Almost every day, a Missourian dies from a heroin overdose. Missouri is the only state that doesn’t monitor prescription opioid painkillers.

Changing the law isn’t just politics. It’s personal.
He has dark hair with sideburns and a big smile. Your mom cooks pizza and burns it. His response? “Mrs. Smith, that was the best pizza I’ve ever had.”

This is how Jim Marshall, Cody’s father, describes his son to strangers.

“He was a people pleaser,” Marshall says. “I think maybe that was part of the undoing of his life, that he trusted people he shouldn’t.”

Cody’s demise reflects a story that has become tragically common in America. He was a nice kid who was known to go out of his way to befriend students with disabilities. Marshall, who coached track and cross country at Jefferson City High School for 25 years, has been around kids long enough to know the divisive nature of cliques. He says Cody never had a problem being friends with anyone.

“He was just a happy-go-lucky kid, but he wasn’t happy about not being in college,” Marshall says.

Cody didn’t follow his friends to college. Learning deficiencies hurt his grades. He lived at home and worked temporary jobs in Jefferson City to save money for technical college. The loneliness led to depression, which led to Xanax, which led to heroin.

On Sept. 25, 2011, Marshall found his son on the living room floor. Cody wasn’t breathing and didn’t have a pulse. He had overdosed on a mixture of heroin and Xanax. Marshall recovered a pulse in his son, but Cody died in the hospital two days later. He was 20 years old.

Cody’s addiction didn’t begin with powder or a bent spoon in a back alley. It began with prescription Xanax that Marshall believes came from a friend or a coworker.

On May 3, 2012, state legislators tried enacting a prescription drug monitoring program (PDMP). This program would allow doctors and pharmacists to monitor a patient’s medical history in an attempt to prevent prescription drug abuse. Family physician and State Sen. Rob Schaaf, R-St. Joseph, blocked the bill with an eight-hour filibuster. He’s found ways to stop subsequent attempts at passing similar bills every year since, on the principle argument that such programs are an invasion of privacy.

“If they overdose and kill themselves, it just removes them from the gene pool,” Schaaf said during the filibuster in 2012.

Almost five years later, every state in the nation now has a program to monitor opioid prescriptions — except Missouri. On Tuesday night, the same day a drug monitoring bill from State Rep. Holly Rehder, R-Sikeston, passed a House vote, Schaaf suddenly voiced his support. Whatever Schaaf’s motives are, the fight to get a law passed will be over by May 12, when the state legislature closes.

Will pills remain unchecked in Missouri for at least another year? How many more sons and daughters will be lost to drug addiction?
HOW DID WE GET HERE?

The term "opioids" once referred to synthetic painkillers, such as Vicodin, but now describes all opium-derived drugs, including heroin. Drug overdoses kill 91 people in the U.S. every day and killed 52,404 in 2015 (car accidents killed 38,300). Of those overdose deaths, 20,101 were from prescription painkillers, and 12,990 were from heroin.

Heather Harlan, who works as an adolescent counselor and prevention specialist at Phoenix Health Programs in Columbia, says these spikes in drug use are nothing new. She cites the ecstasy craze in the early 2000s and the methamphetamine rise after that, both of which received far less attention than opioids do now. But this is the first time a drug this deadly has become so popular.

“It’s the same bowl, but a different cereal,” Harlan says.

This particular brand of cereal is the addiction of about 2.6 million people in the U.S., according to the American Society of Addiction Medicine. The most recent Missouri statistics reveal 338 heroin-involved deaths in 2014. There were 18 in 2001.

University Hospital paramedics Geoffrey Heavin and Jake Waller see the epidemic firsthand. They have treated overdoses everywhere, including a Taco Bell bathroom and a $2 million house. Although Heavin doesn’t know if his experience is indicative of paramedics throughout the area, he estimates his crew alone sees an average of one or two overdoses a week.

