



After a protracted silence from the federal government regarding substance abuse issues, Gil Kerlikowske, director of the Office of National Drug Control Policy, has cited addiction as a "public health issue," stressing a need for more accessible rehab programs with the suggestion that recovery be considered a priority strategy.

As refreshing as it was to hear the president's top drug policy adviser make this kind of recommendation, he does so in a climate of continued apathy, ignorance and politicized stigma.

Case in point: State Sen. Rob Schaaf, R-St. Joseph, in a recent eight-hour filibuster opposing (and ultimately defeating) a bill that would have created a prescription drug monitoring database for Missouri, referred to those who die from prescription drug overdoses by saying, "If they overdose and kill themselves, it just removes them from the gene pool." This is an incredibly judgmental and insensitive statement for a Missouri senator to make, especially one who is a physician.

Perhaps not ironically, it has been noted that at least part of the reason there is an epidemic of opiate drug addiction and overdose deaths is because physicians are not well trained in prescribing opiate pain medications. This situation doesn't show much promise in improving. Just last week, New Hampshire passed legislation creating a prescription drug-monitoring program, leaving Missouri as the only state in the country without such a tool. Instead, we have legislators like Schaaf proudly wearing an antiquated parochialism on their shirtsleeves like a badge of honor. Schaaf's point of view is reprehensible, and, yet, he and others would consider this a laudable stand against government intrusion.

So now Missouri, the only state in the country without a drug prescription monitoring program, a state with one of the highest smoking rates but one of the lowest tobacco tax rates in the nation, a state with one of the lowest alcohol tax rates in the nation should be, what, proud? No wonder NORML wants to use Missouri as a testing ground to see if our state could be the first state to fully legalize marijuana for recreational use.

Recently, Dr. Nora Volkow, drug research scientist and director of the National Institute on Drug Abuse, was on "60 Minutes." Volkow referred to asking an addict to simply discontinue drug use as "magical thinking," citing physiological brain implications of addiction. In what probably was a cause of consternation to legalization advocates, Volkow said marijuana "is addictive and causes harm by impacting the area of the brain involved with memory and learning." Those who espouse legalization probably will respond as they always do when science speaks out on this issue: They dismiss anything that runs contrary to their views as "untrue." Drug users tend to believe only the information that can justify their use of it.

The nation has seen a significant increase in marijuana use by youth in recent years. Prescription drug abuse and addiction are at epidemic levels, as is heroin use. We have a growing meth problem as well as nightmarish scenarios because of new synthetic drugs like bath salts and K-2. All the while, legalization advocates are touting alcohol and tobacco, arguably the nation's two biggest drug problems, as rationale for why we should legalize more addictive and damaging drugs. That's faulty reasoning, at best.

We have drifted lackadaisically toward a permissive environment that allows youth to indulge in whatever our nation's neighbors choose to import to meet the American demand to get high. Is this what we really want? Do we think a nation of stoned youth, many of whom will become addicted to whatever they're using, will be non-problematic, or that our insatiable demand for drugs will simply resolve itself of its own accord?

Schaaf and Kerlikowske represent two opposing points of view. You decide which is pragmatic, solution-focused and makes sense or which is perhaps yet another example of magical thinking?

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