

# City of Rochester Opioid Action Plan: Northeast Quadrant Community Input Session September 2024

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Alexander Tobey, M.S.  
Research Associate | Center for Public Safety Initiatives  
Rochester Institute of Technology  
adtgcj@rit.edu

Stephanie Godleski, Ph.D.  
Associate Professor | Department of Psychology  
Rochester Institute of Technology  
saggsh@rit.edu

Irshad Altheimer, Ph.D.  
Ellen M. Granberg Endowed Full Professor | Department of Criminal Justice  
Director | Center for Public Safety Initiatives  
Rochester Institute of Technology  
ixagcj@rit.edu

## 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, a 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 Mayor's Office aims to gather input from city residents about problems associated with the opioid epidemic to assist in making informed 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 quadrant of the city. These sessions intend to meet residents where they are and gather information on what 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. Depending on the number of attendees, the intention was for each theme to be the focus of discussion at a designated table with a city employee/stakeholder facilitating. With this format, participants would be divided into groups and would sit at each table to discuss the assigned theme for approximately 15 minutes and then move to the next table.

The first input session was held in the Northeast quadrant of the city and hosted at St. Michael's Church on 859 N. Clinton Ave., Rochester NY, 14605. St. Michael's Catholic Church was founded in 1873 by German Catholics in the City of Rochester and established to serve residents in the city's northeast (St. Michaels Church, n.d.). In the 1960's, St. Michael's parish began offering Spanish-language Mass due to the influx of residents emigrating to the area, continuing its role as a neighborhood anchor.

In 2016, the Ibero-American Action League, a bilingual, multi-service organization dedicated to advocating for Latino and underserved communities, developed a plan to invigorate the neighborhood surrounding St. Michael's Church (IBERO, n.d.). This plan was realized in the fall of 2020 with the opening of The International Plaza, a new public space. In 2023, Ibero relocated its headquarters to the St. Michael's campus, progressing toward establishing a comprehensive multi-service center in the area. St. Michael's Church remains a historical and architectural landmark continuing to show cultural resilience adapting to the dynamic demographic landscape.

The first input session was scheduled for 6pm to 8pm. Residents started to arrive, and the session officially began at approximately 6:15pm. Being the first session, it was difficult to anticipate turnout and resident responses. However, groups appeared engaged and many participating community members appeared willing to share their thoughts and feelings.

Residents are passionate on the issue and wanted to share as much as they could and, in some cases, voice their personal concerns and experiences. The discussions were at times emotionally charged for many residents due to the nature of the content (e.g., personal experiences with loss due to overdose, feeling unsafe in one's own neighborhood, etc.). Their

insights revealed recurring themes around service accessibility, mental health support, youth prevention, community quality of life, and stigma reduction. These discussions provided insight into the concerns and priorities of the residents in the Northeast quadrant.

## Quality of Life & Community Input

Regarding quality of life, residents expressed concerns over safety, resource scarcity, and the impact of drug-related issues on neighborhood well-being. Overall, residents shared their belief that the quality of life in the neighborhood was in rapid decline. Needle disposal was a key issue with residents voicing concern over needles left in public spaces, posing risks to children playing outside. The distribution of needles was questioned, with reference to the source and quantity as well as concerns that the needles are misused or sold. Concern was also expressed that distribution of needles may attract non-residents struggling with OUD into the neighborhood. Community members proposed increased areas or sites for safe needle disposal and implementing one-for-one needle exchanges to reduce the public health risks. Additionally, residents had some suggestions for the city such as harsher loitering and public intoxication laws and more police presence acting as visual deterrents.

Residents described a sense that drug-related issues are inadequately addressed by current policies. Some expressed frustration with the perceived lack of communication and support from city officials, advocating for stronger community representation and policy adjustments to improve access to treatment and support services. Participants expressed compassion for individuals affected by addiction, but also emphasized the need for the city to balance support for people who use drugs (PWUD) with efforts to preserve community safety and

order. This included suggestions for transparency in state funding allocation to ensure resources support the broader community's quality of life.

