COMBATING OPIOID ADDICTION & OVERDOSE

Talking About Opioid Pain Medication With Your Provider

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Curbing The Opioid Crisis Together

You can’t turn on the news or open the newspaper today without seeing a story on the opioid crisis. There is no question that opioids have a prominent role in the management of painful conditions, but as patients, you must work with your physician to take the minimum amount of narcotic pain medicine needed. A shocking statistic is that we, as a country, consume 99% of the world’s hydrocodone (Vicodin) and 81% of the world’s oxycodone (Percocet). This is a societal issue that we all need to deal with, not play a blame game with pharmaceutical companies, doctors, nurses, and patients.

Pain management is first and foremost making discomfort tolerable, not absent. There are many ways to alleviate pain without using narcotic pain medicine. Patients have told me over the years about what has helped them manage pain, and many of them try to take the focus away from the painful area of the body and redirect it. Meditation is one common and effective way to do this. Strong family support can also help keep pain at bay when recovering from a painful procedure.

We all tolerate pain to a different degree, which can be related to our ability to cope with difficult situations. Pain is a temporary adversity that needs to be overcome, and it can be with a strong partnership among the physician, patient and the patient’s support system. I have encouraged patients to take less narcotic pain medicine following surgery due to the significant side effects, particularly nausea and vomiting. My advice is, “it’s better to be in pain, than to be in pain and throwing up”.

Often patients are worried they will become addicted to pain medicine if they take anything for post-surgical discomfort. I reassure them that if we use the medication sparingly, for a defined amount of time, this will not happen. This is where the patient and the physician have to agree, prior to prescribing opioids, on the duration of the treatment that is needed. In addition, there needs to be a plan for the next step if this amount has been exhausted.

However, the situation for patients with chronic pain is much less clear. It is best in these situations to consult with a pain management specialist. They have the expertise to help chronic pain become tolerable and not become the focus of someone’s life. We all can work together with chronic pain patients to gradually wean them off of the medicine with an approach that involves family, therapy, and a pain management provider.

As a society we all need to join forces to curb the opioid crisis. Work with your physician to take only the amount of pain medicine to make pain tolerable, and discuss openly how you are feeling about the pain management. Above all, do not take prescribed pain medicine for any other reason, and do not give it to friends or family. One study has shown that 75% of those addicted to opioids began with prescription pain medication given to them by a friend, family member or dealer.

Dr. Ronchetti has been in practice in the Rochester area for 15 years, specializing in surgery of the hand and upper extremity. In private practice at Hand Surgery Associates of Rochester, he is also a Clinical Assistant Professor of Orthopaedics at the University of Rochester. Dr. Ronchetti is a member of the American Society for Surgery of the Hand. He is President of Monroe County Medical Society and has been a member since 2002.
Addiction Affects All Of Us

“I hope I don’t wake up”, said a teary-eyed patient recently to an operating room with several physicians and nurses, as he was about to undergo anesthesia for a robotic prostatectomy. The whole room came to a standstill with that statement, as we sought to understand the rationale for such a sad comment. He subsequently disclosed to us the difficult time he was having with the loss of his son, whom he described as his friend. The patient reaffirmed his desire to receive cancer treatment, stating that he was simply reflecting while staring at the operating room lights, thinking of his son he had buried the week prior.

His son was a star athlete at school who was preparing to follow in his father’s footsteps to enter the police academy. The son suffered a broken jaw during a football game. His jaw required wiring, which was associated with significant pain. Before long, he had become addicted to narcotics. One day, in an effort to obtain relief from the pain, he accidentally died of an overdose.

That same month, I was having some work done at my house by a contractor. The contractor went missing for several days leaving the work unattended. When he finally returned two weeks later, I began to express my disappointment, only to hear him saying he was gone because he had to spend time with his family after the burial of his oldest son. His son was a 50-year old lawyer, who was serving as a public defender. He had long suffered from depression and had not received treatment. He was discovered dead from a “drug overdose”.

Opioid addiction and drug overdoses are destroying countless families every day in our country. Many of us are regularly losing close friends, siblings, parents, spouses, or other family members to the opioid crisis that is affecting individuals in every walk of life. From members of law enforcement who combat drug abuse, to medical professionals who spend years learning about the uses and dangers of drugs, narcotic addiction is a potential disaster that can affect all of us.

