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Leveraging Community Asset Mapping to Compat the Opioid Crisis

Working Paper 2026-05

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Introduction

Opioid use disorder (OUD) has remained a persistent public health crisis in New York and continues to be a leading cause of accidental mortality in NY with over 6,300 New Yorkers fatally overdosing in 2022 (Office of Addiction Services and Supports [OASAS], 2024). In 2019, reported overdose deaths reached 2,939 and increased approximately 71% in 2021 to 5,017 deaths (New York State Department of Health [NYSDOH], 2023). The primary contributing factor to fatal overdose is the presence of fentanyl, a synthetic opioid that is 50 to 100 times more potent than morphine (OASAS, 2024). Fentanyl is commonly mixed with powdered heroin, cocaine, and other drugs without the user's knowledge, leading to unintentional consumption and resulting in overdoses.

Monroe County experienced approximately 333 deaths in 2022 that were a result of opioids like heroin/morphine, fentanyl, and its analogs (Office of the Medical Examiner [OME], 2022). These numbers represent over one quarter of deaths investigated in Monroe County with toxicology, and a 14% increase from 293 cases in 2021. Figure 1 provides the number of overdose deaths attributed to heroin and/or fentanyl.

Year	Number of Deaths
2011-2013 *(aggregate)*	78
2014	81
2015	69
2016	169
2017	220
2018	195
2019	181
2020	238
2021	293
2022	333

Figure 1

The chronic rise of overdose deaths has significantly increased in the past 20 years, with hundreds of thousands of lives lost nationwide (Roberts, 2024). The devastating consequences for individuals, families, and communities are profound, leading to emotional trauma, economic hardship, and erosion of the social fabric across all affected areas.

Many who misuse opioids develop OUD, a chronic condition known for compulsive drug-seeking behavior and inability to control opioid use despite its consequences. Additionally, the crisis has driven an increase in the transmission of infectious diseases like HIV and hepatitis C, largely due to the sharing of contaminated injection equipment among intravenous (IV) drug users. Furthermore, there have been rising numbers of infants born with opioid withdrawal symptoms due to exposure to opioids in utero. Lastly, the COVID-19 pandemic further exacerbated issues by disrupting various medical care and treatment, limiting access to adequate treatment for individuals across NY, and further widening the long-standing racial and ethnic disparities in access to care (OASAS, 2024).

The opioid crisis has proven to be a complex, multifaceted public health problem that demands coordinated efforts of adaptive and innovative public health approaches spanning across various institutions (Roberts, 2024). The purpose of this report is to introduce a coordinated effort using local resources and a community-driven approach to educate on how to effectively route those suffering from addiction into self-sufficiency and sustainable recovery. The report will introduce the concept of community asset maps, what they are, and how they can be used for effective change in the scope of public health.

Evidence indicates that engaging with community resources can support the recovery process for those suffering from opioid misuse (Collinson & Best, 2019). Utilizing asset

mapping can identify the strengths and resources available, but also reveal gaps in services for opportunities to improve (Roberts, 2024). Once identified, leveraging resources can assist in the development of effective interventions and networks to support those affected by opioid addiction.

Understanding Asset Maps

Asset mapping is the process of identifying resources that are available in a community and developing strategies on how to best use those resources (National Council of Juvenile and Family Court Judges [NCJFCJ], 2021). Developing asset maps for an opioid response can identify resources for communities affected by OUD, observe existing gaps in services, encourage collaboration between the legal systems, healthcare providers, and develop a centralized source of information on service providers combating OUD. When effectively implemented, engaging with pro-social resources that offer access to beneficial activities can promote personal development and strengthen community connections (Collinson & Best, 2019). Understanding the significance of these resources leads to consideration of the various asset types that are critical in developing a comprehensive and effective response.

Asset maps will vary in categories depending on the problem that is being addressed. Assets can be obvious things like money or economic resources, they can be physical objects like buildings, or more nuanced concepts like political connections (Center for Health Policy Research, n.d.). The opioid epidemic is a complex crisis that has led various institutions to develop their own strategies to address it. As a result, a wide range of services and programs have been created. These resources are organized into four primary categories, each targeting a specific aspect of the crisis: Prevention, Treatment, Harm Reduction, and Legal

services.