## Barriers to Care

Residents expressed significant challenges related to accessing information regarding health services and support for those affected by the opioid crisis. One common theme was feeling a lack of accessible information and outreach to the community. Many felt that organizations fail to effectively target and distribute information regarding treatment services to the most vulnerable populations. It was noted that individuals most needing information for services may not be self-sufficient enough to know how or where to access help. Without proper technology or internet access, residents suggested alternatives, such as local radio broadcasting information and making resources more well-known and accessible to those who are otherwise lacking technologically.

Systemic barriers in healthcare and mental health services were another major issue discussed. Residents cited transportation difficulties, limited services hours, and inconsistent eligibility requirements for programs as significant obstacles to overcome before accessing treatment. One parameter frequently mentioned was facilities denying individuals for failing a drug test where other facilities were described as refusing services for passing a drug test. Additionally, facilities were noted as also requiring insurance, identification, addresses, and phone numbers before admission, although many in need of these services may be unhoused and therefore do not have proper documentation to be accepted. Residents expressed concern that inconsistent standards across facilities could demoralize those seeking help.

Individuals that were able to access services raised concerns over the structure of post-rehabilitation services hindering long-term success. For example, it was discussed that some treatment programs discourage individuals from working during their recovery which makes it difficult to secure stable employment and housing, which were voiced as common factors contributing to relapse. Additionally, residents noted a shortage of housing and treatment beds, compounded with facilities being in prominent drug trafficking areas of the city, making individuals more susceptible to relapse. Residents suggested treating rehabilitation like re-entry programs in which facilities implement job-readiness programs and employment opportunities and tax incentives for companies willing to hire individuals in recovery to improve pathways to stability and reduce the possibility of relapse.

## Overdose Prevention and Family Impact

One theme from the sessions were residents raising concerns over marketing of legal substances like cannabis-infused edibles, particularly due to the targeted marketing appealing to younger generations. Consequently, residents emphasized the importance of early intervention and education among the youth to prevent opioid use, suggesting that schools implement additional mental health supports, conflict resolution programs, and trauma-informed training for school staff. Early intervention was seen as essential to raising awareness about the risks of addiction and supporting preventative methods. Residents frequently called for increased public health campaigns that target youth with education on the risks of substance use and to prevent future risk.

Another theme based on resident input was the need for more accessible resources for overdose prevention, primarily accessibility to Naloxone. Residents stated that Naloxone

should be widely available and visible throughout the city. Training sessions for administering Naloxone were also emphasized and suggested to be hosted through churches, food pantries, and community organizations to reach those without regular access to preventative methods. In addition to the training sessions, residents stressed the desire for mobile healthcare units to bring services directly to the area and assist individuals lacking the ability to transport themselves to treatment services.

Stigma was another factor articulated by residents as essential to overdose prevention. There were residents that voiced frustrations with the growing number of homeless individuals suffering from addiction and their effects on the neighborhood. Residents described a collective feeling of burnout and a declining sense of community morale due to opioid use in their neighborhoods. Residents advocated for local public service announcements telling the stories of PWUD in an effort to humanize them. Residents believed that this would raise awareness of the problem and foster empathy to reduce the negative perceptions that hinder support for recovery initiatives.

## Conclusion

The City of Rochester Community input session reiterated the complexities of the crisis and need for effective community-centered solutions. Themes in resident input emphasized gaps in accessible healthcare, mental health support, prevention resources, and community awareness as well as offered perspectives on ways to address issues.

Many of the concerns and suggestions from residents echoed common themes that have been expressed across countless communities throughout the country. The consistency of

grievances and proposed solutions by communities exhibits the value of established evidence-based practices that have shown promising results in similar communities. The effectiveness of these programs is further supported through inclusion as approved uses of opioid settlement funding for communities plagued by the opioid epidemic.



## References

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