

Super Bowl 2018

Advertising experts will all say the same thing: Ad campaigns are effective for a maximum of three years. Period. And experienced advertising experts will add this caveat: "Everyone tries to milk it for another year or two, but it never works."

Armed with that knowledge, it might seem foolish to again purchase sixty seconds of airtime during the Super Bowl...for the fourth consecutive year. But that's

exactly what we're doing.

Because
we're not
selling
anything
and
we don't
aspire to go
viral around the

world again. There's an important message to convey and we know of no better way than to put it in front of more than a million people in OUR region, on the one night of the year

people are watching television for the commercials.

So with the financial support of the U.S. Drug Enforcement Administration, and with some old friends

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donating creative services, we are again using the Super Bowl to convey an important message about the opioid epidemic.

We've moved far away from the message that heroin is bad and opioids are dangerous. Everyone knows that. The questions we still need to answer are, "What can we do about it?" and "How do we protect ourselves and our kids?"

We can't promise to provide complete answers to those questions, but we hope to generate a lot of discussion about them.

Do you know someone who deserves recognition for exemplary work in the field of substance use disorder? *Let us know!*

The Helen B. Madden Memorial Award is presented in April at NCADA's Spring Awards Luncheon. Helen was a pioneer in the local addiction field and worked for NCADA from 1965 until her death in 1976. Since 1977, the award has been presented to a local professional who has dedicated himself or herself to this field.

A nominee must be currently employed in (or recently retired from) the direct treatment of substance use disorder, be passionate and knowledgeable about helping those wrestling with addiction, and effective in facilitating or maintaining recovery.

Submit nominations online at ncada-stl.org/madden. All nominations must be received by March 20, 2018.

NCADA Spring Awards Luncheon – Friday, April 27: Save the date



When First Aid Gets Confused with Last Resorts



Weissman

In 2004 the Federal Aviation Administration mandated that all large U.S. passenger planes carry

Automated External Defibrillators (AEDs) along with personnel trained in their use. This decision has undoubtedly saved lives, but no one would argue that it has reduced the incidence or prevalence of heart attacks among airline passengers.

America and the St. Louis region remain in the grip of the worst drug epidemic in history. More (mostly young) people will die this year from a fatal overdose than were killed during the entire Vietnam War. The heroin epidemic has morphed into a fentanyl epidemic, and the fentanyl epidemic is becoming an epidemic of fentanyl variations that are so strong and generally unfit for human consumption that even the minutest amounts are killing people, and scaring first responders into wearing hazmat suits and approaching overdose victims as if they're radioactive.

Solutions are in short supply.

To slow the death rate, a number of harm reduction strategies are being employed. These range from the strictly sensible to the controversial. Many millions of federal dollars are being spent to equip all police and fire departments with a ready supply of naloxone, the emergency overdose reversal medication. Naloxone (sometimes referred to

by its trade name, Narcan) is now also found in high school nurses' offices, jail infirmaries, and home medicine cabinets. It's saving lives, but more and more is needed to revive those who have ingested fentanyl and its derivatives.

Needle exchange programs, available in many cities around the country, now including St. Louis, are another harm reduction tool, as they reduce the spread of hepatitis C, HIV, and other infections.



However, the public tolerance for the rise in overdose deaths is reaching its already narrow limit. So the more radical harm reduction proposals, like "safe injection sites," where users can be offered opioids of known dosage, potency and purity, or "heroin assisted" treatment, are unlikely to become widely accepted. And in places where prejudice and misunderstanding around addiction predominate, harm reduction is unpopular.

In Ohio, for example, Butler County Sheriff Richard Jones stubbornly refuses to allow his deputies to carry Narcan based on specious "safety concerns" of revived overdose victims becoming violent. His stance prevails despite record numbers of overdose

First

responders

don't

appreciate

repeated

calls

deaths in his small county. This is the same Ohio county where a city councilman named Dan Picard drew national attention with his outrageous suggestion that emergency crews should stop responding to people who repeatedly overdose. Clearly, Butler County, Ohio is in the throes of two serious epidemics: opioids, and rampant stupidity among its elected officials.

while these Ohioans have responded to the opioid epidemic with ignorance and cruelty, their frustration is easy to understand. Sometimes the same person overdoses and is revived on multiple occasions before either dying or, less often, accepting treatment and finding recovery. Narcan is expensive, as is the price of dispatching an ambulance, fire truck or police cruiser. First responders don't appreciate repeated calls to the same address for the same problem, and community resources are depleted by the varied social costs surrounding addiction.