Asset Types

Prevention

Prevention is the initial strategy applied in the asset map; programs within this category focus on reducing abuse, preventing further victims, and escalating the crisis. Strategies for prevention aim to educate through informative campaigns and programs to support communities and reduce progression of the misuse of drugs (NCJFCJ, 2021; Substance Abuse and Mental Health Services Administration [SAMHSA], 2024). Prevention initiatives target at-risk populations like marginalized communities and the youth to provide knowledge and resources needed to make informed decisions. Strategies can include informative campaigns on identifying and treating an overdose, training on properly administering Naloxone (Narcan), fentanyl test strip accessibility and distribution, and much more.

The State of New York has adopted proactive, data-driven prevention strategies to reduce OUD numbers (OASAS, n.d.a). Rochester, NY, is a resource-rich city with numerous organizations and providers offering a variety of programs and services, often spanning multiple asset types. Organizations such as Huther-Doyle, an addiction recovery provider in Rochester known for its collaborative and innovative approaches to addiction treatment, offer overdose education and naloxone (Narcan) distribution (OEND) programs for clients, family, and friends, or anyone interested (Huther Doyle, n.d.a; Huther Doyle, n.d.b; Razaghizad, 2021).

Research supports the effectiveness of these programs. Razaghizad (2021) conducted six systematic reviews of 87 previous studies examining OEND programs and found that they

provide long-term knowledge for overdose prevention and Narcan use, which effectively reduce fatal overdoses at the population level. Narcan acts as an opioid antagonist that is inert in the body without the presence of opioids, making it easy and safe to learn how to use it for anyone administering it to reverse an overdose (OASAS, n.d.b). Therefore, organizations like Huther Doyle, which offer OEND programs, prove to be a critical asset in the prevention of future overdoses.

Treatment

Assets specializing in treatment for addiction are designed to treat the person, not the disease of addiction and associated symptoms (OASAS, n.d.c). The person-centered care programs are certified by the Office of Addiction Services and Supports (OASAS) and range from outpatient counseling services to residential care. The programs and counselors aim to work with individuals with OUD to determine the best path for treatment to fit their lives and goals. Counselors determine the best path because OUD programs vary in services and range from medication-assisted treatment (MAT) to individual and group therapy. Many organizations can be assets under the treatment category and offer some programs, but not others, depending on the resources available.

Helio Health is an OASAS-certified facility with a comprehensive approach to assist those in recovery (Helio Health, n.d.a). The center's treatment program provides inpatient and outpatient services, both equipped with programs offering a wide variety of treatment options regardless of a patient’s financial situation. Treatment programs offer assessments, individual, group, and family sessions, psychiatric evaluations, peer support services, MAT, and medication management services (Helio Health n.d.b). MAT programs for patients are

critical, and Helio Health's programs are all medically supervised by accredited counselors and recovery professionals.

Medications for Opioid Use Disorder (MOUD) have proven to be beneficial in treatment compared to treatment without medication (SAMHSA, 2021). Research has shown that a combination of medication and therapy can even successfully treat substance use disorders, sustain recovery, and prevent or reduce future overdoses. A recent cohort study by Weiner et al. (2024) found that hospitals that provide MOUD within seven days of an opioid-related visit were associated with significantly lower odds of a fatal or non-fatal overdose by the six-month mark. Specifically, patients receiving buprenorphine showed a 50% lower risk of overdose compared to those who did not receive medication. Asset organizations like hospitals or Helio Health prove to be critical because they offer ideal settings to initiate MOUD at key Intervention points for those in recovery. This presents a significant opportunity to close the treatment gap and engage high-risk populations in treatment.

Harm Reduction

Asset organizations using evidence-based harm reduction strategies are critical for engaging individuals with OUD and equipping them with resources and Information to promote positive life changes (SAMHSA, 2023b). Harm reduction is a practical, transformative approach that aims to engage with people who use drugs (PWUD) to prevent overdose, transmission of infectious diseases, and provide options for accessing health care services. Strategies such as syringe exchange services, employment readiness programs, housing assistance, and naloxone distribution programs help communities combat health and safety issues related to drug use and provide significant public health benefits (National Institute on Drug Abuse

[NIDA], 2022). Asset organizations offering harm reduction approaches will meet with people where they are on their terms (SAMHSA, 2023b). This serves as a pathway to further health and social services, leading to prevention, treatment, and recovery.