With over 100 people dying daily from narcotic, or drug overdose, it is nearly impossible for one of us not to know someone personally who has been affected. In addition, countless celebrities have been affected. At any one time, there are over 2 million people in the United States suffering from substance abuse disorders, with rural America affected the hardest, as a percentage of the national population. From prescription opioid pain relievers to heroin and other synthetic drug uses, this epidemic continues to ravage communities forcing many states to declare a state of emergency, to mobilize resources and take overdue steps to curb its overwhelming impact.

In this issue of Doctors’ Advice our experts tackle a number of issues surrounding the opioid crisis from which every community is suffering. Of great importance is the need for us to recognize substance abuse and drug addiction as preventable and treatable medical conditions. The stigma surrounding drug usage is a major root cause as to why many do not recognize the need to seek treatment. Given the emotional and economic burden associated with this crisis and its scale worldwide, it has the potential of becoming a devastating worldwide pandemic without urgent action.

Of great importance is the need for us to recognize substance abuse and drug addiction as preventable and treatable medical conditions.”

Dr. Joseph is Chairman of the University of Rochester’s Department of Urology and the W. W. Scott Professor. In addition, he is a Professor at the Wilmot Cancer Center at the University of Rochester Medical Center. He is the Head of the Section of Urologic Laparoscopy and Robotic Surgery, and Director of the Fellowship in endourology, laparoscopy, and robotic surgery. Dr. Joseph is also the Medical Director of Patient Family Centered Care at URMC.
Attention to the opioid epidemic is at an all-time high. More now than ever, I hear stories from my patients, colleagues, and friends who have been impacted in one way or another by this disease. It makes sense, therefore, that as a community we are paying more attention to this crisis. In spite of all the well-intended attention, misconceptions and stigma prevail. As a result, it should come as no surprise that many are left wondering about what needs to be done to combat this problem.

Hospitals face new challenges, increases in demand for services tax our community resources, and the general public is often unclear about what can be done closer to home, in our communities and our workplaces. Nationwide, municipalities at every level have stepped forward with plans to help, and it is evident that in many ways we are in unchartered territory, attempting to navigate a public health crisis like none other since the HIV and AIDS epidemic of the 1990s.

As health care systems and local municipalities work to develop effective solutions to the overdose epidemic – and to the long-standing need for improvements in our addiction care services – everyone can play an equally important role in battling this crisis. In fact, perhaps in ways unlike any other health crisis we have encountered previously, the public may play an even greater role in this crisis simply because this crisis is unique. It is unique because this crisis impacts multiple sectors in our community. Neither health care, nor law enforcement, nor the judicial system will solve this problem in isolation because the problem so frequently involves some or all of these sectors at any given time. In many ways, the most important facilitator of progress will be the extent to which patients and members of the general public become aware, clarify misconceptions, and work together to advocate for improvements across our communities.

First and foremost, it is important to recognize that addiction is a chronic illness. It is neither a choice nor a sign of personal failing of the individual suffering from the illness. It is a medical illness that causes significant changes in an affected person’s body, and in this way, it is not unlike other chronic illnesses like diabetes, cancer, or depression.

Like other chronic illnesses, our first goal is prevention. When possible, professionals in medicine and public health identify individuals at risk and work to mitigate those risks. When prevention is not possible, doctors and health care teams turn their attention to managing that illness with the overall goal of returning that patient to a better state of health.

Addiction is no different in this regard. Unfortunately – and perhaps more so than the illnesses already mentioned – addiction is poorly understood as a medical illness and many still harbor misconceptions that addiction could have been simply avoided, or that it can be easily cured. As a result, many who need treatment may go unnoticed out of the fear of stigma. We would be well served as a community to do whatever possible to reduce the misunderstanding and stigma surrounding addiction. This begins with each and every one of us, in our homes, workplaces, and anywhere we interact with others who might discuss addiction and the opioid epidemic. When we hear of inaccuracies, let’s instead strive to educate one another that addiction is a chronic illness and that those suffering through this illness...
deserve the same measure of compassion and support we would offer to anyone struggling through any other chronic illness.

Finally, as my colleagues work to improve prevention and treatment services for addiction, we must also recognize that the current epidemic of overdose cannot wait until these improvements are in place. Changes to the larger systems of care delivery are complex and will require time to implement. Even though many improvements are underway, it is also clear that overdose deaths are increasing at a still alarming rate. Owing in large part to the availability of lethal, synthetic forms of opioids (e.g., fentanyl and related drugs) we also need to aggressively combat the epidemic of overdose as a separate, though related, phenomenon.