“We're getting (overdoses) from teenagers, college kids, older adults,” Heavin says. “You can’t put ‘overdose person’ in the dictionary and have one picture. You would have to put a picture of the globe.”

Since his son’s death, Marshall has spent his time crusading against addiction. He speaks at schools, advocates in the state legislature and advises parents with children who struggle with addiction. He wants to stop other people from going through the same pain he went through. Marshall says he believes many parents turn a blind eye to a child’s addiction because they don’t want to believe their kid fits a preconceived stereotype.

“All types of kids are doing this,” Marshall says. “It’s 4.0, it’s med students, it’s kids who struggle, it’s kids of different color, different cities. You can’t just stereotype it like that anymore. I think when we break these stereotypes down, parents will quit being naïve — that ‘my kid will never try this.’"

The shocking number of deaths goes hand-in-hand with a spike in prescription painkiller sales. From 1999 to 2015, prescription opioid sales quadrupled. Doctors prescribed 240 million bottles of opioids in 2014, almost enough for every American adult to have their own bottle.

“Painkillers weren’t nearly this popular before the ’70s and ’80s. Many studies funded by pharmaceutical companies suggested that doctors should prioritize treating pain. The studies downplayed the risk of addiction.

Vicodin, Percocet and OxyContin flooded the market after these studies. Purdue Pharma, the

“All types of kids are doing this. It’s 4.0, it’s med students, it’s kids who struggle, it’s kids of different color, different cities. You can’t just stereotype it.”

— JIM MARSHALL
DRUG MONITORING PROPONENT

ABOVE: Jim Marshall holds a framed photo of his son, Cody Marshall, in his living room. The photo was taken when Marshall was a senior in high school, the year before he died of a heroin overdose.

manufacturer of OxyContin, initiated a full-court advertising campaign in 1998. Part of the campaign stressed the time-release formula of the drug, which marketers claimed made the risk of addiction almost nonexistent. The next year, opioid prescriptions increased by 11 million people.

**THE FIGHT**

David Stoecker, of Springfield, is no stranger to addiction. He battled with his own for more than 20 years. After an abusive childhood, Stoecker turned to drinking and smoking the summer before seventh grade. He moved on to crystal meth, dropped out of high school and found himself in jail on his 21st birthday.

Ironically, after years of obtaining his chemical coping mechanisms illegally, his most harmful addiction began with a doctor.

After a brutal car accident at age 22, Stoecker began suffering from migraines. A doctor prescribed him painkillers for six months until the opioids were deemed no longer necessary. When he was abruptly taken off the drugs, Stoecker experienced withdrawal. He knew he needed more opioids to function. He decided to obtain them illegally, which wasn’t difficult. Stoecker already dealt meth, and he found cancer patients who were happy to trade their prescription painkillers for it. Stoecker began using Dilaudid, which is another opioid pain medication, and morphine intravenously.

A few passes through rehab didn’t take. Stoecker was found clinically dead by paramedics, who were able to revive him, three times between 2000 and 2001. He doesn’t remember much from that year, so his knowledge of the overdoses comes from his sister, who visited him in the intensive care unit each time. Stoecker moved back in with his mom in Springfield. She gave him one last chance to turn his life around. “I was at a point where I knew I had to do it or I was going to die,” Stoecker says. Living with his mom helped keep Stoecker away from old temptations, but the struggle was agonizing. He describes detox as suffering through the worst flu imaginable for over a month, but with cramps.

Once off opioids, he decided to continue his education and earned two bachelor’s degrees, in psychology and sociology, and a master’s degree in social work at Missouri State University. After nine years of obtaining his chemicals illegally, his most harmful addiction began with a doctor. After a brutal car accident at age 22, Stoecker began suffering from migraines. A doctor prescribed him painkillers for six months until the opioids were deemed no longer necessary. When he was abruptly taken off the drugs, Stoecker experienced withdrawal. He knew he needed more opioids to function. He decided to obtain them illegally, which wasn’t difficult. Stoecker already dealt meth, and he found cancer patients who were happy to trade their prescription painkillers for it. Stoecker began using Dilaudid, which is another opioid pain medication, and morphine intravenously.