An asset to combat the opioid crisis in Rochester is Trillium Health, a community health care center offering a broad range of comprehensive services like primary care, behavioral wellness, and harm reduction services for PWUD, their families, and the community (Trillium Health, n.d.). Harm reduction services include walk-in testing for Infectious diseases, relationship building to connect individuals with healthcare services, and the provision of necessities like food and clothing. Additionally, they offer critical preventative services like Narcan training, but also offer a syringe service program and syringe disposal services.

Syringe services programs (SSPs) are harm reduction Initiatives that offer access to the disposal of syringes and connections to testing for Infectious diseases and substance use treatment (NIDA, 2021; U.S. Centers for Disease Control and Prevention [CDC], 2024). SSPs have proven to be safe, effective, and cost-saving in preventing HIV transmission and reducing high-risk Injection behaviors. Additionally, programs connect with PWUD who are often hidden in marginalized populations and result in being more likely to enter treatment compared to those who do not use the program. Communities also benefit from the prevention of infectious disease outbreaks through safe disposal of used syringes and offering testing services. Research has proven that SSPs do not contribute to increased drug use, crime, or syringe litter.

Long-Term Recovery Support & Social Determinants of Health

Sustainable recovery from OUD extends far beyond medical treatment and short-term rehabilitation. The phrase "always in recovery" holds significance because addiction is a chronic disorder, and even after prolonged sobriety, individuals in recovery are continuously working to maintain their stability and prevent a relapse. Recovery is a lifelong journey, and success in sustaining sobriety is heavily influenced by social determinants of health (SDOH).

Cerdá et al. (2023) define SDOH as being the "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (p.2). SDOH factors can include poverty, unemployment, housing, food insecurity, and more, which can all play critical roles both positively and negatively in the recovery process. Unstable living conditions, homelessness, and financial insecurity or unemployment have all been shown to be significant risk factors for recurrent substance use and impediments to long-term recovery (Cerdá et al., 2023; Gaeta Gazzola et al., 2023; Henkel, 2011). Individuals struggling with addiction often face difficulties maintaining employment or finding a job if they are unemployed. The financial instability causes housing instability, which in turn creates a vicious cycle of stress and hardship that can quickly become a trigger for an increased risk of substance use as a coping mechanism.

Asset organizations that address SDOH by providing services like housing and employment readiness can help mitigate the cycle that often leads to relapse (Cerdá et al., 2023). Gaeta Gazzola et al. (2023) learned that the housing status of individuals significantly impacted retention rates of MOUD programs, where individuals with stable housing demonstrated a higher retention rate compared to those without. Similarly, Matthews et al. (2023) observed that individuals with any form of employment, regardless of short or long working hours, were less likely to misuse opioids compared to unemployed individuals.

Given these findings, asset organizations that can provide SDOH-related services show they are imperative for long-term recovery by providing support in these areas. Many organizations offer job training or housing assistance outside of addiction treatment, which can be equally beneficial in supporting long-term recovery. At the same time, there are specialized organizations providing these services with a focus on PWUD, ensuring they receive tailored support. For example, aforementioned organizations like Trillium Health offer transitional housing and job skill development programs in addition to many other services designed to help individuals in treatment take the first steps towards self-sufficiency.

The Criminal Justice System

Individuals with OUD are disproportionately represented in the criminal justice system compared to the general population, which has significantly impacted every part of the U.S. court system (Pinals & Carey, 2019; The National Judicial Opioid Task Force [NJOTF], 2019). Many PWUD are 13 times more likely to find themselves in court at some point due to being arrested for committing acts to feed their addiction; because of this, 96% of all drug-related cases are filed at the state level (NJOTF, 2019). It has become imperative that judges have a comprehensive understanding of OUD and be equipped with resources to structure the best path to treatment for individuals. Consequently, the state court system has become the primary referral source for treatment and a valuable asset in combating the issue.

