

NCADD-RA

National Council on Alcoholism and Drug Dependence -Rochester Area

FINGER LAKES PREVENTION RESOURCE CENTER

Needs Assessment
February 2026

This report was created by Catalyst Research, LLC, for the Finger Lakes Prevention Resource Center (FL PRC) to provide an overview of the needs and resources within the 12 counties covered by the FL PRC





Finger Lakes Prevention Resource Center

The Finger Lakes Prevention Resource Center (FL PRC), of the National Council on Alcoholism and Drug Dependence - Rochester Area, began services on October 1, 2009.

About the Finger Lakes Prevention Resource Center

The Finger Lakes Prevention Resource Center (FL PRC) of the National Council on Alcoholism and Drug Dependence-Rochester Area, began services on October 1, 2009. The Finger Lakes Prevention Resource Center is funded by the New York State Office of Addiction Services and Supports (OASAS) and aims to foster growth and sustainability of drug free community coalitions within the Finger Lakes Region by providing training and technical assistance on SAMHSA Strategic Prevention Framework.

Vision: The Finger Lakes Prevention Resource Center works to create sustainable community coalitions who promote healthy substance-free environments.

Mission: The Finger Lakes Prevention Resource Center promotes the use of the Strategic Prevention Framework (SPF) by providing training and technical assistance to coalitions and providers for the purpose of unifying and mobilizing communities to use prevention strategies, promote sustainability of drug free programs, and encourage partnership with local, state, and federal entities in the 12-county Finger Lakes Region.

About Catalyst Research, LLC

Catalyst Research, LLC (www.catalystresearch.net) is an evaluation firm based in Buffalo, New York. Taking a collaborative approach, Catalyst Research works with partners to develop and implement practical evaluations that inform data-driven decisions. Co-owners Dr. Meghan Guinee and Dr. Daniel Webb have over two decades of experience carrying out process and outcome evaluations across numerous grant lines and dozens of grant programs, including many substance use prevention programs.

Acknowledgments

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The Finger Lakes Region

The OASAS Finger Lakes Region (the region) is located in northwestern New York State and includes 12 counties (Broome, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, and Yates).

The region is primarily rural, with Monroe and Broome counties having the highest population densities (1,139.3 and 277.9 people per square mile, respectively). Much of the region struggles with poverty, and 13.2% live below the poverty line (range of 7.6% in Ontario County to 18.1% in Chemung County). Although the median household income ranges between \$59,617 and \$79,450 across the 12 counties (US Census, 2023),¹ this masks the region's socioeconomic variability, from affluent lakeside communities to struggling rural areas and urban cores (Fishbane & Tomer, 2020; Common Ground Health, 2019).^{2,3}

The population of the region is 1,610,492, with nearly half (748,842) living in Monroe County. The median age across the 12 counties ranges from 32.2 (Tompkins County) to 47.4 (Schuyler County), and 19.4% of the region's population is under the age of 18 and 20.0% is 65 or older. The population is 76.5% White, 8.2% African American/Black, <1% Native American/Alaskan Native, 3.5% Asian, <1% Pacific Islander, <1% other race, 4.1% who identify as two or more races, and 7.1% Hispanic/Latino.⁴ The region is home to 73,381 veterans. There is a high percentage of adults who are veterans in the region, with 11 of 12 counties having a higher percentage than New York State (range 2.9% [Tompkins] to 9.1% [Steuben] of adult population for the 12 counties; NYS: 3.6%; US Census, 2023).¹

Although English is the primary language of the vast majority of residents, language in the region is diverse, which can be a barrier to services. The region includes communities

[In] the Finger Lakes region ... though median income and education levels are just below national averages, the region is highly unequal...

— Brookings Institution²

Mobility and Transportation

There are many rural areas in the region with extremely limited public transportation. Coupled with the high rates of poverty in many of the areas, this can create significant barriers to accessing services. Additionally, many of the counties in the region struggle with mobility of the aging population.

¹ Census Reporter, US Census ACS 2023 1-year and 5-year, <https://censusreporter.org/> accessed 11/20/25.

² Fishbane, L., & Tomer, A. (2020, March 26). How New York's Finger Lakes region is building a coalition to close its digital divide. Brookings, <https://www.brookings.edu/articles/how-new-yorks-finger-lakes-region-is-building-a-coalition-to-close-its-digital-divide/>.

³ <https://commongroundhealth.org/news/articles/study-finds-regions-no-1-health-concern-is-poverty>.