**THE FACES BEHIND THE ISSUE**

Meet seven influential lawmakers and citizens involved in stopping the opioid epidemic

**ERIC GREITENS**
MISSOURI GOVERNOR
RELATION: HEROIN KILLED A RELATIVE

“We can get this (prevention policies) done.”

**HEATHER HARLAN**
ADOLESCENT COUNSELOR AND PREVENTION SPECIALIST, PHOENIX HEALTH PROGRAMS
RELATION: HELPS PEOPLE FIGHT ADDICTION

“This is a chemical traumatic brain injury.”

**JIM MARSHALL**
WILLIAMS WOODS UNIVERSITY CROSS COUNTRY/ TRACK AND FIELD COACH
RELATION: ACTIVIST AGAINST ADDICTION AFTER SON’S DEATH

“This is how I cope with my grief. This is my Xanax, helping others.”

**HOLLY REHDER**
STATE REPRESENTATIVE, R-SIKESTON
RELATION: SPONSOR OF DRUG MONITORING BILL

“We need to address the root of this problem.”

**ROB SCHAFF**
STATE SENATOR, R-ST. JOSEPH
RELATION: LONGTIME DRUG MONITORING OPPONENT

“It’s always been about privacy.”

**DAVE SCHATZ**
STATE SENATOR, R-SULLIVAN
RELATION: SPONSOR OF DRUG MONITORING BILL

“We’ve been trying to work with Sen. Schaaf on some compromise language.”

**DAVID STOECKER**
RECOVERY EDUCATION AND ADVOCACY OUTREACH COORDINATOR, MISSOURI RECOVERY NETWORK
RELATION: FOUGHT HIS OWN ADDICTION FOR DECADES, NOW HELPS OTHERS

“I went from dealing dope to dealing hope, and I like dealing hope a lot better.”

ILLUSTRATIONS BY MADALYNE BIRD
“You’ve got a buddy that’s hurt and he’s like, ‘Man, you know what? When I found out I was really hurt, and I took two of these, it knocked my socks off. Here, you’ve got to try this.’”

—DAVID STOECKER, RECOVERY EDUCATION AND ADVOCACY OUTREACH COORDINATOR

years as a therapist for the Green County Drug Court, he now works for the Missouri Recovery Network as the recovery education and advocacy outreach coordinator for the state.

Stoecker has seen all sorts of addiction in both his life before recovery and now as an advocate. He says he believes that a major problem is how readily available opioids have become. Stoecker says this is especially a problem among youths.

“That’s how they’re getting the pain medication that they use, is from people who are overprescribed a lot of the time,” Stoecker says. “You’ve got a buddy that’s hurt and he’s like, ‘Man, you know what? When I found out I was really hurt, and I took two of these, it knocked my socks off. Here, you’ve got to try this.’”

Statistics agree. According to the Centers for Disease Control and Prevention (CDC), about 15 percent of people prescribed a month’s supply of painkillers become hooked for at least a year. For every five new heroin users, four of them started with prescription opioids. “Kids don’t think anything of taking a pill because we’ve grown up in a pill-numb culture,” Marshall says. “By the time they’re 20, when they start having some issues they’ve never had like anxiety or depression or they stay up all night or stress, well what do you go back to? You go back to the pills.”

So how do we get fewer pills floating around?

Prescription drug monitoring programs have a fairly simple purpose: to track a patient’s opioid drug history in order to prevent prescription abuse. In other states, the programs give doctors access to a patient’s medical history to help notice early signs of addiction. The programs stop patients from getting too many pills and doctors from giving out too many pills. They also prevent “doctor shopping,” or drug addicts going from doctor to doctor until they get the pills they want.

At first glance, it’s difficult to understand the nuances of these different bills, the frustrations of the people involved and the likely outcome. It gets so complicated, in fact, that many Missourians don’t pay attention to this important legislation.

