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City of Rochester Opioid Action Plan: Comprehensive Input Session Summary Report

Working Paper 2026-03

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Introduction

The opioid epidemic has impacted 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 (New York State Department of Health, 2023). Consequently, New York and many other state and local governments have filed thousands of lawsuits against pharmaceutical companies (National Association of Counties, 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 has taken the initiative to collect input from city residents about the problems the opioid epidemic has brought to their communities, as well as gather suggested solutions with the aim of having this input assist in informing decisions on how best to allocate settlement funds. The strategy was to host four (4) Community Input Sessions in each quadrant of the city. The first session was in the northeast quadrant in September 2024, hosted by St. Michael's Church on North Clinton Avenue. The second session took place in October 2024 in the southwest quadrant and was hosted by Barakah Muslim Charity on Jefferson Avenue. The third one was at the beginning of January 2025 in the northwest quadrant at Cameron Community Ministries on Cameron Street. Lastly was the southeast quadrant at the end of January 2025, at Blessed Sacrament Church on Oxford Street. All sessions were held on weekday evenings from 6 pm to 8 pm, with outreach conducted via flyers and other means of advertising in the respective neighborhoods of each quadrant. All the sessions were structured with brief introductions at the beginning, which highlighted the

main purpose of covering four central themes: quality of life, barriers to care, overdose prevention, and family impact.

The session format varied depending on the setting and community member attendance. At the first session, attendees were divided into breakout groups with each group rotating among four designated discussion tables, each covering one of the four themes for approximately 15 minutes. Session facilitators were assigned to each topic to engage with the residents and document the discussions. At the subsequent input sessions, the format was modified into a single large focus group where all attendees collectively discussed each theme for approximately 15-20 minutes.

The purpose of this report is to provide a comprehensive analysis of the recurring themes that emerged across all four input sessions. Residents in attendance from all quadrants expressed deep concern for their communities and a desire for effective improvements. Many concerns and suggestions were consistent throughout all sessions and reflective of broader challenges faced by cities nationwide.

Quality of Life & Community Input Themes

Residents frequently described the need for stronger community engagement and social cohesion in neighborhoods as a theme for the quality-of-life discussion. Many reported that a perceived lack of community cohesion and engagement in their neighborhoods contributed to the deterioration of their community. Additionally, a theme across input sessions was resident concern regarding the presence of abandoned properties and vacant lots, which in many neighborhoods had become locations for drug activity and crime, as well as an increasing population of unhoused individuals. Residents indicated concerns with subsequent increases

in drug paraphernalia and hazardous waste litter. Many residents expressed how their communities have become hotspots for visible drug activity, crime, and violence -- creating a sense of fear and lack of community.

Residents at the sessions acknowledged that these issues are interconnected, with each factor reinforcing the others. Many participants indicated that shared responsibility to maintain and improve the community was a potential path forward. Consistent proposals throughout all sessions were for comprehensive community-driven initiatives, such as increasing resident investment in their communities through grassroots initiatives, neighborhood watch programs, and cultivating relationships between the community and faith-based, non-profit, and other community organizations to facilitate stronger social networks and accountability in the neighborhood. Additionally, many residents suggested that, as part of these initiatives, the community should renovate the abandoned properties and repurpose vacant lots to serve a more constructive role in developing the community for the better, rather than contribute to ongoing decline.

Barriers to Care & Community Input Themes

A persistent theme in the barriers to care segment across all sessions was systemic obstacles. These barriers prevent individuals from accessing timely and effective treatment for substance use and mental health concerns that disproportionately affect marginalized and unhoused populations, further exacerbating the crisis. Participating residents indicated that many treatment facilities have strict admission requirements, including valid identification, proof of residency, contact information, and/or health insurance. These were noted as particularly creating barriers for unhoused individuals or others facing financial hardship, who

are often the ones needing treatment the most. Additionally, residents noted inconsistent policies across treatment facilities that create confusion and frustration. Some require complete sobriety for admission, while others require a positive drug test to qualify. The reported lack of uniformity in the admission requirements and intake processes was indicated as leading to failed attempts to receive treatment and reduced motivation to continue to pursue treatment.

