Access To Naloxone
Signed, Sealed & Delivered Across the State

On June 18, barely 24 hours after signing an executive order for a statewide program that will monitor unusual physician prescribing patterns, Missouri Governor Eric Greitens was on his way to NCADA to further promote his commitment to addressing the ongoing opioid crisis.

Surrounded by NCADA staff, community partners, concerned citizens, and news media, Greitens offered remarks about the importance of addressing this epidemic and — to the surprise of many — how he and his family have been personally affected.

Dr. Randall Williams, Director of the Missouri Department of Health and Senior Services, accompanied the governor and applauded the courage and advocacy efforts of the individuals present who had lost family and friends.

Immediately after his appearance at our office, NCADA staff followed Governor Greitens to Babler State Park to conduct a naloxone training for park rangers as part of the MO-HOPE project.

As a partner in MO-HOPE, NCADA has been providing overdose education and distributing naloxone for the better part of a year — activities that are now part of the governor’s new opioid initiative.

In MO-HOPE’s first year, more than 5,800 doses of naloxone have been distributed to police departments, fire departments, primary care providers, treatment providers, homeless shelters, probation and parole officers, and anyone else who may experience or witness an overdose. Now, with the governor’s passionate support, we look forward to what we can accomplish in year two and beyond.

Governor Greitens will be holding eight Opioid Summits around the state, and NCADA Executive Director Howard Weissman was asked to speak at all of them to voice the importance of Prevention.

Flanked by legislators and concerned citizens, Governor Eric Greitens signs an executive order making naloxone widely available to first responders.
Here, one out of every four deaths is attributable to alcohol, tobacco and other drug use (e.g., early initiation and the substance use is the single biggest predictor of later problems), and we know what the protective and preventive factors are (e.g., postponing the age of initiation—currently around 13—is the single most powerful means of preventing later problems). Despite all this knowledge we have not, as a country or as a region, committed sufficient resources to support the kinds of programming that could significantly reduce or prevent the harms of alcohol and other drug use. Unlike mosquito-borne illnesses, parents and teachers are not taught how to eradicate or minimize the threat. Kids are not taught how to protect themselves. So, too many times, young people get bitten by addiction and families face a lifetime of pain and struggle. This need not continue at its present rate.

Unfortunately, the country seems hell-bent on a path that does little to actually reduce the incidence and prevalence of substance use disorder. What little money we do allocate to address this cunning disease, goes for treatment and harm reduction, not prevention.

It’s perplexing. We understand the cost-effectiveness of preventing mosquito-borne illnesses, and we understand that once a disease takes root, the human suffering is considerable and the chances for full recovery are less than 100% and fraught with pain, lost wages, and outrageous medical costs. In fact, the best treatments for serious mosquito-borne illnesses have a 50% success rate. But the success of much of the treatment people receive in less developed countries hovers somewhere around 20%. Incredibly, addiction treatment has an equally dismal success rate.

This is unacceptable so we course need more—and more affordable—treatment. And of course we must employ harm reduction strategies to keep people alive and keep other, related diseases, such as Hepatitis C or AIDS, from complicating lives and darkening prognoses.

But to negate prevention is not only short-sighted, it is a lethal mistake that is costing lives. With our region at the center of the worst drug epidemic in American history, it seems clear that, as with malaria in sub-Saharan Africa, we simply respon no effective or cost-effective way to treat our way out of the problem. We must stem the tide of new users by investing in ways to prevent the problem from occurring in the first place.

That means we need to offer not just evidence-based programs, but promising practices and other science-informed programs. And we need to offer them to all kids, in all schools, in all grades, from kindergarten through high school.

If the opioid epidemic is to be treated as a national emergency (as The President’s Commission on Combating Drug Addiction and the Opioid Crisis recommended, and the President himself announced) then we need to intervene further upstream. We have identified the disease vectors and we know how to prevent them. Effecting change would require a full-press effort to measurably reduce underage drinking and early experimentation with marijuana. Equipping our children with the tools—the life skills needed to manage the pain and stress they will inevitably encounter as they grow up—is the most powerful way of ending the current drug epidemic and preventing the next one from ever arising.

We have eradicated worse diseases from American soil. In this country, we don’t worry about our kids contracting polio, smallpox, or malaria because we committed ourselves to prevention and education. In this country, we have convinced our children to wear sunscreen and bike helmets. We have insisted they fasten their seat belts, and we don’t let them drive until they have a license. We even managed to convince the vast majority of our kids to avoid cigarettes. Perhaps it’s time to make the same commitment to preventing the disease that will kill or disable one out of four of us. To do so for alcohol and other drugs we have already done for tobacco, melanoma, bicycle and highway safety.

Something to think about. And if you’re just now remembering that your kid’s back yard high school graduation party included citronella candles, a bug zapper...and an unpersuaded kid, you might be getting the point.