Some critics of harm reduction go so far as to say that "Making Narcan available just gives people license to use heroin and other opioids because they know we'll be able to revive them."

This is preposterous. There is little evidence to suggest that the availability of naloxone makes overdose more likely. And consider this: In the history of commercial aviation no one has said, "Well, once you put AEDs in airplanes, you're just inviting high risk heart patients to fly, because they'll know all they have to

do is wait for someone shock them back to life."

No one in their right mind believes that the opportunity for emergency resuscitation makes any high risk behavior more likely. The availability of lifeguards does not increase the chance of people testing themselves against riptides. The availability of epi-pens does not increase the chance of people testing themselves against killer bees.

Addiction seems different because people do continue to put themselves in harm's way. This is not because they're tempting fate, it's because they're in the throes of a disease that makes the compulsion to use utterly overwhelming. They throw caution to the wind in a desperate attempt to stave off withdrawal or satisfy a craving that is as primal as a drowning person's craving for oxygen.

It's important to remember that harm reduction measures, like the broad availability of Narcan, do nothing to solve the opioid problem. They are stopgap measures—finger-in-the-dike tactics occurring after the flood has over-topped it. Harm reduction, in other words, does nothing to stem the tide of new users from becoming addicted. Harm reduction, while necessary, is woefully insufficient. And though harm reduction does save lives and, as the name implies, reduce harm, it is only the equivalent of first aid. Just as AEDs on airplanes won't make Americans eat better, get more exercise, lose weight, stop smoking, or become less likely to suffer a heart attack, naloxone in the school nurse's office is not going to stop teenagers from experimenting with opioids.

The way forward—the way out—must involve a greater investment in prevention and education. We must intervene in the lives of our children long before they'll ever be tempted to find pain relief in a pipe, a pill, or a syringe.

Harm
reduction
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to solve
the opioid
problem

This is doable. We've brought cigarette smoking to historic lows through public education and prevention. It took a huge investment of money that was financed, in part, by the tobacco settlement. Though lawsuits are being filed against Big Pharma, they'll never pay as much as Big Tobacco did, so we have to come together as a community to all dig into our pockets. When it comes to prevention, everybody pays to play.

If you own a profitable business, have access to a foundation or have access to government funds: we need your help. If you were born into wealth or inherited it later in life: we need your help.

With an additional \$5 million per year we could provide our ridiculously effective prevention programming to all kids in the greater St. Louis area. We're already spending \$2-\$3 million on these curricula and serving 80,000 students, but it isn't enough. To effect meaningful regionwide change, we must do more.

We have the will. We have the knowledge. We will commit the time and talent...and that's the hard part. The easier part should be finding the money...but when the forest is on fire, nobody's thinking about how Smokey the Bear can help you prevent forest fires.

Without your help, this conflagration will continue to burn. If we can't extinguish the flames through law enforcement or through treatment, let's gain control of the fire by slowing the number of new users. And let's prevent new fires from breaking out.

Please consider an investment in your children, your grandchildren, or your region by supporting NCADA. 🖘

hweissman@ncada-stl.org

CALENDAR

For event information and registration visit ncada-stl.org/events, or email Jeanne Cordingley at jcordingley@ncada-stl.org, or call (314) 962-3456 x304 (unless otherwise noted in the event listing).

FOR PROFESSIONALS

March 6: Ethics – Shades of Gray

8:30 am - 3:30 pm; NCADA, 9355 Olive Blvd.

FOR STUDENTS

March 29: Speak Hard

High school students are invited to join NCADA on a trip to the state capitol to advocate for substance use policies. Contact Lori Krueger at Ikrueger@ncada-stl.org, or (314) 962-3456 x323.

FOR EVERYONE

January 19: Medical Marijuana: Snake Oil or Science? 9:00 am -11:00 am; NCADA, 9355 Olive Blvd.

This workshop will explore what "medical marijuana" is, what it promises, and to what extent it delivers on those promises.

January 24: Prevention Day at the Capitol

Join NCADA staff and members of the community to advocate for substance use prevention policies.

Youth Mental Health First Aid Trainings (YMHFA)

YMHFA trainings are free, one-day events that teach participants how to provide initial help to young people experiencing mental health crises.