⁴ Hispanic/Latino includes respondents of any race. Other categories are non-Hispanic/Latino.

that speak Spanish, ASL (American Sign Language), Native languages, and Asian/Pacific Island languages, and Indo-European languages (including those spoken by Amish and Mennonite populations). There has been an increase in language diversity in the region since the late 1990's, with an increase in the Hispanic/Latino population (Common Ground Health, 2019).⁵

Community Coalitions

Eleven of 12 counties in the region have at least one coalition that is working to address drug and alcohol usage rates, consequences, and risk and protective factors through environmental strategies. The risk and protective factor framework is a rigorously studied and validated set of metrics associated with youth developmental risk and protection (see page 3 for additional details).

Across the region, coalitions are using environmental strategies to reduce risk factors and strengthen protective factors to address the needs of their communities.

Of the 18 active coalitions in the region, 17 of 18 are focused on youth and young adults, while one has a focus on veterans. All are addressing the risk and protective factors of importance to their county/community. Specifically, 11 aim to increase the perceived risk associated with drug use; 10 are focused on reducing the availability and access to drugs; nine are addressing favorable attitudes toward drug use; two are working on strengthening social skills; and one is targeting initiation of drug use.⁶ All 18 are working to influence norms⁷ and attachment (pro-social activities within school/family/community) in some way. Three have a focus on mobility.

All 18 coalitions are addressing the substances that are an issue in their county/community. Sixteen are targeting underage alcohol use, 16 are addressing youth cannabis use, nine are targeting youth nicotine use, six are addressing vaping in youth (cannabis, nicotine, or both), five are targeting prescription medication misuse, five are addressing opioid use concerns, one has a focus on methamphetamine use, and one is targeting stimulant use.⁸

⁵ Common Ground Health. (2022). Comprehensive regional community health assessment 2022 [PDF]. Common Ground Health. <https://media.cmsmax.com/ravk3pgz5ktlujs1r08ci/134-45-cgh-communityhealthassessment-2022-r9.pdf> Note that this document includes data and information on eight of the twelve counties covered by this needs assessment.

⁶ "Drug" may include alcohol, cannabis, and other drugs.

⁷ Norms are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.

⁸ See <https://ncadd-ra.org/services/finger-lakes-prevention-resource-center/> for a list of coalitions.

Risk and Protective Factors

Risk factors increase the likelihood that someone will start using alcohol, nicotine, and other drugs. Protective factors act as buffers against substance use, even in the presence of risk factors. These factors can help us better understand the strengths and needs of a community, and can be used to guide substance use prevention programs by targeting factors of concern. Data to explore risk and protective factors are collected through youth surveys and other data sources (e.g., community reports, law enforcement data, school data, and listening sessions).

Risk and Protective Factors
Availability/Access - the accessibility of alcohol and drugs. How easy is it to obtain alcohol and drugs? Also, refers to the access one has to substances through social networks.
Initiation - the early onset of use or interest in substance. Also refers to the start of antisocial behavior or problem behavior between ages 8-13.
Enforcement - includes the enforcement of the rules, laws and policies surrounding substance use and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate the rules, laws and policies.
Perceived risk - if individuals do not feel substance use poses a great risk, they tend to underestimate the potential consequences. Consequences can include physical, financial, social, and legal.
Influence (attitudes, norms) - informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use. Family norms include parental attitudes towards substances (e.g., kids will be kids), parental monitoring and involvement, parental/sibling use of substances. Community norms include attitudes of adults in the community towards substance use (e.g., belief that most people drink/use drugs or that social events must include substances) and community use of substances. Peer norms include peer attitudes towards substances (e.g., there is no risk in using prescription drugs), peer use of substances and the perceived social benefits of substance use (the “coolness” factor).
Conflict / Violence - refers to youth who engage in violent activity/crimes or are consistently dealing with conflict in the home, at school, or in the community
Attachment / Involvement - refers to attachment or lack thereof to the mother at very early ages or lack of attachment/involvement to family/community/school. Could be a lack of pro-social activities or healthy alternatives. Also, refers to lack of connection to positive role models, resources, or programs.
Belief in Moral Order / Religiosity - refers to following one’s culture or belief system. Believing in God or a higher power or having a strong sense of spirituality.
Transition / Mobility - level of transportation or movement. Refers to one’s ability to move from place to place regardless of distance.
Skills / Behavior - Individual factors, such as resilience, IQ, abilities, behavior, temperament, talents.

Note, the risk and protective factor framework used here is taken from OASAS documents (Appendix H: Needs Assessment Report). Factors can differ between frameworks, survey instruments, and agencies.

