Once Again, NCADA is Super Bowl Bound

by Howard Weissman

With funds from a new three-year, special-projects grant from the Missouri Foundation for Health, NCADA will produce new public service announcements that zero in on the heroin/opiate epidemic that continues to addict and kill people throughout the nation and the St. Louis region, many of them young adults. The grant also supports the agency’s other heroin-related outreach and awareness activities.

Like the controversial heroin PSA that the agency distributed early in 2015, the new spots will be intensely emotional and intended for exposure in very high profile television programming. A large St. Louis-based corporation already has committed funds for purchasing commercial time for a new PSA during local broadcast of the 2016 Super Bowl on KMOV-TV on Feb. 7.

NCADA’s first heroin-related PSA aired during the Super Bowl on Feb. 1, 2015, on KSDK-TV. More than 1.2 million people in the St. Louis region saw it, and news coverage by print, broadcast and internet outlets drew the attention of another 500,000 people nationally and internationally. The ad also became the subject of vigorous discussion, argumentation and sharing via social media sites. It seemed as though everyone from parents, children and teenagers to police, legislators, elected officials and government policy makers was talking about the ad and, more important, about finding solutions to the persistent deadly problem.

The widespread attention helped re-start the public conversation about the heroin/opiates epidemic, a conversation that continues, although concrete actions have been too slow to develop.

NCADA believes that powerful new ads directed at different demographic segments of the population can help convince people of the gravity of the situation and of the urgency for action. For the new PSAs, the agency is partnering with the same creative team it worked with on the original spot: Mark Schupp of Schupp Consulting and director Scott Ferguson.

NCADA also continues to raise awareness of the problem through a broad campaign that includes billboards, radio spots, bus shelter posters and movie theater ads. A recent grant from the Missouri Department of Mental Health is helping to cover the costs of these efforts.
of adolescent marijuana use in states that have legal medical marijuana. The prestigious British medical journal, The Lancet Psychiatry used 24 years of national U.S. data from the large “Monitoring the Future” annual survey of 8th, 10th and 12th graders and the popular press emphasized exactly one-half of the study’s findings: “passage of state medical marijuana laws does not increase adolescent use of marijuana.”

Pro legalization advocates rejoiced. This was a compelling finding by an unimpeachable source.

To those concerned about the effect of legalization on teen use, the finding was puzzling. It flew in the face of what we thought we knew. But it also seemed to contradict both what we observe around the country and the forty years of research which clearly demonstrate an inverse relationship between substance use and perceived harm. Conventional wisdom asserts that the safer a drug appears to be the more likely young people are to use it.

Perception of risk is affected by things such as wide societal acceptance (alcohol), or wrapping it in the cloak of “medicine” (prescription drugs). It certainly stood to reason that as marijuana gained the reputation as something that was going to ease grandpa’s nausea during his chemotherapy or the ravages of little sister’s Lennox-Gastaut epilepsy, its use would become more widespread among young people who were all well aware that, in addition to being used as medication for a tiny percentage of serious illnesses, it was being dispensed with a wink and a nod to large numbers of hipsters who suffered from “anxiety” or “back pain” and used their medical weed to get high.

I’m not a pharmacist, but I think I know enough to say that most medicines dispensed for therapeutic purposes don’t sound much like medical marijuana strains. “Gee, grandma’s looking for something to settle her stomach; should she go with the Cat Piss, Purple Monkey Balls or Carnage?” Or would she shoot ‘em off with the Alaskan Thunderf–k? Or Cheesewerek? Who knows, but either way she should probably steer clear of the Jack Kerovkian, Green Crack, or AK-47.

This is medication for serious illnesses the way the kanoz is the proper musical instrument for a college graduation’s Pomp and Circumstance.

Those of us who remain worried about the wider acceptance of marijuana have, near the top of our list of concerns, the increase in adolescent use that would almost surely accompany the broad legalization of marijuana. But then the Lancet article. Were we wrong to worry? Misguided? Are we nothing more than a group of educated Chicken Little’s warning that the sky is falling when the evidence seems to suggest otherwise?

Well…not so fast. Let’s take a careful look at The Lancet Psychiatry study and decide what it’s really telling us.