A key principle for the justice system to combat the crisis effectively is to ensure there are pathways for PWUD that deflect from arrests, arraignment, and incarceration and redirect the individuals to appropriate treatment to reduce the risk of recurring OUD symptoms and overdoses (Pinals & Carey, 2019; SAMHSA, 2023c). The Sequential Intercept Model (SIM)

was developed to intercept individuals with mental illness and/or OUD going through the justice system process and reroute them to appropriate treatment services.

The first intercept focuses on the possibility of deflecting criminal charges with Law Enforcement Assisted Diversion (LEAD) programs, and collaboration with prosecutors to redirect individuals into early treatment (Pinals & Carey, 2019; SAMHSA, 2023c). Examples of this include first responders and police who can assist individuals by transporting them to friendly drop-off sites with SUD centers to link them to treatment. The second intercept is to screen individuals for mental and substance use disorders, so that individuals serving a sentence or not can be linked with community services within the facility or outside. If charges are non-violent in nature, the individuals can be released into treatment while charges are deferred. Intercept three involves PWUD being held in jail, receiving services to prevent the worsening of their substance use symptoms. This intercept works with drug courts and court liaisons to determine alternative pathways for recovery, like medication access in jails and probation links to SUD treatment. Intercepts four and five both focus on the re-entry of individuals.

Individuals with OUD who cycled through the criminal justice system all show higher death rates post-release. Intercept four focuses on screening and assessment of needs for the individual to have support post-release. Intercept five directs focus to specialized probation and parole with a focused training regarding education on substance use and recovery. Throughout this model, judges can advocate for treatment options like MOUD and include them in a comprehensive treatment plan in all civil and criminal cases and make them available to incarcerated individuals.

Conclusion

Leveraging community asset mapping can be a critical tool in combating the opioid crisis. By identifying and utilizing the existing strengths and resources within Rochester, NY, this approach facilitates collaboration across multiple sectors like healthcare, criminal justice, and harm reduction programs. Determining assets in the community can reveal additional opportunities for interventions tailored to Rochester's needs. Integrating community assets into a coordinated effort can open a powerful pathway to support prevention, treatment, harm reduction, and recovery efforts. Sustained commitment and innovative public health strategies can make communities resilient and better equipped to mitigate the devastating effects of opioid use disorder.

References

Center for Health Policy Research. (n.d.). *Section 1: Asset mapping*. University of California, Los Angeles. https://healthpolicy.ucla.edu/sites/default/files/2023-08/tw_cba20.pdf

Cerdá, M. Allen, B., Knight, K.R. (2023). Addressing the social determinants of health in overdose prevention. Center for Epidemiology and Policy. NYU Grossman School of Medicine. School of Medicine, University of California - San Francisco. https://iaphs.org/wp-content/uploads/2023/07/Addressing-Social-Determinants-of-Health-in-Overdose-Prevention.pdf

Collinson, B., Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset based community engagement. *Substance Abuse: Research and Treatment, 13*(), 1-14. https://doi.org/10.1177/1178221819876575

Gaeta Gazzola, M., Carmichael, I.D., Christian, N.J., Zheng, X., Madden, L.M., Barry, D.T. (2023). A national study of homelessness, social determinants of health, and treatment engagement among outpatient medication for opioid use disorder-seeking individuals in the United States. *Substance Abuse*. *44*(1-2), 62-72. https://doi.org/10.1177/08897077231167291

Helio Health. (n.d.a). *About Helio Health*. https://www.helio.health/about/about-helio-health/

Helio Health. (n.d.b). *Opioid Treatment Program*. https://www.helio.health/treatment/opioid-treatment-program/

Henkel, D. (2011). Unemployment and substance use: A review of the literature (1990-2010). *Current Drug Abuse Reviews*, *4*(1), 4-27. https://doi.org/10.2174/1874473711104010004

Huther Doyle. (n.d.a). *The Huther Doyle story.* https://www.hutherdoyle.com/our-story

Huther Doyle. (n.d.b). *Events & Community Involvement*. https://www.hutherdoyle.com/community-involvement