So here’s the breakdown.

THE POSSIBILITIES

When the dust settles at the end of this legislative session on May 12, there are a few different ways this could play out.

Schaaf is the goal-line defense who has steamrolled all previous monitoring programs in Missouri. He said on Tuesday he would support a statewide program if all doctors were required to use it, but the implications of the stance are unclear. Through fillibusters (or even the threat of a fillibuster), he has stopped monitoring programs for years. Schaaf has even proposed his own version of a prescription drug monitoring program, Senate Bill 74. This version is weaker and restricts doctors much more than the programs do in other states. He calls it a compromise, but his opponents call it an attempt to prevent a traditional prescription drug monitoring program.

When a patient sees a doctor under Schaaf’s bill, the doctor will only be able to see if that patient has been to another doctor. If the patient has been somewhere else, doctors will go through the Bureau of Narcotics and Dangerous Drugs to determine if a patient is abusing.

This would help with doctor shopping, but that’s only part of the problem. Any patient can accidentally become an addict. Marshall has a daughter who works in oncology in Jefferson City, and she sees cancer patients who view their deadly disease as a “blessing” because they can get painkillers. A doctor without a patient’s full history might accidentally overprescribe or give something that conflicts with a different medication.

Schaaf’s opponents are doing their best not to let his bill become law. State Rep. Holly Rehder, R-Sikeston, and State Sen. Dave Schatz, R-Sullivan, are pushing a traditional program to give Missouri doctors the same access as every other state. They are each sponsoring their own bill, but the two bills are the same (House Bill 90 and Senate Bill 231). If there are two bills going through the process, there is a better chance one will make it through the rigmarole before the session ends.

In this future scenario, any doctor who suspects drug abuse can see a patient’s full medical history, regardless of whether that patient has been anywhere else. Rehder says she believes this would help curtail doctor shopping and make it easier for medical professionals to spot early signs of addiction. Doctors can already access a patient’s history by calling other doctors and emergency rooms, but doing so takes an unreasonable amount of time and requires doctors to become private investigators. The Rehder and Schatz bills would give doctors this information at the tip of their fingers. Patient information is covered by HIPAA law, which should safeguard information from anyone who is not a doctor.

Right now, Schaaf’s bill is through the Senate, and Rehder’s bill is through the House. All bills need to go through both the House and the Senate. In the Senate, Rehder’s bill will face Schaaf’s Tuesday night stipulation requiring doctors and pharmacists to utilize the database, a requirement that 11 states currently have (21 states require only doctors to use it), and Rehder has only said that she’ll consider the compromise. When the House and Senate cannot agree, a conference committee, which consists of joint leaders in the House and Senate, comes together to debate the legislation.

Still confused? To paint a simple picture, there are two potential paths to a prescription program

A NATION HOOKED
A brief history of opioids in America

1600s
Frontier physicians regularly use opium to alleviate pain, a practice that continues through the American Revolution.

1700s
Thomas Jefferson uses an opium and alcohol tincture called laudanum to treat his chronic diarrhea. He even grows his own opium poppy at Monticello.

1800s
U.S. Civil War veterans use opium for pain and often become heavily addicted.

1840s
Mrs. Winslow’s Soothing Syrup, a mixture of alcohol and morphine, is developed to calm teething children.

1848
Bayer is supplied to addicts. The drug

1600s 1700s 1800s

PHOTOS COURTESY OF PIXABAY, WIKIMEDIA COMMONS, DOUGLAS HEALEY/AP

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becoming law this session. The legislature will either vote on Schaaf’s or Rehder’s amended versions. These bills will take time to push through, and there is a very realistic chance the legislators will not agree on a final product. If it appears on the floor late in the session, the bill could run out of time once again. With limited time this spring to get important legislative work done, state lawmakers can’t afford to sit through bickering. They might just throw the bill out, regardless of their stance on a prescription drug program.