January 17: 8:30 am – 5:00 pm; NCADA, 9355 Olive Blvd.

February 23: 8:30 am – 5:00 pm; NCADA (Franklin Co.), 3033 Highway A, Washington, MO 63090

March 16: 8:30 am – 5:00 pm; NCADA, 9355 Olive Blvd.



St. Louis Coalition on Addictions

UPCOMING PRESENTATIONS

Jan. 10 – Combating Compassion Fatigue Connie Fisher

Feb. 14 – Medical Marijuana: Snake Oil or Science? Jenny Armbruster

Mar. 14 – Safe Connections: Challenging LGBTQ Stereotypes Dan Pearson

Apr. 11 – Art Therapy to Address Prevention and Treatment of Substance Use Disorder

Dana Sebastian-Duncan

May 9 – Alcohol: The Forgotten Epidemic

David Patterson Silver Wolf and Sara Beeler-Stinn

The Coalition on Addictions (COA) meets the second Wednesday of each month from noon – 1:00 at NCADA, 9355 Olive Blvd. in Olivette. **Doors open at 11:30 am.**

No RSVP is required. Lunch is provided free of charge, courtesy of Alkermes, Inc. A CEU for one contact hour is \$5.00. COA is a service of NCADA and the Community Academic Partnership on Addictions. (CAPA is an affiliate organization of Brown School at Washington University in St. Louis.)

2 NCADA **KEY**

Progress in MO Legislature Will Require Champions

LEGISLATIVE **UPDATE**

We were honored to be joined by six Missouri state legislators at NCADA's 4th Annual Legislative Conversation on November 15. Representatives Steve Lynch, Sarah Unsicker, Tommie Pierson Jr., Fred Wessels, and Senators Dave Schatz and Bob Onder shared their thoughts on various substance use-related issues with over 75 attendees.

Issues addressed included raising the age of tobacco purchasing to 21, medical marijuana initiatives, curbing heroin and opioids, and increasing the availability of effective treatment.



From left: NCADA's Dan Duncan joins Rep. Pierson, Rep. Wessels, Rep. Unsicker, Sen. Onder, Sen. Schatz, and Rep. Lynch at the 4th Annual Legislative Conversation.

Every panel member emphasized the importance of advocates finding champions: legislators who have special passion for an issue. Panel members urged advocates to continue expressing their concerns about substance use to their legislators, and to demand that those concerns be addressed at the state level.

An attendee expresses her concerns to the legislators.

We appreciate our legislators and attendees engaging in advocacy and for taking this opportunity to listen to one another. You can view NCADA's policy priorities for the 2018 legislative session in the "Get Involved" section of our website. 🖘



Prevention Leadership Conference 2017

EXPEDITION PREVENTION

Each year since 1990, NCADA has hosted a Prevention Leadership Conference (PLC) to give students in grades 7-12 and their adult advisors the opportunity to learn more about drug and alcohol prevention, youth advocacy, and the power of positive peer pressure. The students then return to their schools and communities to help develop and implement their own, unique substance use prevention programs.

On November 3rd and 4th, more than 130 teens, representing 20 school organizations in the St. Louis area, gathered for our 27th PLC, titled *Expedition Prevention*. The conference featured three nationally



Batting balloons can teach an important lesson on the need to set priorities. It can also get kids laughing on a Friday evening after a long week of school.

recognized keynote presenters, and a variety of breakout sessions on such topics as alcohol, prescription drugs, tobacco, stress management and strategic planning.

Throughout the activities, attendees built friendships and networks that



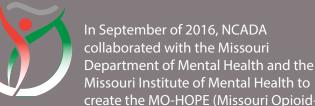
Keynote speaker De'Marco Fomby used music, humor and dancing to inspire and motivate PLC participants.

can help them spread the message that young people can have fun without substances.

True to the tradition of NCADA youth leadership programs, Expedition Prevention was a fun, highenergy, and impactful learning opportunity.

O C 0% of participants report that PLC has motivated them to get more involved in alcohol, tobacco, and other drug prevention advocacy efforts.

The MO-HOPE Project: ONE YEAR LATER



The goal of the MO-HOPE Project – funded through a SAMHSA grant – is to reduce opioid overdose deaths in Missouri through expanded access to prevention, public awareness, assessment, referral to treatment, overdose education and naloxone for

Heroin Overdose Prevention and Education) Project.

those at risk of experiencing or witnessing an overdose event. 🖘



More than 50

partner organizations have received training, technical assistance, or naloxone.

