits adequately cover substance use treatment: [www.healthcare.gov/coverage/mental-health-substance-abuse-coverage/](http://www.healthcare.gov/coverage/mental-health-substance-abuse-coverage/)

- Develop a recovery friendly workplace environment: [www.cdc.gov/niosh/topics/opioids/wsrp/default.html](http://www.cdc.gov/niosh/topics/opioids/wsrp/default.html) and [peerrecoverynow.org/ResourceMaterials/RFW\\_Toolkit\\_v6.pdf](http://peerrecoverynow.org/ResourceMaterials/RFW_Toolkit_v6.pdf)

For further information, visit our website: at [ncadd-ra.org/services/team-awareness-workplace-wellness/](http://ncadd-ra.org/services/team-awareness-workplace-wellness/). To schedule a Workplace Wellness workshop for your business or agency, contact Valerie Way at [vway@depaul.org](mailto:vway@depaul.org) or Jennifer Faringer at [jfaringer@depaul.org](mailto:jfaringer@depaul.org).

# News from the Finger Lakes Addiction Resource Center *by David Young, A.S.*



of this year with many more to follow.

We are working with the City of Rochester and Monroe County on the Community Total Health and Wellness Initiative which is designed to provide information and resources to Rochester's underserved communities. The FLARC staffed the first of these initiative-organized events last summer and are continuing to participate in additional events throughout the year. In addition, we are now part of the Homeless Services Network (HSN).

Continuing in the spirit of spreading messages of recovery, NCADD-RA's FLARC has donated our second framed Pieces of Hope Recovery Puzzle to our friends and colleagues at Delphi Rise where it is displayed at Open Access!

For more information or to schedule a presentation to further explore the resources of the Finger Lakes Addiction Resource Center, contact David Young at [dayoung@depaul.org](mailto:dayoung@depaul.org).

I'm happy to introduce myself, as I recently returned to NCADD-RA as the new Finger Lakes Addiction Resource Center (FLARC) Coordinator. I am thrilled to be back home again and to be given this opportunity to share information and resources about our programs and services with community members of the nine counties covered by the FLARC which includes Genesee, Livingston,

Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates.

The FLARC provides organizations with resources and presentations on available services, both gathering and disseminating information to share with the communities we serve. The FLARC continues to staff multiple community health and wellness fairs and has already participated in many during the first quarter

## 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
- Team Awareness Workplace Wellness
- Total Approach Family Program

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# Xylazine: An Evermore Dangerous and Threatening Landscape to Navigate

by Jennifer Faringer, M.S.Ed., CPP-G

**R**ecent reports from the United States Centers for Disease Control and Prevention (CDC) have shown that the United States has lost over 105,000 lives to overdose in the 12-month period ending in October of 2021. Most of these were due to the ever-increasing presence of fentanyl. However, approximately half of the deaths may be attributed to multiple drugs or polydrug use. One of the more concerning trends is the increasing appearance of xylazine on the illicit drug market.

According to the Drug Enforcement Administration (DEA), drugs seized along the southwest border of the United States contained as little as five to ten percent of the drug they claim to be, and often contain adulterants or cutting agents, among which are a wide variety of compounds including acetaminophen, benzocaine and xylazine.

Xylazine is a non-opioid veterinary tranquilizer carrying the common street name of 'tranq' or 'tranq dope.' It has been "linked to an increasing number of overdose deaths nationwide in the evolving drug addiction and overdose crisis" according to the National Institute on Drug Abuse (NIDA). Individuals are both knowingly and unknowingly being exposed to this newer combination of fentanyl with xylazine. Several states in the northeast have shown that between 2015 and 2020 the percentage of overdose deaths attributable to xylazine has increased from two percent to 26 percent.

Why is the xylazine/fentanyl combination knowingly being used? Fentanyl is not only very potent but also fast-acting. Adding xylazine to fentanyl extends the duration of the high or euphoric effects from fentanyl for up to four to six hours or more. Xylazine is a central nervous system depressant that may cause drowsiness and amnesia. It can also slow breathing, heart rate and blood pressure to levels that may be life-threatening.



Even though xylazine itself is not an opioid and therefore will not respond to naloxone (Narcan) in the case of an overdose, it is critically important to both call 911 and continue to administer naloxone to begin to reverse the sedation effects caused by fentanyl. Transportation to the hospital will be critical not only to have access to additional Narcan but also to treat the symptoms of xylazine. With repeated use of xylazine there is a risk of developing skin lesions, skin ulcers and abscesses.