Community Resources

The Finger Lakes Region is rich in resources, with numerous networks and organizations dedicated to expanding access to services, collaborating to understand and communicate regional needs, and working to prevent substance use and reduce harm across counties. These include:

- Common Ground Health,
- Council on Alcoholism & Addictions of the Finger Lakes,
- The Consortium of Addiction Services and Supports FL/Region II,
- SOR (State Opioid Response) Networks,
- The Finger Lakes Addiction Resource Center (at DePaul's National Council on Alcoholism and Drug Dependence, Rochester Area [NCADD-RA]),
- The Latino Health Coalition,
- The Finger Lakes 211 Helpline,
- The FL PRC (at NCADD-RA),
- Pivotal Public Health Partnership (previously S2AY Rural Health Network),
- The 18 active prevention coalitions working in the region, and
- Many smaller organizations across the region.

Collaboration

Collaboration is deeply ingrained in the Finger Lakes Region, enhancing the effectiveness and vitality of our regional networks, consortia, and task forces.

Data

This needs assessment draws from a wealth of data and information from across the region, including publicly available data and data collected and shared by coalitions and county entities.

Data type	Explanation	Examples of data
Population and demographic data	Publicly available. A vast array of data at the national, state, and county levels. E.g., US Census Bureau.	Population counts Demographics (race, ethnicity) Poverty information
Youth prevention surveys	Generally administered by individual coalitions, the state, or the US Centers for Disease Control and Prevention Survey data in this needs assessment include data from the CLYDE Youth Survey, Epiphany Youth Survey, Evalumetrics Survey, Prevention Needs Assessment (PNA), Youth Risk Behavior Surveillance System (YRBS), and Schuyler County Youth Survey.	Questions differ across survey instruments, but most measure: Substance use Perceptions of harm of substance use Consequences of substance use Risk and protective factors
Adult surveys	Surveys of adults, often examining health behaviors, substance use, and perceptions. E.g., Behavioral Risk Factor Surveillance System (BRFSS) Survey for NYS.	Binge drinking rates among adults
NYS Dept. of Health and Dept. of Education dashboards	The NYS Dept. of Health provides a wealth of data pulling from a number of sources covering a variety of health topics at the state, region, and county levels, and by demographic characteristics. This includes the NYS Health Opioid Dashboard and the NYS Prevention Agenda Tracking Dashboard. The NYS Education Dept.'s data website provides data on NYS preK-high school.	Opioid overdose deaths Opioid analgesic prescription rates High school graduation rates
Listening sessions/ focus groups	Qualitative data can provide context and explore the reasons behind trends and findings. It can also uncover emerging trends and unanticipated needs.	Information from high schoolers on their perceptions of: Peer alcohol use Risks of alcohol use
Other regional, county, or community reports	E.g., government reports, county community health assessments, sheriffs' reports, County Health Rankings & Roadmaps, and more.	DWI/DUI arrests County health rankings

Note, this is not an exhaustive list of included data, and not all data was available for all counties.

Data Availability & Limitations

There was a wealth of data and information available for this needs assessment, although data availability varied across counties. Widely available data and information across the region includes:

- **Youth survey data** were available for all 12 counties.
- **Opioid data**, including overdose deaths, hospitalizations, and EMS visits were available at the county level through New York State sources.
- **Alcohol consequence data**, through DWI/DUI arrests, were widely available at the county level.

Other data and information were difficult to locate or pose difficulties in analysis. These include:

- **Lack of consequence data for cannabis use.** The lack of this information is not limited to this geographic region. As cannabis laws have been evolving, and due to the difficulties inherent with determining if someone has been using (i.e., no equivalent of a breathalyzer test for cannabis), this data is often difficult to collect and find.
- **Comparing across youth surveys.** There were six different youth surveys administered across the region. While questions about substance use are fairly standard across these surveys, risk and protective factors – including which factors are included, whether risk and protective factors are calculated at all, and differences in risk and protective factor calculations between surveys – make it difficult to compare across survey instruments.
- **Age of data.** Some data, such as opioid overdose death data, are older (e.g., 2022), making it more difficult to examine current trends.
- **Limited Federal data sources.** Federal changes to data availability meant that many of the tools to access publicly available data (e.g., the U.S. Census Bureau QuickFacts) were unavailable, though we were able to access much of that data through other sources (e.g., Census Reporter).
- **Limited qualitative data.** There was little available qualitative data (e.g., listening sessions, key informant interviews).

Overall Findings

Youth Substance Use. The region continues to show a decrease in youth substance use, including alcohol, cannabis, and cigarettes. There is also some evidence that vaping has likewise seen a recent decline, though this delivery method is more difficult to compare across youth surveys and time periods due to differences in survey questions and rapid changes in vaping substance and delivery methods.

