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MEDICAL MARIJUANA

INCORPORATING MEDICAL MARIJUANA INTO CLINICAL PRACTICE

CHECKMATING STATE-SPONSORED MARIJUANA "DRUG CARTELS"

AN OPINION PIECE



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Missouri is the most recent state to be fooled by the High Times crowd. They learned a lesson from the Lottery. If you can't legalize crime, turn it into a state-run monopoly.

Marijuana addiction is coming to Missouri.

Michigan "High Times" activists developed a sneaky model to legalize recreational marijuana under the guise of medicine. Time and time again, states fell for it. The model is a combination of emotional ploys. It began years ago with making everybody feel tragically sorry for those who have painful fatal or debilitating diseases. Veterans with PTSD are another favorite victim-class placed on the pedestal of pot politics.

Pot activists then claimed that marijuana is a great painkiller (so is any other substance that sends you to Tralfamadore in a handbasket). Social Justice activists entered the arena with assertions that citizens have a Constitutional right to try any drug they want to fix ailments both real and imaginary.

Fault lines appeared revolving around a combination of professional and ideological lines. Realignment occurred in the medical, psychological, and substance abuse recovery fields. Before continuing, I will do a brief introduction because I am new to this team of professionals. I have been involved in family law, family rights activism (including father's rights and shared parenting), support work running a large divorce support group for over a decade, and lay substance abuse support work with Hazelden-based programs. This was very successful work helping perhaps 5,000 individuals over the years, and stimulating passage of legislation. We had no arrests, no criminal convictions, no suicides, a number of second marriages, and no second divorces.

Self-trained at the Washington University Law Library, I have done my own legal work for 30 years, won two family law court cases pro-bono, won Constitutional Appeal in the Missouri Supreme Court, and converse regularly with former presiding and Appeals court judges and attorneys on legal matters and legislation I am working on.

Three major Missouri statutes were enacted

based on my policies, along with a number of tweaks – the first of which was in 1991. Several more policies are in the pipeline, including the first melding of family law and addiction counseling that will positively encourage substance misusers to seriously seek recovery instead of suffering all the ugly consequences we know about (more about this later in this article).

I have worked with many psychological professionals over the years, advised on military court cases, and completed research for peer-reviewed academic papers involving psychology and family law.

Now for the confessional: I tend to be years ahead of the game, and that gets me in trouble. Most folks only care about the problems this month and are not looking five years down the road to see where trends will take us. Inevitably, the world eventually catches up. Folks are nervous until it does, and then the Cassandra syndrome sometimes sets in when I predicted something bad would happen.

I am candid in my work, and say it like it is even if it might ruffle a few feathers in the short run. "Political correctness" is not my forte, but facts are.

Now, back to the article.

We have several fault lines dividing our ranks and making us weak. I believe we all agree that substance abuse is a big problem harming a lot of Americans. Many of us believe there are probably useful medical uses for marijuana (with or without THC). Most of us agree that medicines should be developed and approved under rigorous testing and safety standards, with full peer review, and sold in drug stores. We are looking for policies that will intervene during the critical (and presently unaddressed) gap between prevention and end-stage consequences when full recovery of one's life is possible.

We have been overwhelmed by the "High Times" medicine show. There are some psychologists, doctors, and hired legal guns who believe that drugs are the answer to every human problem. They scream about pain and agony, painting images of a pain-free world. The media elevates them as the guardian angels of humanity, while we are considered a bunch of high-Victorian Luddites.

DSM-V brought changes I believe are misleading and counterproductive to recovery. The terms “substance abuse” and “substance dependence” were the descriptor used in law and DSM-IV for decades. Political correctness set in and a major change was made in DSM-V. The term changed to “Substance Use Disorders”. Even more stunning is the fact that DSM-V now classifies cigarettes (which are not intoxicating) in the same category as hard core drugs that blow your head off and can kill you before you finish reading this article.

A well-known leader of a substance abuse recovery organization went into paroxysms because I use the words ‘substance abuse’. That is considered an insult now (as if “substance use disorder” is perhaps more complimentary).

is an abdication of duty – ‘interventions’ require placing the substance abuser in a position of having to choose recovery or ‘consequences’.

Left to run its course, drug addiction results in irrecoverable and severe consequences to individuals and extremely high costs to the state. In 2015, The National Institute on Drug Abuse reported what I discovered in 2010. There is a big policy gap between prevention and chronic-phase consequences. There is no federal or state policy facilitating interventions when troubled families desperately need it. This is a monstrous policy gap the size of the United States.

There continues to be a large “treatment gap” in this country. In 2013, an estimated 22.7 million Americans (8.6 percent) needed treatment for a

Marijuana addiction is coming to Missouri."

