

How to tell if your loved one is addicted to opioids



**E-Newsletter**  
**Issue: 10-2017**

**National, state and local information on Drug Abuse**

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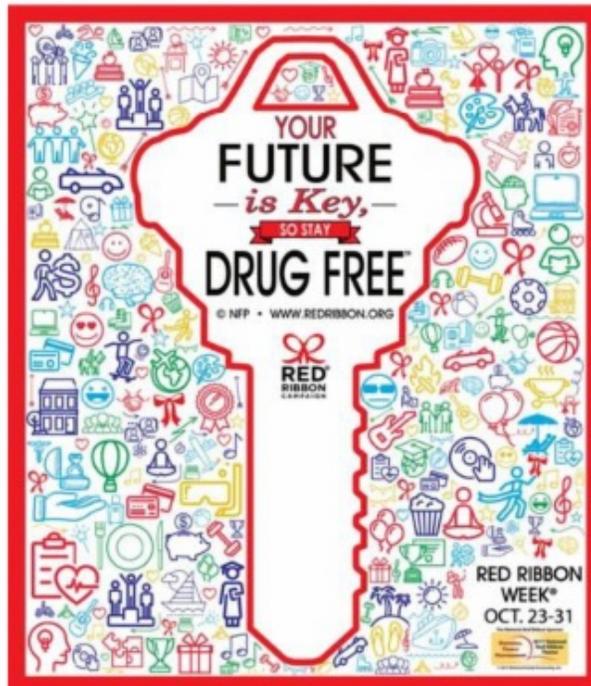
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## NATIONAL COLLEGIATE ALCOHOL AWARENESS WEEK

*October 15-21 is National Collegiate Alcohol Awareness Week!*

Colleges and universities across the nation are sponsoring programs, forums, and educational initiatives aimed at raising awareness of alcohol issues on campus. Students and administrators collaborate to design programs and dialogues that encourage safety and personal responsibility when alcohol is concerned. Held each year during the third week of October, National Collegiate Alcohol Awareness week aims to bring attention to the serious public health issues posed by excessive drinking among college student during a part of the academic calendar that is marked by football games, homecoming weekends, and other large

celebrations on many campuses.

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## **NYS Exposed: Local counties seeing increase in drug-related diagnosis for newborns**



The reach of the growing opioid epidemic touches every corner of our area and that impact touches some of the most vulnerable in our community: Babies still in their mother's womb. "Babies can have actual withdrawal from the medications that moms are taking," says Suzanne Mullin, the pediatric director of Mother-Baby Unit at Rochester General Hospital. "Opioids, we see the most dramatic effects."

It's a national trend, but Suzanne Mullin at Rochester General Hospital says they're seeing the dramatic increase in our area.

"We have been seeing an increase in numbers of specifically opioid dependency in this hospital," said Mullin. "And we are the referral center for a lot of local hospitals, so we see those babies as well from a lot of outside counties."

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## **How to tell if your loved one is addicted to opioids**

Perhaps your friend or family member hasn't been picking up the phone when you call, or isn't texting you back.

When you do manage to catch up with them, they are moodier than normal. They seem distant, with nothing much to say. Maybe they seem nervous. They look different too - down more than a few pounds.

Could your loved one have an addiction? There is a strong possibility, and you shouldn't ignore your instincts. The opioid epidemic is sweeping the nation, affecting people from all walks of life.

More than two million Americans were abusing prescription opioids or heroin in 2015, according to the U.S. National Institute on Drug Abuse.

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## **A Former 'Tan-oholic' Pays the Price: More Than 81 Skin Cancers**

I am a former tan-oholic. I won't say "recovering" because I have no desire to visit a tanning salon ever again. I have no wish to smell the odor of my skin being destroyed.

Anyone who has been to a tanning salon knows that distinctive smell well. I certainly know it too well.

The fact is that indoor tanning has caused me to develop more than 81 skin cancers, five of them melanoma. I



have untold scars on my body from the procedures to remove those cancers, and I know I will face this for years to come.

I started hitting the tanning salon while I was in college. I felt that if I had a tan, other people wouldn't notice how pale and white I was. I felt prettier and my skin was more even.

In the beginning, I went to the tanning salon roughly once a week. Then I started going twice a week, and then every day. I was addicted. There was always a reason or excuse to tan: spring break, weddings, dates ... you get the picture. Everybody I knew was doing it, and I wanted to be part of it, too. Tanning made me feel good.

In the beginning, I could just walk in without an appointment. Then, the salon got so busy you had to make appointments, which frustrated me. Eventually, the salon started staying open later so my friends and I could go after night classes. I was tanning even when the sun wasn't shining! No one could tell me not to tan. I wouldn't have listened anyway.

