

City of Rochester Opioid Action Plan: Southeast Quadrant Community Input Session January 2025

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Introduction

The opioid epidemic has affected millions in the U.S., with approximately 2.5 million individuals struggling with opioid use disorder (OUD) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024). The State of New York reported approximately five thousand opioid related overdoses in 2021, an 18.5% increase compared to 2020 (NYDOH, 2023). Consequently, New York and many other state and local governments have filed thousands of lawsuits against pharmaceutical companies (National Association of Counties [NACO], 2024). In 2022, a \$26 billion settlement was reached and has since expanded to over \$50 billion, with funds being allocated across states, cities, and counties to address the opioid crisis.

The City of Rochester Mayor's Office aims to gather input from city residents on problems associated with the opioid epidemic to inform decisions on the use of settlement funds. One of the first strategies employed to solicit community feedback was to hold Community Input Sessions in each city quadrant. These sessions are intended to meet residents where they are, gather information on problems they face, and consider any suggested solutions.

Input sessions were designed to primarily focus on four central themes: Quality of Life, Barriers to Care, Overdose Prevention, and Family Impact. Each theme was discussed with a group of community attendees, with a city employee facilitating discussion for approximately 15 minutes. However, due to low turnout at this session, the format was modified into a single large focus group where all attendees collectively discussed each theme for approximately 15 – 20 minutes.

SE Quadrant Input Session

The Southeast input session was held at the Blessed Sacrament Church, a Roman Catholic community that, since 1901, has devoted itself to serving the community in the Monroe and Park Avenue area (Southeast Rochester Catholic Community [SRCC], n.d.). The church became the 19th Catholic Church in Rochester and was formed because of the growing population in the area, which led to overcrowding at St. Mary's Church. The first structure was a two-story building with the first floor designed for the church and the second for the Bishop of McQuaid's Catholic School that operated until 1930 (SRCC, n.d.). The building was demolished to develop a parking lot, and the second school building was constructed shortly thereafter, where it is used for numerous church and faith events as well as being a community resource to the neighborhood.

Quality of Life & Community Input

As with past sessions, the participants raised issues concerning available housing, cleanliness of the community, and the impact of homelessness on the area. Similar to the Northwest input session, participants voiced concerns over the amount of trash influencing their mental health and the overall well-being of the neighborhood. Participants suggested that the city increase the number of available waste bins and suggest designated receptacles for drug paraphernalia to address the litter commonly seen in public spaces. Additionally, one participant noted that residents should also feel empowered to take the initiative upon themselves and organize cleanups in the area, and not to hesitate to pick up and throw away trash anytime while walking through the area. Another participant suggested that more overdose prevention sites in the area could help reduce drug litter as well.

The closure of homeless encampments was discussed as worsening vulnerabilities of the population, and one participant stated there was a direct correlation between encampment sweeps and increasing overdose rates in the area. Participants stressed the need for available and affordable housing solutions. They suggested repurposing the vacant lots and abandoned properties into low-income housing and shelters and hiring volunteers to maintain the spaces.

The inadequacy of current shelters was a recurring theme discussed by attendees, similar to previous sessions, with participants noting the long waiting lists, lack of beds, and the heavy restrictions that often disqualify people who need help. Many participants recommended ending encampment sweeps to mitigate overdose risks and expanding low-income housing options.

Barriers to Care

The systemic challenges voiced by participants in previous sessions were repeated in the Southeast session, stressing the disproportionate impact on marginalized populations. In addition to similar concerns echoed at previous sessions, it was also noted that many adult shelters are not inclusive of the LGBTQ+ community. Participants explained that religiously affiliated programs often exclude these groups or create unwelcoming environments for them. Examples provided included misgendering and restricting hormone injections due to policies against needles. Similarly, shelter policies may force individuals to separate from their significant other, creating additional barriers for those wishing to stay with their partners and receive services.

The limited availability of mental health treatment and services was discussed as well as the communities' lack of confidence in already existing systems. Programs were noted as being underfunded, having limited hours, and restricting admission to care. These together were expressed as limiting the accessibility for many to seek treatment and receive needed services. Many programs were described as underfunded, with inconsistent operating hours and unclear policies regarding the sanctions imposed on individuals, all of which were cited as contributing factors to a cycle of instability within the system. Participants suggested that treatment facilities have extended hours and a more streamlined entry-to-care process so individuals can access treatment immediately in lieu of navigating bureaucratic hurdles.

Transportation barriers were discussed by attendees as compounding these issues. Buses and Medi-cab services were said to be unaffordable for many, in addition to limited routes and schedules restricting the accessibility of treatment facilities not in the immediate area. Medical mobile units were once again suggested as a solution to deliver care directly to those who need it most and provide further support through medical transport programs.

Overdose Prevention

Stigma remains a significant factor regarding overdose prevention efforts, with many participants describing how individuals struggling with addiction face judgment and exclusion from shelters. It was noted that the stigma of addiction discourages many from seeking help or pursuing harm reduction tools. Participants emphasized the need for trauma-informed training and educational campaigns to address these biases and promote supportive approaches from both professionals in the field and the public as a whole.

Education, awareness, and accessibility of resources were also repeated themes from previous sessions. Participants talked about limitations of existing tools like the Monroe County Health Department's online application listing Naloxone locations, which was noted as not helpful for many who do not have phones or internet access. Suggestions by participants included creating mobile units designed for Naloxone training for the public. It was suggested that these units station themselves at homeless encampments and provide Naloxone kits in addition to fentanyl and xylazine test strips to prevent polysubstance abuse. Additionally, one participant suggested prioritization of dual-diagnosis programs that address both addiction and mental health.

Family Impact

Many participants shared stories of parents turning to abusing substances to cope with the demands of everyday life and sustaining the family structure. Stories were shared by participants about the tragic consequences of losing custody of children and parents dying from overdoses. It was expressed that the ripple effects of these tragedies would then be passed down to the children, making them susceptible to falling into similar patterns of substance abuse and addiction. One participant mentioned how youth prostitution was also becoming prevalent in the area, which led to many participants expressing concern.

Participants also discussed how children face a significant risk of exposure to drug activity in the area, and thus, education emerged as a critical need noted in the family impact discussion. Participants advocated for drug-free positions in schools and implementation of youth-focused programs to provide early interventions for children to understand the consequences of addiction. Additionally, a representative from Pathways to Peace talked

about many individuals in the city lacking self-awareness regarding how they are perceived by law enforcement, which was noted as exacerbating issues. The representative provided examples, such as children being unaware of how actions like loitering could be viewed as problematic by law enforcement when the youth do not know they are doing anything wrong, which can potentially lead to conflict and foster distrust.

Family-centered solutions were widely supported and overlapped with the previous topics in the session. Participants suggested that affordable and accessible transitional housing and mental health programs for children and families could promote family cohesion during recovery. Community-oriented programs and organizations being available with extended hours and few restrictions were also noted as an opportunity to further strengthen family structures and sustain a healthy environment for recovery.

Conclusion

The Southeast community input session solidified consistent themes and insights into challenges that the opioid epidemic has brought to Rochester residents. Consistent with previous input, attendees voiced concerns over housing instability, systemic barriers to care, and the need for expanded overdose prevention resources. In addition, participant input also indicated that addressing these issues would involve a multifaceted approach that prioritizes equity, accessibility, and community involvement.

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