What has been underemphasized and underreported is this: While the states that had enacted medical marijuana laws didn’t see an increase in teen use after the laws changed, they ALREADY had higher adolescent use than the states without medical pot. It appears that states accept medical marijuana only after marijuana use becomes normalized and its citizens believe it’s relatively safe. By that time, adolescent use has already climbed. The formalization of what is already being practiced in the state does little to affect adolescent use…because it’s already been changed.

Which brings me to Portugal.

In 2001, Portugal decriminalized the acquisition, possession and use of small quantities of all drugs, including heroin and cocaine. Decriminalization didn’t trigger dramatic changes in drug-related behavior, which is why pro legalization advocates often point to Portugal as a “resounding success.” Portugal became the model of intelligent drug policy reform, used in support of and to assuage fears about almost every state campaign to legalize and regulate marijuana.

But a careful analysis of Portugal published last year in Law & Social Inquiry, the journal of the American Bar Foundation, asked whether there was any evidence that the 2001 law actually was a radical move from criminalization to decriminalization. The study looked at the 8 years of data prior to the law and found that the average number of people in Portuguese prisons for simple drug possession was about 21. Not 21%, but 21 people out of a nation of 10 million.

The 2001 law’s removal of incarceration as a penalty was, in other words, simply a formalization of longstanding criminal justice policy. Looking at drug use indicators before and after 2001 and attributing any change to the “radical decriminalization” is misguided because no such change occurred.

This is, in my view, exactly what The Lancet Psychiatry study tells us about adolescent use in states that formalized and accepted legal medical marijuana. There was no change after the laws’ passage because the change took place during the years before legalization.

While much is unknown about marijuana and its effects on human beings, there is abundant evidence to suggest that, whatever its harms, they are most pronounced on its youngest users. No matter which side of the debate you’re on, you’re not in favor of more kids using more (and stronger strains of) marijuana.

While no one wants to deprive a seriously ill person of anything that’s going to relieve their distress, less than 3% of medical marijuana is used to treat legitimate chronic illnesses. Medical marijuana remains, primarily, a side-door for people who desire strong, legal weed for personal uses unrelated to symptom relief, and a Trojan horse for taking states down the slippery slope from medical to recreational sales.

And now recent studies are showing that about 75% of the medical marijuana sold is mislabeled, with wildly inaccurate measures of its active ingredients. It’s a return to the impression and questionable therapeutic benefits of Wild West apothecaries and snake oil salesmen.

NCADA continues to advocate caution on the legalization of marijuana. Research it, make medicines from it… but don’t dispense it on every street corner and promise users that smoking this “magical” weed will cure everything from cancer to diabetic neuropathy to rheumatoid arthritis. Let’s have scientists and doctors decide on what’s medicine, not voters.

I’ve spent a couple of hours writing this and my head hurts… maybe I need a couple of hits of Brainstorm Haze… or would I be better off with some Death Bubba? Call me old fashioned… but has anybody got a couple of Tylenol? 🎩

Howard Weissman
Director

DI R E C T O R ’ S  C O M M E N T A R Y
The Lancet, Medical Marijuana and Portugal

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CONCERT REVIEW

Michael McDonald Concert for NCADA at The Sheldon

By the time the evening ended on Aug. 22, everybody at The Sheldon Theatre was on their feet, rocking and singing along with Michael McDonald as he and his band closed their show with “Takin’ It To The Streets.” McDonald and his stellar, rhythm-heavy band had knocked out hit after hit for a joyous 90 minutes. For guests, contributors, event sponsors, and for McDonald and his band and road crew alike, it was a night to remember.

This was the third time over the last 10 years that McDonald has lent his talents for an NCADA benefit concert, this time to celebrate the agency’s 50th anniversary year. A longtime friend of NCADA Associate Executive Director Dan Duncan, McDonald said the non-profit group “plays an important and vital role in the St. Louis community.”

Brian Owens, a young St. Louis-based R&B singer whose career is taking off, opened the show for McDonald. “It was the best night of my career so far,” Owens said. We’ll surely be hearing much more from this dynamic artist in the future.