"All of a sudden, you can synthesize hundreds of compounds and kind of mix them together and see what does the best in the market," according to researcher and author Joseph Friedman of the University of California. "People are synthesizing new benzodiazepines, new stimulants, new cannabinoids and constantly adding them into the drug supply. So, people have no idea what they're buying and what they're consuming."

Additives may be as simple as sugar for taste, starch for bulk, or leftover contaminants from the manufacturing process. But they can also be a variety of other compounds, such as xylazine, which serve to increase the threat of health harms to fatal overdoses.

Another important resource of note...in early 2023 Monroe County introduced the NEW Opioid Data Dashboard that will provide government agencies, law enforcement, health care systems and advocacy groups with more timely data to help fight the opioid epidemic. Visit this new site at [www.monroecounty.gov/opioid](http://www.monroecounty.gov/opioid).

If you are concerned about your use or a loved one's use, there is help! Go to our website at [ncadd-ra.org/resources](http://ncadd-ra.org/resources) and download NCADD-RA's Monroe County OASAS Certified Treatment Provider Directory as well as NCADD-RA's Recovery Services of Monroe County Directory. For more information or to schedule a presentation for your community, contact [jfaringer@depaul.org](mailto:jfaringer@depaul.org) or call (585) 719-3480.



## Collaboration is Key

by Irene Lawrence, B.S.W., CPP

**T**he NCADD-RA's Finger Lakes Prevention Resource Center (FL PRC), funded through NYS Office of Addiction Services and Supports (OASAS), aims to foster growth and sustainability of drug-free community coalitions within the Finger Lakes Region by providing training and technical assistance on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework. As a part of our goal to foster growth, the FL PRC staff recently completed a very comprehensive needs assessment of the 12 counties that the FL PRC supports with the help of the National Guard Counter Drug Task Force team assigned to the FL PRC.

The Finger Lakes Region covers Broome, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates counties, an area with a population of 1,525,487. Each of the 12 counties has at least one drug-free coalition addressing risk and protective factors and each of these coalitions work with the FL PRC in some way.

According to data from U.S. Census Bureau QuickFacts about the region:

- 93.3 percent identify as white
- 10.27 percent identify as African American/Black
- 6.75 percent identify as Hispanic
- 2.9 percent identify as Asian
- 0.043 percent identify as Indigenous or Alaska Native
- 2.6 percent identify as two or more races

As far as age, 20.3 percent of the population is under the age of 18 (with the highest number coming from Monroe County) and 10.3 percent of the population is over the age of 65 (with the highest number coming from Broome County), leaving the majority of people between the ages of 19 and 64.

The region also has a high percentage of U.S. Veterans (5.72 percent, or 87,277



individuals) who have served in the U.S. Armed Forces with the majority of them coming from Monroe County (33,216) and Broome County (10,740).

The Finger Lakes Region has 23 active coalitions. Of those 23 coalitions, all are working toward both identifying and impacting risk and protective factors in their respective county/community. Eight are focusing on availability/access, three are focusing on initiation, six are focusing on enforcement, ten are focusing on perceived risk, four are focusing on conflict/violence, five are focusing on skill building, one is focusing on mobility, and all 23 are focusing on influence (norms) and attachment (pro-social activities within school/family/community).

Additionally, all 23 coalitions are addressing the misuse of substances as their primary point of focus, with each identifying a specific drug or drugs of concern in their county/community. Six coalitions are addressing opioid use, one is addressing methamphetamine use, one is addressing stimulant misuse, nine are addressing youth vape use for cannabis, nicotine or both, ten are addressing youth cannabis use, three are addressing youth nicotine use, two are addressing prescription medication misuse, and fourteen are addressing underage alcohol use.

Regardless of the level of substance use we see, the region shows a decrease in youth use for most substances including opioids, alcohol, stimulants and other drugs. The exception is youth use of methamphetamines in Broome, Chemung, Steuben and Tioga Counties, and youth alcohol use in Broome, Livingston and Ontario, both of which have increased. The region also shows high levels of mental health concerns and conflict for youth, but the data provided is not specific to substance use.

The data highlighted in this needs assessment is strongly connected to risk factors but does not address protective factors as strongly. Data shows that youth who have more protective factors than Adverse Childhood Experiences (ACEs) are likely to have better outcomes. This makes protective factors an additional area of interest for the FL PRC.

Many of our counties share priority areas of concern including preventing chronic diseases, tobacco prevention, youth education on cannabis, and healthy eating. The region is also focusing on promoting well-being and preventing mental health issues and substance use/misuse.