WHAT CAN YOU DO?
First, it is important to recognize that no one can predict with certainty who is at risk for an opioid overdose. While there are specific factors that raise the risk of having an overdose, we also know that many who succumb to an overdose had few, if any, of these known risk factors. For this reason, as a community, our best hope to prevent opioid overdoses is to be broadly prepared with knowledge about how to identify an opioid overdose and, even better, to know how to take steps to help someone who is experiencing an opioid overdose. The next most important step, once a victim of overdose is identified, is to rapidly administer naloxone (e.g., Narcan®), a safe and effective antidote that can reverse an overdose in progress. Within the Health Department, we have worked to expand access to naloxone across the community, in restaurants, businesses, social service agencies, schools and libraries, in places of worship, just to name a few.

Members of the general public may also obtain naloxone from any major pharmacy without the need for a written prescription thanks to a standing order that applies to all people in New York State. Furthermore, a new program called the Naloxone Copayment Assistance Program (NCAP) will cover up to $40 in co-payments for anyone with prescription insurance coverage, which in most cases means that one can obtain naloxone at little or no out-of-pocket cost.

Opioid Overdose Prevention Training (Narcan/Naloxone)
The Monroe County Department of Public Health provides Opioid Overdose Prevention Training, typically on the fourth Wednesday of the month, both in the morning and evening. Training is open to all who are interested and there is no cost.

Participants will learn how to administer the new single step Narcan (Naloxone) and also how to utilize Naloxone standing orders in pharmacies. A prevention kit will be provided to all participants.

To register, e-mail mchealth@monroecounty.gov (write ‘Opioid Training’ in subject line and specify the time you desire) or call (585) 753-2989. Space availability will be determined at time of registration.

Training occurs at the Health Department, 111 Westfall Rd, Room 142 (enter from rear of building facing canal/Rt 390).

Dr. Michael Mendoza is Commissioner of Public Health for Monroe County, NY and Associate Professor in the Departments of Family Medicine, Public Health Sciences, and Nursing at the University of Rochester School of Medicine and Dentistry.
Talking About Opiate Pain Medication With Your Provider

Opioid addiction is a national crisis and New York State limits how many days of opioids providers can prescribe in some cases.

by Fatma Akmese, MD

As a primary care provider, I have had many conversations with my patients about their pain. Sometimes these conversations can become difficult, especially when we are talking about opiate pain medications. The worst times are when I feel like my patient doesn’t understand me. To avoid talking past each other it makes sense for you to understand your provider’s point of view and get your point across effectively which is the goal of this article.

Your provider is likely feeling increased pressure by regulatory agencies to decrease the amount of opiate prescriptions they are prescribing, the amount per prescription and the combination of opiates with benzodiazepines which is another controlled medication used to tranquilize patients. The reasons for these increased regulations are related in part to the increased amount of overdoses that are happening in the country.

As a result of these regulations your provider has been advised to check urine drug tests to make sure you are taking your medications and not drugs acquired by other means. In addition, providers are being advised to use a different type of scale to evaluate your pain called a PEG 3 scale. This scale doesn’t just ask about the amount of pain you are feeling but how often the pain interferes with your enjoyment of life and general day to day function. Recently there have been some studies showing that opiate pain medications aren’t any better than over the counter pain medications. These types of studies may not take into account that many people who are taking opiate pain relievers are physically dependent on them and taking opiates away from them will increase their pain in the short term.

Being physically dependent on opiate medication is not the same as being addicted to them. Physical dependence means your body is used to getting opiates and doesn’t make enough of its own opiates to control pain. If an opiate dependent person suddenly stops taking the opiate pain medication they will feel more pain. This is a natural part of the human body self-regulating the amount of opiates it has in your bloodstream at any given time- it does not mean you are addicted, it means you are opiate dependent.

Addiction is when you take opiate medication in a way that interferes with your life, work and relationships. The medical term is called Use Disorder and it has diagnostic criteria. Some people who have pain and take opiates may also have a Substance or Alcohol Use Disorder as well. These patients are recommended to have a chemical dependency evaluation and have their opiate use tapered or changed to a medication that is managed by addiction medicine specialists or primary care providers knowledgeable about treatment. Most people with a Use Disorder get worse without treatment and have

PEG Scale

1. What number best describes your pain on average in the past week:

   No pain | Pain as bad as you can imagine
   0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

   Does not interfere | Completely interferes
   0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

3. What number best describes how, during the past week, pain has interfered with your general activity?

   Does not interfere | Completely interferes
   0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
a high risk of misusing their opiate or other controlled medication harming themselves in the process. Those of you who are used to taking opiate medication know that when you miss a dose you have increased pain. This pain you are feeling could be from a few sources. First you had a condition that made you feel pain before you started taking opiate pain medication, the underlying cause of your pain is not addressed when taking opiates and the pain can return when the effect of the opiate ends. Second if you are used to taking opiate pain medication more than two times a week your body gets used to the medication- this is called tolerance and not taking it makes you have withdrawal pain. Third you could develop something called opiate hyper-algesia syndrome where taking the opiate pain medication actually makes you more sensitive to pain. The second and third reasons go away when you come off of opiate medication permanently after a month or longer in some cases.