**Top Workplaces 2017**

NCADA remains the highest-ranked social service organization

For the fifth year in a row, NCADA finds itself as the social service organization highest on the list of the region’s top workplaces. And while we did not achieve the ridiculous “three-peat” of being #1 again, coming in at #4 (out of the 60 small companies that made the list and the many that did not) is pretty darn amazing.

So thanks to all of the NCADA team for supporting each other, supporting the mission, and for making this one of St. Louis’ absolute best places to work. 😊

**NCADA Takes Over KSDK**

NCADA is no stranger to news media, but we weren’t quite sure what to expect when we signed up to do a news takeover and phone bank with KSDK NewsChannel 5.

In preparation, the KSDK production team visited NCADA to film two special segments about our prevention and transitional counseling programs. These two vignettes, along with our “What do you see? Faces of Recovery” PSA, aired during the 4 p.m., 5 p.m., and 6 p.m. newscasts on July 18. Throughout each of these news hours, viewers were encouraged to call the KSDK phone bank hotline with questions about substance use. Six NCADA staff members fielded approximately 85 calls in 2½ hours!

Six NCADA staffers handled over 80 calls concerning substance use, while they manned the NewsChannel 5 phone bank hotline on July 18.

Thanks to the team at KSDK, we got to experience (and actually enjoy) our first phone bank, as well as promote our message and services to St. Louis audience.

You can view all of the above-mentioned videos by visiting NCADA on YouTube. 😊

**DIRECTOR’S COMMENTARY**

**Dangerous Beasts**

Howard Weisman
Director

The Cape Buffalo is a massive, but normally docile beast indigenous to sub-Saharan Africa. It grows to nearly six feet at the shoulder and weighs almost a ton. You’ve undoubtedly seen National Geographic footage of them traveling in massive herds, languidly grazing, or congregating around watering holes. But the Cape buffalo is known as “Black Death” because, when wounded or frightened, it will circle and stalk its prey before charging at near-racehorse speed.

And it will continue charging no matter where or how badly it’s injured. The Cape buffalo is responsible for killing more Africans than any other mammal on the continent. More than lions, more than elephants, and more than rhinos. The Cape buffalo is widely regarded as one of the most dangerous animals on earth.

However, the most dangerous animal on the planet is not the Cape buffalo. Nor is it the great white shark, the black mamba, the king cobra or the box jellyfish.

The world’s most deadly animal is the mosquito. There are more than 3,000 species of mosquitoes and they’re found everywhere outside of Antarctica. These tiny, irritating insects carry countless different pathogens and they’re the primary vectors of diseases such as malaria, encephalitis, elephantiasis, yellow and dengue fever, and West Nile and the Zika viruses. Complications from mosquito bites affect hundreds of millions each year. More illnesses, deaths and disabilities come from the mosquito than from any other single-source. In America, more deaths, illnesses and disabilities are caused by substance use than any other preventable source. This is especially disturbing because we actually know the risk factors for early alcohol and other drug use (e.g., early initiation and the substance use is the single biggest predictor of later problems), and we know what the protective and preventive factors are (e.g., postponing the age of initiation—currently around 13—is the single most powerful means of preventing later problems).

KEY

NCADA is the single biggest predictor of later problems.

Once we committed ourselves to prevention, we had the tools—the skills and the knowledge we needed to actually reduce the incidence and prevalence of substance use disorder. What little money we do allocate to address this cunning disease, goes for treatment and harm reduction, not prevention.

But to negate prevention is not only short-sighted, it is a lethal mistake that is costing lives. With our region at the center of the worst drug epidemic in American history, it seems clear that, as with malaria in sub-Saharan Africa, we simply respon no effective or cost-effective way to treat our way out of the problem. We must stem the tide of new users by investing in ways to prevent the problem from occurring in the first place.

That means we need to offer not just evidence-based programs, but promising practices and other science-informed programs. And we need to offer them to all kids, in all schools, in all grades, from kindergarten through high school.

If the opioid epidemic is to be treated as a national emergency (as The President’s Commission on Combating Drug Addiction and the Opioid Crisis recommended, and the President himself announced) then we need to intervene further upstream. We have identified the disease vectors and we know how to prevent them. Effecting change would require a full-press effort to measurably reduce underage drinking and early experimentation with marijuana. Equipping our children with the tools—the life skills needed to manage the pain and stress they will inevitably encounter as they grow up—is the most powerful way of ending the current drug epidemic and preventing the next one from ever arising.

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**ncada@ncada-stl.org**
Local Teens “Find Their Voice”

At Teen Institute 2017

When Alida arrived at the 38th annual Teen Institute for Prevention Leaders (TI) this past June, she was excited, proud...and more than a bit nervous.