Let’s say nothing passes this spring. Many cities and counties that are frustrated by at the inaction in the capital, have taken matters into their own hands. Jackson County, St. Charles County, St. Louis County and St. Louis City, which comprise a large portion of the state’s population, have all voted to begin their own monitoring programs. If the state adopts either Schaaf or Rehder’s proposal, however, it will most likely override any city or county programs.

The X factor in all of this? Missouri Governor Eric Greitens. Heroin killed a relative of Greitens’ in 2016, and he is in favor of stronger opioid regulation. Even if Schaaf gets his diluted program through the legislature amendment-free, Greitens could refuse to sign it.

**MAKING IT HAPPEN**

The epidemic hasn’t spared Schaaf’s hometown. The pleasant town square of St. Joseph features the Brioche Coffee Shop, law offices and the House of Rock. But a few blocks away, the Missouri Job Center building has a “for sale” sign in the window. Another old building with white paint on the side reads in faded lettering, “America has the best buys” and underneath, “Jewelry, Loans, Guns.” An appliance rental store advertises stereos and VCRs. A 2016 St. Joseph News-Press article claims a behavioral health center treated seven heroin abusers in one quarter alone in 2015. In the previous fiscal year, that same center treated six people total. So why did the family practice doctor fight so hard in the name of privacy against a vital program?

Perhaps was where Schaaf wanted to leave his mark. He made a name for himself opposing this legislation, and he was dedicated to his cause. The
"If we don’t start addressing addiction in its early stages, we’re never going to make a dent in this epidemic.”

—HOLLY REHDER, MISSOURI STATE REPRESENTATIVE

**FAST FACTS**

The lowdown on the prescription drug problem

**PRESCRIPTION DRUG MONITORING PROGRAM, OR PDMP:**
a program that would allow doctors to monitor a patient’s medical history in an attempt to prevent prescription drug abuse.

**OPIOIDS:** Once referred to synthetic painkillers, such as Vicodin, but now describes all opium-derived drugs, including heroin.

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<tr>
<th>Opioids killed</th>
<th>Drug overdoses killed</th>
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<td><strong>52,404</strong> people in the U.S. in 2015 (car accidents killed 38,300)</td>
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Of those overdose deaths

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The most recent statistics from Missouri reveal

<table>
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<th>338 deaths caused by heroin in 2014</th>
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<td>From 1999 to 2015, prescription opioid sales QUADRUPLED</td>
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<td>There were 18 in 2001</td>
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<td>Doctors prescribed 240 MILLION bottles of opioids in 2014</td>
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About

**2.6 million**

people are addicted to prescription painkillers and/or heroin according to the American Society of Addiction Medicine in 2016

Four of every five new heroin users started with prescription opioids in 2015

About **35 percent**

of people who were prescribed a month’s supply of painkillers become hooked for at least a year between 2006-2015

**SENATE BILL 74:** This drug monitoring plan doesn’t give doctors as much access to info as House Bill 90 and Senate Bill 231 and PDMPs in other states. It is sponsored by state Sen. Robert Schaff.

**HOUSE BILL 90 AND SENATE BILL 231:** a traditional program to give Missouri doctors the same access as every other state. The two bills are the same but are both being pushed to extend chances of one passing. They are sponsored by state Sen. Dave Schatz and state Rep. Holly Rehder.

Sources: The National Alliance of Advocates for Buprenorphine Treatment, Centers for Disease Control and Prevention, National Safety Council, American Society of Addiction Medicine, U.S. Census Bureau, Missouri Department of Health and Senior Services, U.S. Department of Health and Human Services, house.mo.gov

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OVERWHELMING number of news stories containing his name focus on Missouri being the only state without this program. Spend any amount of time talking to the senator, and he will tell you that he thinks Missourians would actually take pride in being the only state without this program. Schaff feels that, left to a popular vote, Missouri would remain the outlier.