Matthews, T. A., Sembajwe, G., von Känel, R., Li, J. (2022). Associations of employment status with opioid misuse: Evidence from a nationally representative survey in the U.S. *Journal of Psychiatric Research, 151*, 30-33. https://doi.org/10.1016/j.jpsychires.2022.04.001

National Council of Juvenile and Family Court Judges. (2021). *Targeted resource mapping toolkit: Mapping resources along a continuum of services to address substance use disorders.* State Justice Institute. https://www.ncjfcj.org/wp-content/uploads/2021/05/NCJFCJ_SJI_Mapping_Toolkit_Final.pdf

National Institute on Drug Abuse. (2021). Syringe Services Programs. National Institute of Health. U.S. Department of Health and Human Services. https://nida.nih.gov/research-topics/syringe-services-programs#what-are-syringe

National Institute on Drug Abuse. (2022). *Harm Reduction*. National Institute of Health. U.S. Department of Health and Human Services. https://nida.nih.gov/research-topics/harm-reduction

National Judicial Opioid Task Force. (2019). *Convening, collaborating, connecting: Courts as leaders in the crisis of addiction*. National Center for State Courts. https://www.ncsc.org/opioids

New York State Department of Health. (2023). *New York State opioid annual data report 2023.* New York State Department of Health. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2023.pdf

Office of Addiction Services and Supports. (2024). *2023 Inter-agency task force on overdose prevention report*. New York State Department of Health. https://oasas.ny.gov/system/files/documents/2024/06/2023-interagency-task-force-on-overdose-prevention-report_0.pdf

Office of Addiction Services and Supports. (n.d.a). *Prevention works*. New York State. https://oasas.ny.gov/prevention

Office of Addiction Services and Supports. (n.d.b). *Overdose prevention*. New York State. https://oasas.ny.gov/prevent-overdose

Office of Addiction Services and Supports. (n.d.c). *Treatment*. New York State. https://oasas.ny.gov/treatment

Office of the Medical Examiner. (2022). *Opioid deaths in Monroe County in 2022*.

Pinals, D.A., & Carey, P.M. (2019). *The court's role in combatting the Opioid Crisis: Using the Sequential Intercept Model (SIM) as a place to start.* National Judicial Opioid Task Force. https://www.ncsc.org/__data/assets/pdf_file/0028/64729/The-Courts-Role-in-Combating-the-Opioid-Crisis-Using-the-SIM_Final.pdf

Razaghizad, A., Windle, S. B., Filion, K. B., Gore, G., Kudrina, I., Paraskevopoulos, E., Kimmelman, J., Martel, M. O., & Eisenberg, M. J. (2021). The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews. *American Journal of Public Health*, 111(8), e1–e12. https://doi.org/10.2105/AJPH.2021.306306

Roberts, D. (2024). Reframing the response to the opioid crisis: The critical role of resilience in public health. *Open Health, 5*(1), 20230006. https://doi.org/10.1515/ohe-2023-0006

Substance Abuse and Mental Health Services Administration. (2021). *Medications for opioid use disorder*. https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

Substance Abuse and Mental Health Services Administration. (2023a). *Prevention of substance use and mental disorders.* https://www.samhsa.gov/find-help/prevention

Substance Abuse and Mental Health Services Administration. (2023b). *Harm Reduction*. https://www.samhsa.gov/find-help/harm-reduction

Substance Abuse and Mental Health Services Administration. (2023c). *Best practices for successful reentry from criminal justice settings for people living with mental health conditions and/or substance use disorders*. https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf

Trillium Health. (n.d.). Harm Reduction. https://www.trilliumhealth.org/about-us

U.S. Centers for Disease Control and Prevention. (2024). Safety and Effectiveness of Syringe Services Programs. U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html

Weiner, S. G., Little, K., Yoo, J., Flores, D. P., Hildebran, C., Wright, D. A., Ritter, G. A., & El Ibrahimi, S. (2024). Opioid overdose after medication for opioid use disorder initiation following hospitalization or ED visit. *JAMA Network Open*, 7(7), e2423954. https://doi.org/10.1001/jamanetworkopen.2024.23954

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This project was supported by a grant awarded by the City of Rochester.
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