Alida had attended TI in 2016 as a participant, but now, having been selected to return as one of 14 interns for TI 2017, Alida would have a larger role to play. Interns work closely with NCADA staff to ensure that all aspects of this four-day seminar—designed to train high school students to prevent substance misuse among their peers—run smoothly and that all participants gain the maximum benefit from this immersive experience.

Alida’s progressive experiences in substance use prevention led her to apply for the TI internship. She explains: “After TI last summer, I became a TI intern, a TREND officer, and a HiSTEP peer teacher.”

Throughout the school year, I volunteered to help my local community!”

For more information on TREND (Turning Resources and Energy into New Directions) and HiSTEP (High School T仿佛 Education Program), call NCADA at 314.962.3456.

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Two Free Presentations by A.A. Historian, Wally P.

Friday, October 27: Unsung Heroes

6:00 p.m. – 9:00 p.m.

Discover the women behind the fellowships of Alcoholics Anonymous and Al-Anon as Wally P. examines the inspiring lives of Louise Wilson (wife of Bill W.) and Anne Smith (wife of Dr. Bob).

Sunday, October 29: 12-Step Workshop: Back to the Basics – Sponsorship

1:00 p.m. – 5:00 p.m.

The original 12-Step Program and how it applies to all 12-Step communities. Both newcomers and old-timers will find this workshop thought-provoking and enlightening. Come alone, bring a friend or bring a sponsor/sponsee.

John Burroughs School

Haertter Performing Arts Center

755 South Price Road, St. Louis, MO 63124

Presented by Recovery St. Louis. To register, visit the events calendar at recoverylstlouis.com, or Recovery St. Louis on Facebook. Tickets are free; please reserve a separate ticket for each event.

34% of participants reported that TI influenced their desire to reduce their own drinking/using

66% of participants stated that TI confirmed their choice not to drink or use drugs.

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On the first day of Teen Institute, students are divided into teams and presented with a series of group challenges. These activities introduce attendees to new people, and also provide insight into effective (and ineffective) styles of cooperation and leadership.
NCADA’s 23rd Annual Golf Tournament—Another Grand Slam

We couldn’t have ordered better weather – or a more pristine setting – for NCADA’s 23rd Annual Golf Tournament, held August 7 at The Country Club of St. Albans. Thanks to our generous sponsors, enthusiastic players, faithful donors, and rock-solid volunteers, the tournament was once again a memorable event, grossing nearly $108,000. As our largest yearly fundraiser, the proceeds provide important support for NCADA’s education, intervention, and prevention education. Teachers motivate students, help with class management, and reinforce our prevention message throughout the year.

Some teachers go the extra mile, such as Terri O’Leary. Since 2011, Terri has been Parkway Central High School’s sponsor for our TryPOD program that trains juniors and seniors to serve as peer teachers to the underclassmen. We’ve personally witnessed her dedication and enthusiasm, and are delighted to recognize her as an honoree for the 2017 Missouri School P.E. Teacher of the Year. To learn more about this honor visit parkwayschools.net.

Consider Using Your IRA to Support NCADA

If you are age 70½ or older and receive distributions from an Individual Retirement Account (IRA), please consider using all or part of your required minimum distribution to make a charitable gift to NCADA.

With transfers made by the IRA’s trustee directly to NCADA, you pay no federal income tax on those distributions, and there may be other tax advantages as well. This can be an easy, smart gift option for supporting our life-changing (even life-saving) work.

There are restrictions and limits, so please consult your tax advisor or attorney first. If you decide that the “IRA rollover” is for you, funds must

Prior to tee time, golfers test their skills in the putting contest. This year’s tournament drew over 120 players to The Country Club of St. Albans.

Red Ribbon Training 2017

“Why are all the red ribbons for?”

That’s a question we enjoy hearing from parents and community members during National Red Ribbon Week, October 23-31. And NCADA’s Red Ribbon Trainings – held in September – prepare middle school students to answer that question.

Red Ribbon Trainings are one-day conferences for student groups and adult students that focus on substance use awareness and prevention.

This year, we continued to offer Red Ribbon Trainings in St. Louis County, Warren County, and Jefferson County—and also debuted a St. Louis City training. In total, 800 students, in grades 6-8, acquired the knowledge and tools to plan and create their own Red Ribbon Week activities – exponentially increasing the message of Red Ribbon throughout their peer groups, schools, and communities. We also encourage the students to continue using these prevention strategies throughout the school year.

“So what are all the red ribbons for?” Red Ribbons are a great tool. So go ahead. Ask the question. St. Louis students will be ready to talk with you.

Terri O’Leary

Missouri High School P.E. Teacher of the Year

NCADA serves 77,000 students annually in over 280 St. Louis area schools; it’s a major part of our mission, and we mention it often. But we don’t always mention that the school district is our largest partner in pre-

Terri O’Leary has worked with NCADA as a TryPOD sponsor since 2011.