This leader rejects 12-step recovery programs because they are biblically-based. I spent 30 years around the tables, and saw people successfully turn their will and lives over to ungodly items such as the doorknob, clouds, and a bush in the back yard. I suspect this leader spent too much time studying political correctness and too little time understanding how 12-step programs work.

We must pay careful attention to the real reason for these changes and attitudes. The target, my friends, is how substance abuse is handled before the law. Calling it a “Substance Use Disorder” is a diagnosis calling for years of professional counseling regardless of what a person did. It is also a defense of “mental illness” before the law.

The classic “Officer Krupke” defense has successfully been used for decades to get people off the hook, but is now central to the “empty out prisons” movement, letting drug dealers off the hook. The Drug Policy Alliance (funded by George Soros) is the primary organizer of marijuana initiatives (and the “empty the prisons” political movement).

All professionals have a duty to use all available legal means to achieve their professional goals. For example, much money is spent discouraging cigarette smoking all up and down education and schools. Those who smoke must pay more for insurance and attend cessation classes. Most public places ban smoking with arrestable criminal or civil penalties attached.

But the leader mentioned above was adamant that courts and legal systems must not be used in any way to intervene in or bring about recovery. Apparently, substance abuse is a private matter between the mentally-ill and their counselors. This

problem related to drugs or alcohol, but only about 2.5 million people (0.9 percent) received treatment at a specialty facility.

With states operating monopoly drug cartels (and actively addicting their citizens), we must enact policy to tactfully intervene when substance abuse becomes a problem for family members. We have no choice but use courts and social services to help troubled families when they request assistance.

It is up to us to make this happen. I invite all medical and psychological professionals to help us make Missouri the first state to fill the policy gap. We have a ‘Family Substance Abuse Order’, formerly Missouri House Bill 1070, to be reintroduced in January. It is a simple bill using existing systems:

- If you have a family member or child who has a serious addiction problem, you will be able to get a restraining order. The judge removes them from the home until the person has convinced the responsible spouse and/or a state-recognized substance abuse program that they are sufficiently recovered.
- The state backs the responsible spouse to execute the intervention. These are traditionally very difficult to do via informal methods.
- A loan is available for people who cannot pay for services. Low-income Missourians will not fall through the cracks.
- The state has no authority to intervene. Only an adult family member can request intervention assistance from the courts.
- A simple one-page checkbox reporting paperwork system is implemented so recovery counselors can report monthly status to the court. Courts cannot subpoena counselors to testify. The only



information they provide is recovery status. Court forms vetted by counselor will be printed in the statute so the policy works without chance of administrative negation.

- The policy is self-correcting. If a substance abuser get a restraining order to game the system, the recovery center will discover it during the P/I evaluation and interview of the other spouse. The restraining order will be reversed.
- This policy has been developed over the past seven years using some of the finest counselors, legal minds, and policy minds in the nation.

This policy model is the most effective choice to address the 'treatment gap'. Substance abuse intervention is both appropriate and indicated in families when substance abuse is driving family conflict. Three-quarters of serious domestic violence is associated with substance abuse at the time of violence. Our Family Substance Abuse restraining order will encourage recovery at the exact time when recovery is most likely to be triggered, and before irreversible consequences occur.

Physicians and counselors will be able to recommend a good course of action to troubled clients. There are many kinds of substance abuse treatment with substantially different efficacy rates. The Hazelden/Betty Ford model has a longitudinal five-year recovery rate of about 75% -- the best in the recovery field. Hazelden focuses on family intervention and tough-love behavioral modification. I am not a fan of recovery programs pretending that you can treat behavioral problems with a pill. Clearly, substance abuse interventions require positive participation of government and partnership with family members and medical professionals to put substance-abusing family members in a mood to choose recovery over

eventual self-destruction.

I believe that all medical associations who opposed the marijuana initiatives in Missouri and other states will want to sign on to our intervention-model legislation. We could not stop legalization. We must now position responsible physicians and psychologists to establish functional government policy that will reverse substance abuse caused by government policy misusing some medical professionals as skills needlessly addicting citizens to drugs.

We will be sending a letter to Missouri state leaders in both parties signed by professionals and activists supporting this bill. I encourage everyone to sign on to the letter.

About 10 professional medical organizations opposed the three marijuana ballot initiatives. This is a national issue now. This will be the first bill handling the 'treatment gap' in the United States. When we enact it in Missouri, it will be much easier to get it passed in other troubled marijuana states.

The only way to stop harm going forward is for all who opposed the marijuana initiatives to help enact our substance abuse recovery policy so that recovery is the norm. If you or your organization wish to sign on to our letter, get co-sponsors, lobby, and/or testify in the House and Senate please submit an email to drusher@swbell.net.

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