- 26 trainings provided for professional first responders
- 544 professional first responders trained
- 14 trainings for community
- 552 community members



35.000 Symptoms & Resources cards distributed to first responders across Missouri

Ads in the Post-Dispatch, St. Louis American, and Out in STL, publicized overdose risk factors and the availability of naloxone.





Mass transit posters and Facebook ads

publicized Good Samaritan legislation.





For information about registering, or to join the "Team NCADA" GO! Marathon committee:

Contact Sarah Roberts at (314) 962-3456 x372 or sroberts@ncada-stl.org. Proceeds benefit NCADA programs.

NCADA **KEY** NCADA **KEY** A Gift to NCADA Supports Vital Work That Can Change – And Save – Lives

There are multiple ways to contribute to NCADA—we gratefully welcome gifts by check or credit card, gifts of appreciated stock, gifts through your employer or your donor advised fund, or by rollover from your IRA, if you are age 70 ½ or older.

However you choose to give, please know that your support is critical to maintain and expand our prevention work in the schools and in the community. For example:

- Your gift of \$150 provides our counseling and referral services to someone like Christy.
- Your gift of \$500 brings a multiweek prevention curriculum to 25 students.
- Your gift of \$1,000 provides one at-risk teen, plus their parents or caregivers, with a non-punitive, motivationbased counseling/education program that can interrupt early trouble with substances and stop the progression to bigger problems.
- Your gift of \$1,500 sends a high school student to our annual Teen Institute, a four-day, transformational leadership camp that harnesses the power of peer pressure to create leaders and advocates for healthy choices.

Questions? Call Donna Bruner at (314) 962-3456, ext. 352.

CHRISTY'S STORY

I became a heroin addict seven years ago, but I was primed for it from earliest childhood. As many addicts will tell you, I felt strange, scared and uncomfortable each and every day, as far back as I can remember. I suffered silently through my parents' divorce and, later, through being raped by my high school boyfriend. Outwardly, I was the girl who had it together, the "rock" on whom everyone else depended, but inwardly I was a desperate young adult with virtually no self-esteem, convinced that no one saw me, understood me or valued me.

The night I met heroin, I fell in love, I was "home," and my life was forever changed. I could finally, fully disappear and escape. I used every day, throughout the day, even though I had everything to lose: my marriage, graduate school, my career as a social worker, my friends and family, my health, my home, my possessions. Ultimately, I did lose everything. Until finally, I overdosed in my car and almost died.

In despair, I found NCADA, which appropriately calls itself, "the place to turn." Their staff took the time to hear my needs and referred me to a treatment facility that could begin to meet them. Still, achieving sobriety has hardly been **smooth sailing** – it took one detox, three outpatient stays, four residential stays, and three sober living placements – and I know that I must work actively on my recovery every day, for the rest of my life. But thanks to that first step through NCADA, I have slowly rebuilt my life, remarried, earned a master's degree, and have a fulfilling job.

NCADA was not the only organization to serve and help Christy—but we were the first. By offering initial support and then providing referrals to treatment and other resources based on an individual's unique needs and circumstances, we were for Christy, and we are for thousands of others like her, "the place to turn."

Your gift of any size helps support and expand these and other vitally important programs and services. An investment in NCADA is an investment in the future of our young people, our families, and our community. We've lost too many already, but, as Christy told us, all is not lost:

I stand before you as a symbol of hope. And I urge you to hold hope close in these terrible times, when each one of us knows someone suffering from the curse of addiction.

Hold hope close, and join the fight.

Tributes & Contributions

August 2017 – October 2017

GRANTS AND PROGRAM GIFTS

Prevention First

Elle Management LLC, Tracy York Memorial Fund

Employees Community Fund of Boeing-

Prevention Leadership Conference Esse Health Foundation Optimist Club of Clayton

Red Ribbon

SSM Health/Saint Louis University Hospital

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Tom and Cheryl Fox

Dianne Lee and Bill

Nichole Dawsey, NCADA's Director of Prevention Education, speaks at the 2017

Missouri Opioid Summit - St. Louis, held December 5 at the Washington University

School of Medicine. The summit, the final stop in a nine-city tour of the state, drew

over 400 attendees. Sponsoring organizations included Missouri Department of

Mental Health, Missouri Department of Health & Senior Services, City of St. Louis

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