Counties in the Finger Lakes are reporting a rise in the use of nicotine, opioids, vaping, cannabis

*continued on page 5*

## Collaboration is Key (continued)

use among youth, mental health concerns/emotional distress, and disengagement in programs/schools/recreation centers. Two of the most alarming issues we see reflected in the data are an increase in motor vehicle accidents involving alcohol and other drugs (higher than NYS numbers for many of our counties). The average age of the onset of use of alcohol and other drugs is 12 to 13 years and in some cases as early as age nine.

We found it particularly concerning that many of our counties do not report on mobility but our coalitions report lack of mobility in their area. It was also noted in the assessment that there is limited data on gambling, more specifically gambling and youth, as well as on the Deaf and Hard of Hearing community, the Blind community, and the LGBTQIA+ community.

With that being said, the Finger Lakes Region is rich in resources and has several networks that promote access to services across all the counties. This collaboration gives us the opportunity to overcome data barriers and any reluctance to share information. Collaboration assists in promoting the health and vitality of our regional networks, consortiums, and task forces in the Finger Lakes Region. The FL PRC will continue to encourage collaboration while working to create sustainable community coalitions that promote healthy, substance-free environments.



## Is CBD a Bystander in Cannabis?

by Bridget DeRollo, B.S., CPP-G

**C**ontrolled clinical studies have shown that Cannabidiol (CBD) can sometimes lessen or exacerbate the effects of Tetrahydrocannabinol (THC). However, up until recently, there have yet to be any studies evaluating the differences between orally-administered cannabis extracts that vary with respect to Delta-9 THC and CBD concentrations.

A study by C. Austin Zamarripa and colleagues has shed light on the interaction between oral Delta-9 THC and CBD, two of many compounds found in the cannabis plant. Tetrahydrocannabinol is the compound responsible for producing mind-altering effects. Cannabidiol is an active ingredient in cannabis. There has been a perception that CBD can give a 'gentler' effect as it interfaces with THC. A local cannabis dispensary barista may even suggest that if you don't want the possible anxiety-inducing side effects of THC, use a strain with a nice CBD balance.

But is this true? A new study appearing in the *JAMA Network Open* medical journal suggests that it's quite the opposite. Participants were involved in three conditions. Condition One was a control brownie (with no THC or CBD), Condition Two was a brownie containing 20 mg of THC, and Condition Three was a brownie containing 20 mg of THC and 640 mg of CBD. Participants were assigned each Condition in random order, separated by at least a week.

Both THC and CBD interact with the cytochrome p450 system in the liver. This system is a group of enzymes that are responsible for drug metabolism and are found in high concentrations in the liver. They change many drugs into less toxic forms that are then easier for the body to excrete. This matters when these substances are ingested versus smoked or inhaled because oral ingestion involves first-pass metabolism. Due to the interaction of THC and CBD and their inhibiting effect on this system, it is possible that CBD might actually increase the amount of THC that gets into the bloodstream.

The results, starting with blood THC concentration, aren't subtle. With CBD on board, the THC concentration rises faster. Participants rated the 'drug effect' higher with the combo. Interestingly, the 'pleasant' drug effect didn't change much, while the unpleasant effects were substantially higher. There was no mitigation of THC anxiety; there was quite the opposite. Anxiety, cognitive impairment and psychomotor ability were equally profound with substantially worse outcomes when CBD was mixed with THC.

At least when referring to edibles, CBD enhances the effects of THC and not necessarily for the better. It may be that CBD is competing for some of the proteins that metabolize THC, thus prolonging its effects. CBD may also directly inhibit these enzymes. Whatever the case, this study reveals the myth that CBD makes the effects of THC more mild or tolerable.

Sources: *JAMA Network Open* February 23, 2023 Issue, *Medscape* "Joint Effort: CBD Not Just Innocent Bystander in Weed", F. Perry Wilson, MD



At least when referring to edibles, CBD enhances the effects of THC and not necessarily for the better.

**Brownie One:**  
no THC or CBD

**Brownie Two:**  
20 mg of THC, no CBD

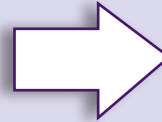
**Brownie Three:**  
20 mg of THC and 640 mg of CBD

## NCADD-RA Partners with Faith-Based Community to Bring Positive Parenting Program to Families *by Elaine Alvarado*

In the fall of 2022, the NCADD-RA partnered with members of the local faith-based community to bring the Positive Parenting Program (Triple P) to families with a special focus on Hispanic ministries. Triple P is an evidence-based parenting program that gives parents of children from birth to 12 years and parents of teens up to 16 years old simple and practical tools to build strong, healthy family relationships. At the same time, Triple P teaches parents how to confidently manage their children and prevent some of the behavior problems that may be developing.