For the evening’s encore (left), McDonald brought back opening performer Brian Owens and invited guitarist Steve Scorfina (REO Speedwagon, Pavlov’s Dog) to join the on-stage ensemble, along with unheralded percussionist, Daniel Duncan.

Iatrogenic Addiction

Commentary by Dan Duncan

Whether you work in the field of addictions or are just concerned about the topic of addiction, “iatrogenic” is a word you need to know and understand. It describes things “of or relating to illness caused by medical examination or treatment.” With respect to substance abuse, iatrogenic addictions are those caused by prescription.

This is by no means a new issue. When my father was a young boy, he recalled, his mother sometimes asked him to bring her “nerve medicine.” The bottle of red liquid, kept on the kitchen sink, was phenergan, a strong, long-acting barbiturate then prescribed as a treatment for depression. Was medical science fully aware then – 70 or 75 years ago – that this powerful drug could cause an iatrogenic addiction? I think not. But my grandmother became addicted to it, and over several decades suffered greatly from it. She went on to use other damaging prescribed drugs, primarily barbiturates, that affected her life to the very end.

Her story is not unique. You’d think that decades of these sorts of experiences would have taught the medical field to be more careful in prescribing drugs with addiction potential, but that has not always been the case.

Today, for example, the drugs that present the greatest potential for misuse and abuse are the opioid-based painkillers. Drugs like hydrocodone and oxycodone and various derivatives are creating a national nightmare of addiction that has been getting worse each year. We’ve seen this particularly with respect to younger people who become addicted to opioid painkillers and eventually switch to heroin. In some areas, the number of overdose deaths from these addictions has surpassed homicides.

What are we doing about it? Unfortunately, not enough.

But there are several common-sense strategies that should become routine procedures:

• More and better education in medical and pharmacy schools about prescribing drugs with potential for causing iatrogenic addictions.

• Continuing training for medical professionals already in practice.

• Tighter FDA guidelines for prescription quantities of potentially addictive medications.

• Serious re-consideration of the suitability of prescribing opiate painkillers for adolescents.

How many more young people have to die to get us to take meaningful action against the opiate/heroin epidemic? It’s time.

Dan Duncan is associate executive director of NCADA, dduncan@ncada-stl.org.

The Day the Silence Ends – Making History

by Dan Duncan

On October 3-5, 2015, the recovery movement will enter a new era of advocacy with a three-day event centered around a massive Sunday rally on the National Mall in Washington, D.C. UNITE to Face Addiction aims to attract tens of thousands of people in recovery and recovery advocates to Washington and demonstrate the power of collective advocacy to generate support and action for effective and enlightened solutions for the prevention and treatment of addiction disorders.

Organized by Greg D. Williams, the director and co-writer of 2013’s “The Anonymous People,” a documentary about the 23 million Americans in recovery, UNITE grew out of relatively modest initial discussions in 2014 into a national event that already has enlisted as partners more than 250 organizations from across the nation, including NCADA – St. Louis Area.

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The 25th Annual Prevention Leadership Conference

Once again the efforts of NCADA staff and student volunteers combined for a successful PLC. After 25 years, the two-day event has become a tradition, but has never become routine.

Over two hundred teens and their adult sponsors converged on the St. Charles Convention Center on July 20 and 21, to be informed and entertained by local and national presenters, and by more than 25 educational breakout sessions.

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The rally also will feature musical performances by artists who long have been open about their struggles from addiction to recovery, including Joe Walsh, Sheryl Crow, Steven Tyler accompanied by the country band Loving Mary, The Fray, Nashville-based singer-songwriter Jason Isbell, and Johnny Rzeznik of the Goo Goo Dolls.

“It’s time,” said organizer Williams, “for the recovery community and our families to end our collective silence around this massive public health crisis. The discrimination against people with addiction will change forever on 10.4.15!”

For details about the weekend, including participants, travel, lodging and logistics, please visit the UNITE website: facingaddiction.org.

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Strike Down Heroin, a family-friendly event aimed at combating the St. Louis area opioid epidemic, was held June 20 at Tropicana Lanes and drew 200 bowlers. Generous support was provided by Alkermes and by the Andrew Eigles Memorial Fund.