The other problem is the opiate pain medication can increase your risk of overdose. You have a high risk of overdose in the following situations:

1. If you take a high dose of opiate pain medication measured in Morphine Milligram Equivalents (MME)
2. If you take pain medication with a tranquilizer or alcohol
3. If you become ill. Becoming ill decreases the body’s ability to process the medication normally causing a higher effect in the body with the same dose
4. If you haven’t taken an opiate for a couple weeks and start taking it again at the same dose. Missing two weeks of your opiate medication can reduce your tolerance and increases your sensitivity to the medications side effects.

If you are prescribed an opiate pain medication ask you provider if you should have a supply of naloxone which is an antidote that works within minutes to wake up the person who is in overdose. You can have family members trained on how to recognize, respond and reverse an overdose with naloxone – the life you save may not be your own. Having naloxone can help you act until emergency services arrive in case a child

continued on page 18
In Rochester and Monroe County, as in other parts of New York and the United States, we continue to experience rising numbers of overdose fatalities due to prescription pain medications and heroin. With the relatively recent and increasing influx of non pharmaceutical grade fentanyl as an additive to heroin and other opioids and street drugs, the overdose rates are accelerating at a far greater rate! The fatalities are tied not only to a higher potency heroin and heroin/fentanyl combinations, but also to even more potent synthetic opioids that include fentanyl which has appeared on the Monroe County Medical Examiner report. The pattern of overdoses know no demographic boundaries in terms of geography, ethnicity or age!

In response to the Opioid Epidemic, DePaul’s National Council on Alcoholism and Drug Dependence-Rochester Area (NCADD-RA) convened representatives from multiple sectors to form the Opioid Task Force in early 2016. Two years later, the commitment and energy of the multi-sector representatives have not waned! We continue meeting bimonthly to review local, state and federal updates, reviewing especially local trend data, and sharing the new community resources that have been developed and/or are in process of development. In an earlier article, in the Feb/March 2017 issue of The Bulletin, I shared the mission and priorities of the Opioid Task Force. Our primary goal continues to be:

- Ensure that individuals and families, impacted by the disease of addiction, have full and complete access to services on par with coverage equal to that of other diseases, thus removing the stigma surrounding the disease of addiction. (This includes access to prevention, treatment and recovery wraparound services.)

Last fall 2017 a new, and first of its kind in New York State, community service opened its doors as Recovery Net’s Open Access. This service represents a unique collaborative staffing model, is supported by both NYS (OASAS) Office of Alcohol and Substance Abuse Services and by the Monroe County Office of Mental Health. Open Access, staffed by CASACs and peers, provides a single point of entry for an individual seeking treatment with an assessment to determine the appropriate level of care. Once the level of care is determined, Open Access staff seek the first available treatment as well as negotiate potential insurance and/or transportation barriers. The peers at Open Access are able to connect with and encourage individuals to follow through with recommended services.

Since it’s opening in August of 2017, Open Access has been steadily moving toward the ultimate goal of providing assessment services on a 24/7 basis which will be realized by the end of January 2018. Open Access, which began serving adults only, has recently expanded assessment services to include youth 12 and up. Open Access is located adjacent to SBH (Syracuse Behavioral Health) Rochester, 1350 University Ave. Open Access, intended to be walk-in, may also be reached by calling (585) 625-0843.

In addition to Open Access, our community now benefits from an increasing number of treatment providers (see NCADD-RA’s Monroe County OASAS Certified Treatment Providers listing) who now also offer walk-in evaluations on a variety of days of the week and times as indicated. With NCADD-RA’s January 2018 revision the following providers now offer walk in evaluations: Action for a Better Community, Catholic Family Center Restart, Huther Doyle, Rochester Regional/Unity Evelyn Brandon and the Villa of Hope. Peers are being integrated into services at treatment programs to encourage follow-through and engender hope! Peers also continue to work with clients following treatment to ensure maintenance of recovery through
access of community recovery services (see NCADD-RA January 2018 revision of Recovery Services in Monroe County).