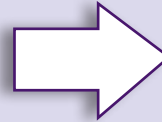
Our faith partners remind us that scriptures say to “bring our children in the way they should go and when they are old, they will not depart from it” (Proverbs 22:6). With the tools and techniques learned with Triple P, parents will gain strategies to be able to raise children who are not only physically and emotionally healthy, but also well-rounded adults who will not “depart from the way they should go.”

**Triple P parent discussion topics for children up to 12 years old include:**



- Dealing with disobedience
- Managing fighting and aggression
- Developing good bedtime routines
- Hassle-free shopping with children
- Hassle-free mealtime

**For parents with teens, discussion topics include:**



- Getting teenagers to cooperate
- Coping with teenagers' emotions
- Building teenagers' survival skills
- Reducing family conflict

For more information or to schedule a parent discussion group (in Spanish or English) for your ministry's parent group, please contact Elaine Alvarado at [ealvarado@depaul.org](mailto:ealvarado@depaul.org) or call (585) 719-3481.



## Life on the Coalition Highway

*by Jerry Bennett, B.A., CPP*

The Finger Lakes Prevention Resource Center supports 23 community coalitions across this 12-county Finger Lakes Region, from Brockport to Binghamton. Over the next several newsletter issues, we'll be saluting our partner coalitions.

You can't travel due east from Rochester without crossing into Ontario County, the home of the Partnership for Ontario County and the Substance Abuse Prevention Coalition. Both entities enjoy a 20-plus year history. The coalition coordinates prevention education programs in schools and community sites and addresses isolation food insecurity issues and marijuana (cannabis) concerns among residents. Medication misuse prompted the coalition to place

medication drop boxes throughout the county. Over 20 boxes have been placed to-date.

Just recently, the coalition was awarded a grant from NYS Office of Addiction Services and Supports (OASAS) to expand services for veterans and their families. Thumbs up to Coalition Coordinator Ashley Tomassini and Partnership Director Tracey Dello Stritto. By the way, don't be surprised if you run into Ashley at the Wood Library in Canandaigua as she leads a book discussion on fentanyl.

Let's keep on cruising east into Seneca County, home of the Seneca County Substance Abuse Coalition and its fiscal home at the United Way. The Coalition received a federal Drug-Free Communities grant to enhance its personnel and program

operations and continues to seek out other opportunities to partner with other agencies. The Seneca County Substance Abuse Coalition recently joined with the Suicide Coalition to form Coalitions United and greatly maximize efforts. Additionally, their Resilience and Inclusion for Students Everywhere (RiSE) youth coalition was launched, recruiting youth members from all four Seneca County schools. They even adopted a section of Route 96 entering Waterloo Village! Don't be surprised to see volunteers filling and delivering Family Time Boxes to area elementary schools and childcare facilities. The coalition continues to facilitate Narcan training, locate new sites for permanent medication drop boxes, and find ways for the RiSE youth members to serve. Kudos to coalition staff Karen Bureroff and Sarah Smolinski and United Way staff Rhonda Jasper and Rose Giovanni.

Look for more stops on the coalition road trip in upcoming issues of this newsletter.

# A Troubling Trend: The Alarming Decline of Mental Health in the Hispanic Population in the United States

by Isabel Baldwin, B.A.



**T**he U.S. Hispanic population reached 62.1 million in 2020, an increase that outpaced the nation's overall population growth of the past decade. Between 2010 to 2020, the community has gone from being 16 percent of the overall population to 18 percent. Of that percentage, over 16 percent reported having a mental illness in the past year. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the Hispanic population faces unique challenges that are often influenced by cultural and linguistic factors.

The most recent statistics highlight the severity of mental health and substance misuse issues in the Hispanic population. For example, the percentage of adults aged 18 or older who attempted suicide in the past year was higher among Hispanic or Latino adults (1.1 percent) than among White (0.5 percent) or Asian adults (0.3 percent). Additionally, the percentage of adults with any mental illness in the past year who received mental health services was lower among Hispanics or Latinos (36.1 percent), compared to White (52.4 percent) or Multiracial Adults (52.2 percent).