Beyond the admission obstacles, facilities themselves were discussed as being underfunded and overburdened with patients, making providing adequate care difficult. Participants at sessions discussed long waiting times and limited bed availability, forcing individuals to potentially return to unsafe environments while waiting for an opening. Furthermore, it was noted that the hours of the facilities, which typically operate under standard business hours, are not conducive to receiving support for many in their neighborhoods, as they need care when they reach out, which is often not during standard business hours (e.g., at night, weekends, or holidays). Moreover, participants expressed concern over the locations of treatment facilities far from their neighborhoods, with transportation barriers further restricting accessibility. For example, it was suggested that using public transportation takes significantly longer and is not reliable, which increases the likelihood of missed appointments and discourages treatment seeking.

Potential approaches suggested by residents were to standardize and reduce barriers to the eligibility criteria (e.g., need for valid identification) across treatment facilities to increase accessibility for vulnerable populations, as well as reduce confusion, thus streamlining the intake process since individuals would not face conflicting requirements. It was also recommended by residents to expand immediate entry options at facilities to allow individuals

to receive more immediate support. Furthermore, participants also suggested increasing funding for facilities to appropriately staff and operate 24/7 to meet the needs of those who are seeking treatment. Lastly, there were consistent discussions across all sessions by residents to expand mobile treatment units that provide on-the-spot assessment, harm reduction resources, and immediate treatment access, meeting individuals where they are rather than requiring them to navigate barriers to reach treatment.

Overdose Prevention & Community Input Themes

Participating resident concerns over overdose prevention across input sessions identified stigma, limited access to resources, and insufficient public awareness as major obstacles to reducing overdose rates. Residents also discussed their perceptions regarding inefficient mental health care resources, in general, and in the scope of substance use treatment. Substance use disorders often co-occur with mental health conditions like depression, anxiety, and post-traumatic stress disorder. However, residents reported experiences with existing local healthcare systems not providing comprehensive, integrated substance use and mental health treatment, creating gaps in care and leaving individuals at risk for relapses during recovery due to psychological distress.

The accessibility of Naloxone (Narcan), as well as other harm-reduction efforts like fentanyl and xylazine test strips, was also brought up by residents. While acknowledging that there are many locations to access Naloxone throughout Monroe County, residents stressed that the public is not fully aware of the locations or the proper use of Naloxone. It was suggested that there should be more initiatives to raise awareness of the locations through methods that do not require access to a phone/internet and to expand access locations to other public

spaces. Additionally, session participants suggested that naloxone kits come with instructions in multiple formats on administering the drug, such as QR-coded instructional videos, as many may struggle with written instructions. Similarly, participants suggested that increasing the number and accessibility of naloxone training sessions was also widely supported. This was also suggested in alignment with the previously discussed resident suggestion to expand mobile medical units, such that these mobile units could not only provide medical care but also offer on-site naloxone training.

The role of stigma was an additional theme expressed by residents during the overdose prevention discussions at input sessions. Residents reported their personal experiences with feeling discriminated against and judged when pursuing treatment, and concerns over how this may prevent individuals from seeking treatment or acquiring Naloxone. Several participants recounted negative interactions with healthcare and emergency response professionals where substance use-related issues were perceived to be dismissed or treated with a lack of empathy, which resulted in those participants reporting feeling dehumanized and discouraged while also potentially impacting bystanders' perceptions of help-seeking.

Finally, another key component discussed by residents supporting overdose prevention was education. In particular, participants suggested raising public awareness of co-occurring disorders, substance use, and overdose prevention, as well as supporting trauma-informed training for healthcare professionals. For example, it was suggested that emphasizing education for the public on how to recognize and respond to an overdose would empower more individuals to take action during critical situations. Additionally, public education campaigns were recommended by residents to potentially further humanize people with

substance use disorders, reducing stigma and encouraging people to seek treatment without fear of judgement or mistreatment.

Family Impact & Community Input Themes

At all sessions, the Family Impact discussion led to disclosure of firsthand accounts of how the opioid crisis has fractured families and disrupted households. One key theme discussed by residents across sessions was the strain that substance use puts on family relationships, whether it is between parents, siblings, or extended family members. Participants noted that they felt substance use in families led to mistrust as well as instability and the destabilization of home structures and support (e.g., finances). Participants who had lost family members or loved ones described the emotional and financial toll of these tragedies, and their struggles to rebuild their lives while coping with the trauma of losing someone they love.