Additionally through the NCADD-RA newest grant, the Finger Lakes Addiction Resource Center staff are creating resource directories similar to what we have developed and maintained for Monroe County.

Completed in January 2018 are OASAS Certified Treatment Directories for the 8 Finger Lakes Counties: Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates. You can find these resources on our website at https://ncadd-ra.org. Click on Programs and Services, and then click on Finger Lakes Addiction Resource Center.

Prevention education efforts as well as community awareness efforts are on-going with requests to NCADD-RA for parent and staff education on Opioids being at an all-time high. In 2017 alone, NCADD-RA reached hundreds through presentations to school/university staff and students, SUD and MHD agency staff, grand rounds, and other venues. Additionally NCADD-RA reached thousands through various media venues that included print, radio, television theater screens and social media. NCADD-RA offers education and support for families going through the chaos associated with the addiction of their loved one through the Total Approach Family Program. More information may be found for adult and youth groups on our website at https://ncadd-ra.org. Click on Programs and Services, and then click on Total Approach Family Program.

Through NCADD-RA’s Finger Lakes Prevention Resource Center, staff continue to work with the currently identified 20 coalitions throughout the Finger Lakes region. The power of community mobilization by town further adds to efforts to eliminate stigma and respond to not only opioids but the other drugs of abuse which impact the health and viability of our youth, our families and our communities.

For more information on local coalitions and their contacts visit our website at https://ncadd-ra.org. Click on Programs and Services, and then click on Finger Lakes Prevention Resource Center.

In response to the many calls we receive from the community, NCADD-RA added a webpage under Resources, which include a continuously expanding list of resources and direct links specific to the many facets and questions surrounding the heroin/opioid epidemic. This webpage can be found at https://ncadd-ra.org. Click on New & Resources and then click on Resources, Advocacy, & Research.

The Opioid Task Force continues to move forward responding to identified goals, subsequent action items while encouraging new initiatives. There continues to be a great deal of energy and community commitment to collectively work together to better respond to the Opioid epidemic we are experiencing in our community! We continue to revise and update the Opioid Task Force brochure, adding resources and sharing it widely throughout the community after each revision via our community partners.

To request more information or schedule a presentation on this topic or other addiction related-topics, please contact Jennifer Faringer (NCADD-RA) at jfaringer@depaul.org. You may also access many of the resources mentioned at www.ncadd-ra.org.

Jennifer Faringer is the Director of DePaul’s National Council on Alcoholism and Drug Dependence-Rochester Area. She received her Bachelors from Syracuse University, her Masters in Health Education from SUNY Brockport and holds the NYS OASAS Credential for Prevention Professionals, with a sub-specialty in problem gambling prevention. She has presented locally and at both statewide and national conferences on a wide variety of substance abuse related topics.
Walk-In Evaluations (assessment)
Open Access
1350 University Avenue
Rochester, NY 14607
(585) 627-1777
Open 24 hours, even days a week
Collaboratively staffed by RecoveryNet OASAS
Certified Treatment Providers to determine appropriate level of care, to identify first-available treatment slot and to arrange for transportation to that site if needed.

Action for a Better Community
Monday/Wednesday 8:30 am - 12 noon
Tuesday/Thursday 3:00 pm - 5:00 pm
727 St. Paul Street, Rochester, NY 14605
(585) 262-4330 ext 3200/3201

Catholic Family Center/Restart
Monday/Wednesday/Friday 1:00-3:00 pm
79 North Clinton Avenue,
Rochester, NY 14604
(585) 546-1271 ext 6258

Huther Doyle
Monday–Friday 8:00 am - 4:00 pm
360 East Avenue, Rochester, NY 14604
(585) 287-9569
Rochester Regional Health/Unity
Monday-Friday 8:30 am - 4:00 pm
81 Lake Avenue, Rochester, NY 14608
(585) 922-9900

Rochester Regional Health/Unity
Monday-Friday 8:30 am - 4:00 pm
81 Lake Avenue, Rochester, NY 14608
(585) 922-9900

Villa of Hope
Monday/Tuesday/Thursday 9:00 - 11:00 am
1099 Jay Street, Building J, Suite 202
Rochester, NY 14611
(585) 328-0834

Peer to Peer Services
Gates to Recovery
Thursday 5:00-8:00 pm
Gates Town Hall,
1605 Buffalo Road
Rochester, NY 14624

Find Your Path
Tuesday 10:00 am - 2:00 pm
1164 North Clinton Avenue
Rochester, NY 14621