Unfortunately for the Hispanic community, mental health and mental illness are often stigmatized, resulting in a prolonged state of suffering in silence. This silence compounds the range of experiences that may impact mental

health conditions including immigration, acculturation, trauma, and generational conflicts. Additionally, the Hispanic community faces unique institutional and systemic barriers that may impede access to mental health services, resulting in reduced help-seeking behaviors. There's a perception that discussing mental health problems can create embarrassment and shame for the family which results in even fewer people seeking treatment. Research shows that in the Hispanic population, older adults and youth are more susceptible to mental distress related to immigration and acculturation.

Language barriers are a significant factor contributing to the unique challenges faced by the Hispanic population. Many Hispanic individuals may not have access to mental health or substance misuse resources due to a lack of information available in their native language.

Cultural factors also play a role in mental health and substance use issues among Hispanics. The stigma surrounding mental illness and substance use may prevent individuals from seeking help, and cultural values may impact treatment preferences. For example, traditional healing methods and spirituality may be more valued than Western medical approaches.

In addition to language and cultural factors, socioeconomic status and immigration status also play a role in mental health and substance use outcomes in the Hispanic population. According to a report from the National Alliance on Mental Illness (NAMI), Hispanic individuals who are undocumented or have a low-income are less likely to receive appropriate care for their substance use and mental health.

Furthermore, the COVID-19 pandemic further exacerbated mental health and substance use issues among the Hispanic population. A study published in the medical journal *JAMA Network Open* medical journal indicated that Hispanic adults were more likely to report symptoms of depression and anxiety during the pandemic than non-Hispanic white adults.

For all these reasons, it is crucial to increase access to mental health and substance use resources for the Hispanic population. This includes increasing the availability of Spanish-language resources and addressing barriers related to cultural and socioeconomic factors. It is also important to address systemic issues related to immigration status and access to health care.

To address these challenges, the NCADD-RA provides both programs and resources that are specifically tailored to the Hispanic population. These resources include both Spanish and English educational materials and content that help bridge the gap in knowledge about mental health and substance use conditions with the goal of normalizing conversations and reducing the stigma in this community. We believe that by increasing awareness and providing culturally appropriate resources, we can work toward better mental health and well-being for all members of the Hispanic community.

The Hispanic Prevention Education Program (HPEP) at the NCADD-RA currently offers three evidence-based programs in English and Spanish. Too Good for Drugs and the research-based Girls Circle support students in their social emotional well-being, and the Positive Parenting Program (Triple P) offers parents help with young children or teens who may be at risk for developing behavioral and emotional problems. Triple P covers topics such as self-esteem, decision-making, dealing with stress, and communication skills.

For more information or to schedule a Triple P parent discussion group or a Girl's Circle discussion group in Spanish or English, contact Isabel Baldwin at [mbaldwin@depaul.org](mailto:mbaldwin@depaul.org) or Elaine Alvarado at [ealvarado@depaul.org](mailto:ealvarado@depaul.org).

Source: SAMHSA, *Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021. Highlights for the 2021 National Survey on Drug Use and Health* ([samhsa.gov](http://samhsa.gov))



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## NCADD-RA Presents Annual Luncheon

**T**he National Council on Alcoholism and Drug Dependence-Rochester Area's (NCADD-RA) Annual Luncheon will take place from 11:30 a.m. to 2:00 p.m. on Wednesday, May 24 at the DoubleTree by Hilton, 1111 Jefferson Road in Rochester. Keynote speaker Kevin McCauley, M.D., wrote and directed two films "Memo to Self" and "Pleasure Unwoven" about the neuroscience of addiction which won the 2010 Michael Q. Ford Award for Journalism from the National Association of Addiction Treatment Providers. He is a senior fellow at The Meadows of Wickenburg, Arizona and is currently a graduate student at the University of Arizona School of Public Health.

For more information or to register, contact Elaine Alvarado at (585) 719-3481 or [ecalvarado@depaul.org](mailto:ecalvarado@depaul.org). You can also visit <https://ncadd-ra.org/events-trainings/ncadd-ra-annual-luncheon/> to register online.



## 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 Jennifer Faringer at [jfaringer@depaul.org](mailto:jfaringer@depaul.org) or (585) 719-3480.**

### Topics include the following sampling (as well as others):

- Impact of Addiction on the Family
- Impact of Legalization of Marijuana on Youth and Communities
- Marijuana, Concentrates, Vaping: What is the Connection?
- Opioid/Fentanyl Epidemic and Community Response/Resources
- Overview of Fetal Alcohol Spectrum Disorders
- Problem Gambling: Impact on Families and Communities
- Signs, Symptoms and Current Trends
- Underage and Binge Drinking