The impact that opioid use in the family has on children was the most common discussion by residents across sessions regarding family impact. Many reported that early exposure to drug activity can normalize substance use, increasing the risk of future substance use for children. Residents also felt that children may be especially vulnerable as they are exposed to drug use, overdoses, and illegal activities in their neighborhoods. Additionally, residents emphasized how drug dealers in the community may present their wealth through clothing, jewelry, and cars, making the lifestyle potentially desirable for children in their neighborhoods. Residents expressed concern that children may be susceptible to peer influence and begin to use substances themselves as a means of escape or social acceptance.

Residents strongly advocated for early intervention programs like mentorship opportunities, social-emotional and mental health support in schools, and youth-focused recreational

activities to provide children with positive alternatives and to support substance use prevention. Beyond prevention, residents stressed the importance of family-centered support systems to assist those navigating the recovery process. Systems such as transitional housing programs and mental health services designed to keep families together during recovery were suggested. Furthermore, it was suggested by residents that community organizations have more visible presence in the neighborhoods to ensure that struggling families have awareness and access to resources when they need them most.

Limitations

The input sessions provided valuable insights into the impact of the opioid epidemic in the City of Rochester; however, there were potential limitations that should be acknowledged, as these constraints could influence the depth of resident feedback and could be important to consider when interpreting the findings for developing future strategies. One limitation was variable attendance rates across the sessions, with more substantial turnout in two of the quadrants. With any subsample, the generalizability and applicability of the views of those in attendance to those not in attendance is an important consideration. For example, it is unclear whether the views shared by those who did attend fully represent the broader community, especially in instances where there was more limited attendance.

Several factors may have impacted participant turnout, such as the scheduling, which took place in the evening hours on weeknights, which could have limited attendance for those with family, work, or other obligations during this time. Additionally, some of the sessions were held during the colder months, which could have discouraged some individuals from attending, especially those without reliable transportation. The potential for language and

cultural barriers may have prevented non-English speaking residents from attending. Lastly, the target audience for these sessions belongs to historically underserved and disenfranchised populations, who may perceive government-led initiatives with skepticism. This lack of trust may have contributed to low attendance. Similarly, the presence of law enforcement at sessions may have discouraged attendance and participation for some, particularly among those who have had negative experiences with or mistrust law enforcement.

Another potential limitation was the level of participant engagement. As with any public forum, some individuals are more likely to voice their thoughts and feelings, while others are more reluctant, which could lead to input being the particular voices of a few in attendance. In some cases, facilitators provided additional encouragement, prompts, or examples in an effort to help scaffold and promote participation/discussion, which could also have shaped the direction of conversation and the introduction of key discussion points in a manner that may or may not have aligned with the community's priorities, opinions, and suggestions. Lastly, the stigma surrounding substance use was another potential reason that some residents may have felt reluctant to attend or to speak publicly about their experiences due to the fear of judgment.

Conclusion

The opioid epidemic has affected communities across the City of Rochester, affecting public safety, healthcare, and the well-being of its residents. The four community input sessions helped to provide a forum for the voices of residents who shared their concerns, challenges, and suggestions to help the city make a strategic distribution of settlement funding. Quality of

life, systemic barriers to treatment, the need for overdose prevention measures, and the effects of addiction on families were only some of the key themes that emerged.

Addressing these issues effectively requires a multi-faceted, comprehensive, collaborative, coordinated effort between the residents of the community, healthcare providers, community organizations, and local government. The insights gathered from these sessions demonstrate the community's desire for additional efforts aimed at harm reduction, expanded accessibility for treatment, family support services, and neighborhood revitalization. Maintaining transparency and accountability between the city and its residents will be imperative in implementing sustainable solutions, reducing the long-term impact of the opioid epidemic, and in implementing evidence-based solutions to ensure that settlement funds are allocated equitably and effectively.

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The Center for Public Safety Initiatives (CPSI) is a multi-disciplinary research center that examines strategies to reduce crime and enhance the administration of justice. It provides program evaluation, data analytics, and project management services to area law enforcement, community non-profits, and other criminal justice professionals, and it contributes to general knowledge generation of the nature and causes of crime and violence. Its educational goals include training graduate and undergraduate students in strategic planning, program evaluation, and policy analysis.

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This project was supported by a grant awarded by the City of Rochester. Points of view or opinions in this document are those of the author(s) and do not necessarily represent the official position or policies of the funder.