State & Local Resources
Heroin/Prescription Pain Medication Addiction Heroin/Prescription Pain Medication Addiction Resources are below and more direct links can be found at: www.ncadd-ra.org
https://ncadd-ra.org/news-resources resources-advocacy-research

NYS OASAS Treatment Availability Dashboard
www.oasas.ny.gov

“Navigating the Treatment System”
YouTube videos on levels of care, insurance and more – www.oasas.ny.gov/treatment/index.cfm

NCADD-RA’s Monroe County OASAS Certified Treatment Providers
www.ncadd-ra.org

Attorney General HELP Hotline
1-800-428-9071

Buprenorphine (Suboxone) Treatment
Physician Locator
www.samsha.org

SBH/Liberty Navigator Hotlines
1-855-778-1300
Individuals can access a Peer Navigator 1-855-778-1200
Concerned family members can access a Family Support Navigator

Educational resources for the general public to help identify early signs of addiction
https://www.combataddiction.ny.gov/

Opioid Educational Training
Request an educational presentation for your school or community group on:
Current Trends – “The Opioid Crisis and Community Response”

Contact DePaul’s National Council on Alcoholism and Drug Dependence – Rochester Area:
jfaringer@depaul.org or (585) 719-3480
www.ncadd-ra.org
Opioid Overdose Training
Using Narcan to reverse an overdose

URMC Strong Recovery
Contact:
Michele Herrmann
michele_herrmann@urmc.rochester.edu
(585) 275-1829

Trillium Health Outreach
Contact:
oford@trilliumhealth.org
(585) 210-4146

Monroe County Department of Public Health
Contact:
Michael Mendoza, MD, MPH, MS
Commissioner of Public Health
mchealth@monroecounty.gov
(585) 753-2991

Villa of Hope
Contact:
Stacey Gray, RN
stacey.gray@villaofhope.org
(585) 865-1550

Clinton Family Health Center
Rochester Regional Health
Contact:
Mayra Rodriguez
mayra.rodriguez@rochesterregional.org
(585) 922-0263

Naloxone is available at all major pharmacies in Monroe County. The N-CAP program will cover up to $40 toward your insurance co-pay.

OPEN ACCESS CLINIC
Do you need help with alcohol, opioid or any other use of substances?
We are here to help!
1350 University Ave. (Next to SBH HealthCare)
Rochester, NY 14607
(585) 627-1777

We’re open 7 days per week, 24/7 around the clock!
Se habla Español

• We assess, evaluate and make a referral on your behalf for the appropriate level of care you might need—detox, inpatient, and/or outpatient. You will not walk out of here without a plan of action.
• If you cannot arrange for your own transportation to detox or inpatient, we will help you coordinate it.
• If you do not have health insurance, we can still help you.

Collaboratively staffed by RecoveryNet
OASAS Certified Treatment Providers
Director - Lilliam Torres, QHP
(585) 467-2230 ext. 502

Villa of Hope
Behavioral Health Services
provides substance use disorders treatment to anyone 12 years of age and older.

• Residential and outpatient treatment setting.
• Substance Use Disorder Outpatient clinic is collocated with our Mental Health Clinic.
• No wait times for medication assisted therapies.
• Evidence based practices.
• Person centered and trauma informed care provided by passionate professionals.
DON’T BE AFRAID TO CALL FOR HELP FOR YOU OR YOUR FRIENDS!

YOU WILL BE PROTECTED!

NYS 911 Good Samaritan Law

The NYS 911 Good Samaritan Law protects you from arrest even if you shared the drugs or possess a kit or works. (These protections do not extend to outstanding warrants, drug sales or other non-drug crimes.) recovery by directing them to the appropriate service provider.

Your local Town Police Department and the Monroe County Sheriff can assist individuals on their path to recovery by directing them to the appropriate service provider.

Call 911 FOR HELP to report an overdose

Medications in Your Home

Prescription (Rx) and over-the-counter (OTC) medicines are legal products that should be used only as directed. Each day, 46 people die from an overdose of prescription painkillers. Unfortunately, many teens are using opioid painkillers and OTC medicines to get high.

Prescription painkillers refer to opioid or narcotic pain relievers, such as Vicodin, OxyContin, Opana, and methadone.

Almost one in four (23 percent) teens report abusing or misusing a prescription drug at least once in their lifetime. Sixteen percent report doing so in the past year.

Source: Partnership Attitude Tracking Study (PATS), 2013.

DID YOU KNOW?
Many teens believe incorrectly that prescription drugs are safer than illegal drugs because:

• They are medicines
• They can be obtained from doctors, dentists, friends, or family members

FACT:
Use of Rx medicines without a doctor’s recommendation, can be just as dangerous as using illegal drugs. Improper use can have serious health effects, including addiction and overdose.