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## **Tobacco's Impact on Society: A Cost-Benefit Issue**

*AUTHORS: Shoshanna Miller, MD, Scott McIntosh, PhD*

From the health care system perspective, the use of tobacco products has a significant cost burden on society. An economist, however, might instead postulate that there are many positive financial benefits from economic stimuli factors such as the taxes and employment opportunities offered by companies responsible for the fact that the US is the fourth largest tobacco producing country in the world, and the fact that merely four major US companies account for 91% of cigarette sales in the US (Centers for Disease Control and Prevention [CDC], 2016).

In fact, billions of dollars are spent annually on smoking-related medical costs and loss in productivity. The Centers for Disease Control and Prevention (CDC) estimate that smoking costs approximately \$326 billion annually in the US. Direct medical costs associated with smoking related illness accounted for \$170 billion while loss in productivity caused by smoking-related illnesses amounted to \$156 billion (CDC, 2016). New York State spends \$8 billion annually in smoking related healthcare costs including at least \$3 billion in Medicaid costs.

Medicaid reports that cigarette smoking is one of the greatest drivers of adverse health outcomes and costs for state Medicaid programs. Currently, expenditures attributable to smoking total nearly \$22 billion annually, representing 11% of all expenditures. Medicaid advocates that tobacco treatment is one of the most cost-effective preventive services with as much as \$2-\$3 return on every dollar invested. For instance, "The "cost per quit" of smoking cessation interventions ranges from a few hundred to a few thousand dollars, while the average cost for treating a single case of lung cancer can be over \$40,000. A recent study showed that tobacco cessation treatment lowered health care costs within 18 months of quitting (Centers for Medicare & Medicaid [CMS], n.d.). The study found that sustained quitters cost \$541 less per quarter than those who continued smoking. Another study found that the expenditures for smoking cessation programs could be offset by health care cost savings with three years (CMS, n.d.).

The non-health related costs of smoking are also significant. In 2000, approximately 10% of all fire deaths worldwide (300,000) were caused by smoking, with an estimated total cost of US \$27 billion (Ekpu & Walker, 2015).

More recently, nearly 2,300 deaths per year were attributable to smoking-related fires, along with 5,000 injuries and \$552 million per year in direct property damage (Ekpu & Walker, 2015)

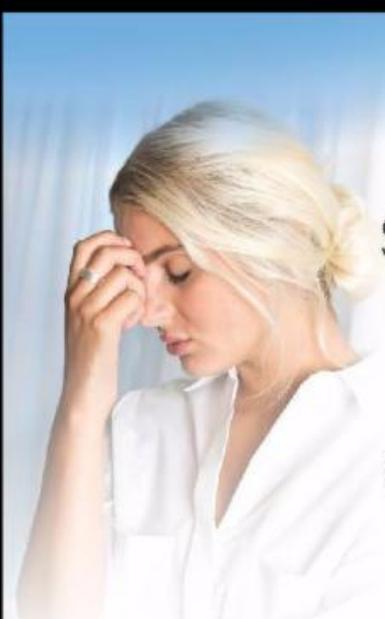
Meanwhile, the tobacco industry reports that tobacco consumption contributes some economic benefits to society such as employment and tax yields. Ekpu & Walker, (2015) state that the 156% tax increase proposed in 2009 will result in \$33 billion in taxes over a 4 ½ year period. Currently, Missouri has the lowest excise tax at \$0.17 and New York has the highest at \$4.35. New York City imposes an additional \$1.50 for total \$5.85 in taxes per one pack of 20 cigarettes. This is significant given that, in the US, there are 36.5 million adult smokers and in 2015 nearly 264 billion cigarettes were sold. The \$6.5 billion tobacco-settlement fund created in early 2000's could also be seen as an economic stimulus. In 2001, all 50 states received approximately \$28.35 per capita from a country-wide tobacco settlement. This ranged from \$14.8 million (Wyoming) to \$974.2 million (Texas), (Gross, Soffer, Bach, Rajkumar & Forman, 2002). However, Campaign for Tobacco-Free Kids state that taxpayers incur \$951 per household in annual federal/state tax burden as a result of smoking-caused government spending (Campaign for Tobacco-Free Kids, 2017).

The tobacco industry employs a large number of people. Corpwatch (1997) reports that there are 48,000 people employed in the manufacturing aspect of the tobacco industry in 114 factories in 21 states and 136,000 in farming in 23 states (Corpwatch, 1997). In 2012, 800 million pounds of tobacco was produced in the United States. Other industries such as the marketing industry are also impacted by the tobacco industry. The CDC stated that in 2014 more than \$9 billion was spent on the marketing of cigarettes and smokeless tobacco. Also, Campaign for Tobacco-Free Kids reported that \$20 million was spent in 2015 by the tobacco industry lobbying Congress (Campaign for Tobacco-Free Kids, 2017).