Alcohol and cannabis use are variable across the region. For both substances, use rises sharply with grade level.

Percent reporting alcohol use in the past 30-days (data available for all 12 counties for 12th and 10th grade, 11 counties for 8th grade):

- 12th grade: low of 10.6% to high of 29.5%
- 10th grade: low of 4.5% to high of 16.4%
- 8th grade: low of 1.7% to high of 6.6%

Percent reporting cannabis use in the past 30-days (data available for nine counties for 12th and 10th grade, eight counties for 8th grade):⁹

- 12th grade: low of 8.1% to high of 21.8%
- 10th grade: low of 3.2% to high of 10.1%
- 8th grade: low of 1.5% to high of 6.7%

Risk and Protective Factors. The factor *Influence (attitudes/norms)* is a concern, indicating that parental monitoring and involvement, community attitudes towards youth drinking/using drugs, and peer attitudes towards substances are problematic across the region. Many students who reported drinking alcohol got it at home with their parents' permission, and up to one-fifth of students who used cannabis got it at home with their parents' permission.

Perceived risk, as a risk factor, is a regional concern as well, suggesting that many students underestimate the consequences of substance use. Many students report riding in a car with a driver who had been drinking or using cannabis. The perceived risk of cannabis use has decreased in recent years, with many students reporting that they do not think that smoking cannabis regularly is harmful. This can lead to increased use and resulting impacts on school achievement and mental and physical health, as well as an increased likelihood of involvement in the criminal justice system.

Initiation of drug and alcohol use is also a concern, with students reporting they first drank alcohol and used cannabis at the average age of 13, and cigarettes at the average age of 12 or 13 (alcohol initiation 13.0–13.7 years; cannabis initiation 13.5–13.8 years; cigarette initiation

⁹ Note, data for three counties (Ontario, Wayne, and Yates) are not included here because question asked if students "smoked cannabis" instead of "used cannabis." As many students are ingesting cannabis through edibles and vaping, this will decrease estimates.

12.3–13.4 years).¹⁰

Although limited, the data on transition/mobility shows that transportation is a barrier for rural areas.

The region is affected by conflict and violence at the community, school, and family levels. Seven of 12 counties have ACEs (Adverse Childhood Experiences) rates higher than that for New York State (17.2–40.3% of adults with 3+ ACEs; NYS: 25.3%). This suggests that residents are exposed to high numbers of traumatic experiences in childhood, which is correlated with substance use and poor health outcomes. Likewise, youth report high levels of mental health distress.

Protective factors that stand out include *Attachment/involvement*, specific to parental involvement, and opportunity for positive social involvement with both schools and families.

Adult Alcohol Use. Excessive drinking is a critical issue across the region, with adults in 11 of 12 counties reporting higher rates of excessive/binge drinking in the past 30 days than New York State as a whole, with a low of 19% and a high of 25% across the region (20% NYS, Behavioral Risk Factor Surveillance System, 2022).¹¹

Adult Smoking. Adult smoking rates are high across the region, with adults in 10 of 12 counties reporting higher rates of smoking than New York State as a whole, with a low of 8.9% and a high of 24% across the region (12.0% NYS, Behavioral Risk Factor Surveillance System, 2021).¹²

Opioids. Opioid deaths in the state and the region increased dramatically from 2010 to 2022 (New York State Department of Health, n.d.).¹³ More recently, overdose deaths have trended down both in the state and across the region, though these data are still being collected and analyzed (New York State Department of Health, n.d.).¹⁴ This follows the trend of decreasing overdose deaths nationwide (Centers for Disease Control and Prevention, 2025).¹⁵ Eleven of 12 counties in the region have higher opioid analgesic prescription rates than the state average (New York State Department of Health, n.d.).¹⁶

¹⁰ Only those students who reported use are included in age calculations. Data available for six counties.

¹¹ Age-adjusted, 2022 data; University of Wisconsin Population Health Institute. (2025). Excessive drinking – County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/excessive-drinking>.

¹² New York State Department of Health, Bureau of Tobacco Control. (2023). StatShot Vol. 15, No. 2: Smoking among adults in New York State. https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume15/n2_smoking_among_adults.pdf.

¹³ New York State Department of Health. (n.d.). Opioid Data Dashboard. NYS Opioid Data Dashboard. https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/reports/#county.

¹⁴ https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid-quarterly/reports/#state.

¹⁵ Centers for Disease Control and Prevention. (2025). Understanding the opioid overdose epidemic. CDC. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>.

¹⁶ https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/reports/#county.



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