Source: https://www.getsmartaboutdrugs.gov

WHERE ARE TEENS GETTING RX MEDICINES AND OTC MEDICINES?

In their home or from friends.

As a parent or caregiver, it is important to keep track of your medicines. Keep your medicines safe and secure in a locked medicine cabinet, where they cannot be taken.

REMEMBER: SAFELY STORE AND DISPOSE MEDICATIONS

• Throw out old or expired medicines or unused prescription drugs safely.
• Avoid keeping prescription painkillers or sedatives around “just in case”.
• Do not sell or share prescription drugs.

LOCATE A PRESCRIPTION DRUG COLLECTION SITE AT https://takebackday.dea.gov/
Support for Those Impacted by Substance Abuse

by Cameron Farash, MSW
Program Coordinator
Recovery Support Navigator Team
Liberty Resources, Inc.

What is the Monroe County Recovery Support Navigator?
The Monroe County Recovery Support Navigator team provides family-focused (or other loved one-focused) services designed to guide, educate, and support families through the substance abuse disorder treatment and recovery process through peer and family support. The team is comprised of both Family Support Navigators and Peer Advocates that are community-based and embedded in hospital and detox settings. Family Support Navigators help individuals and their families understand the progression of substance abuse disorders and navigation of the treatment service delivery system. Peer Advocates provide emotional support, share insights about the treatment process, and assist the client in obtaining services. The program helps individuals and their loved ones become engaged in recovery-focused activities including substance abuse disorder and opioid abuse treatment, counseling, support groups, peer interactions, and community services.

When and why was it developed?
In 2016, the New York State Office for Alcoholism and Substance Abuse Services (OASAS) communicated the availability of funding in response to their commitment to combating heroin and prescription drug abuse in the Monroe County community. The Recovery Support Navigator program was created through a grant partnership between Liberty Resources, Inc. and Syracuse Behavioral Healthcare (SBH) to assist families and individuals combating substance abuse disorders through a blended model of peer and family support services.

The Monroe County Recovery Support Navigator team is the first program of its kind in the area providing both Peer Advocates and Family Support Navigation. We are not a clinical treatment program; instead, our services are designed on an innovative and flexible peer support model that is community-based. We are also person-centered and hope based. This approach allows us to meet individuals and families where they are at as we collaborate with them to help strengthen their recovery. Additionally, we recognize that substance abuse disorders are a family illness that is a separate condition from the disease of the chemically dependent. Our Family Support Navigators help families heal and progress, while supporting their loved one in recovery.

What kinds of help does the Family & Peer Navigator provide?
The Recovery Support Navigator program provides an array of community-based supports that partner and engage individuals impacted by substance abuse disorders. Initially, we focus on outreach and engagement to develop a trusting and supportive relationship with the people we serve. We are with individuals during potentially vulnerable periods, such as when they are being discharged from an emergency department and during the long wait period until their next treatment. We transform that
potentially vulnerable period, where people often have a reoccurrence, into a period of developing a supportive relationship and connection with a Peer Advocate. We also help inform individuals and families about available treatment and/or recovery supports in the community and assist them with how to access the service delivery system, what to expect when accessing treatment services, and foster linkages to services.

How does it work?
Peer Advocates have lived experience with their own struggles related to substance abuse disorders, as well as lived experience with how to get out of the grips of a substance abuse disorder and sustain recovery. When an individual hears that our Peer Advocates have lived experience with substance abuse disorder and recovery, they immediately feel that it’s “someone who gets me.” That commonality and shared experience can build trust more quickly, which allows our Peer Advocates to provide meaningful support right away.

The Family Support Navigator is able to assist the families of people with substance abuse disorder, whether they are participating in recovery or not. They are able to help families and loved ones provide a recovery environment that reduces triggers for using, set healthy boundaries to improve the health of the family as a whole, and encourage self-care. Our program can help families create a life where it is easier to recover.

Is there a cost to get help from a Family & Peer Navigator?
Our services for both individuals and families are free. The Recovery Support Navigator program is funded by OASAS through the Monroe County Office of Mental Health.