Corpwatch (1997) may have summarized it well when they stated that the economic benefits from tax yields, employment and income do not adequately offset the enormous cost impact of tobacco consumption on society. While \$5.06 to \$10.56 may be generated by economic stimuli, jobs and tax yields, we later spend \$19.16 on health related costs and loss of productivity related to that one pack of cigarettes purchased. So although tobacco consumption may have some identifiable economic benefits, they are outweighed by total cost to society as measured by the costs associated with morbidity and mortality.

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## To Save Opioid Addicts, This Experimental Court Is Ditching The Delays

There's about 10 feet between Judge Craig Hannah's courtroom bench and the place where a defendant stands to be arraigned here in Buffalo City Court.

But for 26-year-old Caitlyn Stein, it has been a long, arduous 10 feet.

"This is your first day back! Good to see you!" Judge Hannah says as he greets her.

"Good to see you," Stein says, smiling.

"We've got to do that after picture. We did the before," Judge Hannah reminds her. It's 10 feet of space where Stein began to walk back 10 years of crippling



intravenous heroin addiction and its sordid aftermath: burned bridges with family and friends, and a stream of lies and criminality to support her drug habit.

Today is Stein's first day back before Hannah after a month of inpatient treatment in Buffalo's new opioid intervention court.

Stein shows the judge a folder full of awards and certificates earned during her recovery.

"Oh, you've also been a positive peer mentor. Wow. You really did your thing down there. Congratulations," Hannah says, looking Stein in the eyes. "How many days clean?"

"Twenty-nine today, judge."

"Keep up the good work, that's awesome."

"I will."

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## **We Need to Talk About Kids and Smartphones**

Nina Langton had no right to be depressed. At least, that's how she saw it.

She had a great group of friends, lived in a prosperous neighborhood, and was close with her parents. Like most 16-year-olds at her Connecticut high school, Nina spent much of her free time on her smartphone. But unlike many of her classmates, she was never "targeted" on social media-her word for the bullying and criticism that took place daily on sites like Snapchat. "Part of what made my depression so difficult was that I didn't understand why I was feeling so sad," she says.

Later, after her attempted suicide and during her stay at a rehabilitation facility, Nina and her therapist identified body image insecurity as the foundation of her woe. "I was spending a lot of time stalking models on Instagram, and I worried a lot about how I looked," says Nina, who is now 17. She'd stay up late in her bedroom, looking at social media on her phone, and poor sleep-coupled with an eating disorder-gradually snowballed until suicide felt like her only option. "I didn't totally want to be gone," she says. "I just wanted help and didn't know how else to get it."

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## **FDA: Don't Mix Opioid Addiction Medication with Anti-Anxiety Drugs**

The Food and Drug Administration (FDA) issued a new warning about mixing medication to treat opioid addiction with anti-anxiety drugs.

Both types of drugs slow breathing and brain activity.

Combining opioid addiction medications with anti-anxiety drugs can lead to difficulty breathing, coma or death, the agency said. In addition to anti-anxiety drugs such as Valium and Xanax, other drugs that should not be combined with opioid addiction medication include Ambien and Lunesta for insomnia, muscle relaxers Soma and Zanaflex, and antipsychotic drugs Abilify, Invega, and Saphris, the Associated Press reports.

Buprenorphine and methadone, also known as medication-assisted treatment, reduce opioid cravings and withdrawal without producing a high. The FDA is requiring changes to medication-assisted treatment drug labels. The new labels recommend that health care providers develop a treatment plan that closely monitors any simultaneous use of these drugs.

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## 'The Pills Are Everywhere': How the Opioid Crisis Claims Its Youngest Victims

When Penny Mae Cormani died in Utah, her family sang Mormon hymns - "Be Still My Soul" - and lowered her small coffin into the earth. The latest victim of a drug epidemic that is now taking 60,000 lives a year, Penny was just 1.

Increasingly, parents and the police are encountering toddlers and young children unconscious or dead after consuming an adult's opioids.

At the children's hospital in Dayton, Ohio, accidental ingestions have more than doubled, to some 200 intoxications a year, with tiny bodies found laced by drugs like fentanyl. In Milwaukee, eight children have died of opioid poisoning since late 2015, all from legal substances like methadone and oxycodone. In Salt Lake City, one emergency doctor recently revived four overdosing toddlers in a night, a phenomenon she called both new and alarming.

"It's a cancer," said Mauria Leydsman, Penny's grandmother, of the nation's opioid problem, "with tendrils that are going everywhere."

While these deaths represent a small fraction of the epidemic's toll, they are an indication of how deeply the American addiction crisis has cut.

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## **Quote of the Month**

*"Trust Life  
and it will teach you  
in joy and sorrow  
all you need to know"*

-James Baldwin-

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