The substance abuse disorder crisis is not going away any time soon. We need to recognize that substance abuse disorders can happen to anyone, any family, at any time, regardless of socio-economic status or other demographics, and remove the stigma around asking for help with this problem. Removing stigma toward all substance abuse disorders is the first step in getting people the help they need. The Monroe County community has come together to create an atmosphere of support and recovery. The strong recovery supports in our area will enable us get past the crisis and help people to recover and thrive in life.
You cannot tell from looking at a person if they have a problem. If you are giving away, selling or sharing your opiate pain medications you may not be aware that this is illegal and can have legal consequences. Also you can seriously harm a person. You may have a higher tolerance to opiate medication than the person you are sharing your medication with causing an overdose. It is always better to have this person see their own provider- your good intentions can seriously harm someone.

All of this may be very frustrating to deal with not just for you but for your provider as well. Speaking as a provider, I can tell you that I went into patient care because I enjoy helping people. It is always easier to just write a prescription and not worry about the consequences, but that is how we got into the opiate crisis in the first place. Now we have to take the extra time and care to understand each other and create a pain management plan with the appropriate expectation – to improve enjoyment of life and function while also decreasing the possible negative consequences of taking opiates daily. Every person touched by chronic pain impacts a family and a community. We must start as providers and patients by understanding each other and what’s at stake so we can start having better conversations around pain.

### Opiate Medication and Benzodiazepine Examples

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<th>Opiates</th>
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<td>Hydrocodone</td>
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Dr. Fatma Akmese is the Medical Director for Rochester Regional Health Federally Qualified Health Centers and has incorporated addiction care into her primary care practice for the last 12 years.
ROCovery Fitness Supports Sober, Healthy Lifestyle

by Yana Khashper, LCSW
CEO & Co-Founder, ROCovery Fitness, Inc.

ROCovery Fitness is a nonprofit peer-led sober active community committed to healing and recovery from addiction. We are a nationally recognized Recovery Community Organization by Faces and Voices of Recovery (National Association of Recovery Community Organizations). ROCovery is the only program of its kind in the state of New York and the second in the country. We are a supportive and nurturing environment free of stigma, judgment and shame. ROCovery is a free program open to anyone who has a minimum of 48 hours of continuous sobriety (friend and family are encouraged to take part). We follow an evidence based, trauma informed organization out of Colorado called The Phoenix. The Phoenix was founded by Scott Strode in 2006 and has reached over 22,000 people affected by Substance Use Disorder. Their outcomes are overwhelmingly positive. Based on a survey they distributed in 2012: 73% of people that come to The Phoenix stay clean and sober, 93% saw an improvement in their physical health, 91% in their mental health, and 91% in their quality of life. ROCovery Fitness is modeled after The Phoenix and has been mentored by Scott since inception.

ROCovery started by accident. Founders Yana Khashper and Sean Smith knew they were on the brink of relapse; they had been here before and knew all too well how it would end. It was the winter of 2015, the coldest winter on record in Rochester, NY. They were isolated in their apartment, not doing what they needed to do to treat their recovery. Out of sheer desperation, they decided to try something different. They went on a hike. They posted to their social media pages that they were going on a hike with time and location and an open invite for anyone that would like to come. On this said day, at this said park, people came for said hike. What they noticed on this hike was that most of the people in attendance were in recovery. They also noticed that their moods changed as well as the mood of many of the other hikers. They were no longer cold, or irritable. They weren’t thinking of drinking or turning to other substances. They were laughing, smiling and enjoying the serenity of the great outdoors. One of the hikers asked if we can all do this again. And that was the start of what would become ROCovery. With weekly hikes, morning and park workouts, kayaking, cycling and so much more, we became New York’s first and only sober active community. We are a place where clean and sober is the norm. In May of 2017, an incredible angel gave us a space; a former firehouse built in 1910, which was made into a sober clubhouse and wellness center. We now run programs 7 days a week, multiple times a day. We reach approximately 200 unique individuals each month and average 1000 people each year. Since our programs are free and the only requirement to attend is 48 hours of continuous sobriety, our members are not only individuals in recovery, they are the families and friends who support our mission and have become recovery allies.

Recovery is possible. It is not only possible, it is fun. So much fun. We no longer have to hide. We embrace and celebrate our lives as individuals in recovery who have overcome adversity and found a better way. Join us on this beautiful journey. Visit www.rocoveryfitness.org for more information, our membership questionnaire, calendar of events, pictures and much more. We can’t wait to have you join our ROCovery family and GET BUSY LIVING SOBER.
Every day, we’re here to help with Adult Immunizations*

Our friendly, professional pharmacists are trained to recommend and provide the right immunizations for you—

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- **NEW, more effective Shingles shot**
- Pneumonia
- Tetanus, Whooping Cough, and more

*Full list of adult immunizations at wegmans.com; age requirements may apply. See store for details.

Helping you live a healthier, better life