As a chairman of the board, treasurer and secretary of malpractice insurance company MoDocs and opponent of Medicaid expansion, Schaf is deeply ingrained in medical legislation. When Missouri looked to privatize Medicaid in 2016, Schaf had the guts to speak against it amid majority opposition. He has no problem being a lone wolf.

Schaf’s gripe is very straightforward. “It’s all about privacy,” Schaf says. “It’s always been about privacy. Always.” His last legislative year is in 2018, and he’s aware that this might become law at some point sooner or later.

When arguing his position, Schaf quotes Benjamin Franklin: “Those who would give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety.”

Schaf fears medical history falling into the wrong hands is dangerous. Access would require a password and a username, which could result in security breaches. The Washington Post reported on a breach in the database for the Virginia Prescription Monitoring Program in 2009, with hackers demanding a ransom for the information.

Rehder says she’s concerned about personal privacy, and doesn’t think her bill is dangerous. “The people that he’s trying to keep from being able to see these medical records are our medical professionals,” Rehder says. “I just don’t know anyone who is concerned about their doctors seeing their own medication history.”

Schaf’s other complaint is that he doesn’t think this law would effectively curb the opioid crisis. People will still lie about their pain, get pills and sell them on the street, he says. If they don’t get prescription drugs, they will turn to cheap, illegal drugs such as heroin.

Nationwide, opioid overdoses were up in 2015 according to the PDMP Training and Technical Assistance Center. In a 2016 Vanderbilt University study, though, average deaths went down by 1.12 people per 100,000 one year after the 35 states studied implemented PDMP laws from 1999-2013. The study estimated that if Missouri had implemented the program in 2016 and if other states had beefed up their programs, the U.S. would have two fewer fatal overdoses each day. Doctors in states such as Florida, Virginia and Ohio saw a decrease in doctor shopping since implementation, and, in states such as Oklahoma, doctors were more likely to refer drug-seeking patients to treatment programs.

Rehder’s bill doesn’t currently require all doctors to use the program, and Schaf thinks it should. “As a physician, I myself will commit that I am personally willing to be required to use it,” Schaf said in a surprise press conference Tuesday evening.

At press time, Rehder says she’s cautiously optimistic that her compromise with Schaf will pass, although the doctor and pharmacist mandate worries her. “No state has passed the mandate with the program,” Rehder says in a text message. The surprise mandate could invite criticism from medical professionals who may feel blindsided by the proposed change. “You get the program running well and then...
add that in.” That’s how the other 11 states with the mandate have implemented it. Marshall has his reservations as well: He says Schaaf could be effectively filibustering the bill with the amendment, or that someone else could filibuster in his place. Marshall says the appearance of now supporting drug monitoring could aid Schaaf’s future ambitions.

Schaaf has long supported other means of stopping the opioid crisis. He says he aims to prevent overprescribing through better education for doctors on the CDC protocols. Doctors need appropriate education before doling out possibly deadly drugs. In the findings of a 2016 British Medical Journal study, physicians prescribing oral anticoagulants and non-insulin diabetes drugs were shown to prescribe a pharmaceutical company’s products more frequently when given gifts from the company. The Portland Press Herald reported in December 2016 that Purdue Pharma has paid individual doctors more than $7,000 for speaking engagements and training.

Rehder thinks Schaaf simply doesn’t understand addiction. “Physicians need this just to make safe clinical decisions,” Rehder says. “If we don’t start addressing addiction in its early stages, we’re never going to make a dent in this epidemic.”

Rehder says Schaaf’s original bill might help with doctor shopping, but it won’t allow physicians to notice a patient’s initial decline into addiction. She equates it to putting a Band-Aid on the problem.

Marshall agrees. “I call it a toothless PDMP,” he says. “It’s like watching a lion with no teeth chew up a giraffe. It’s really going to be hard to do anything.”

Wal-Mart, and other pharmacies, monitor cold medicine more closely than Missouri monitors opioids. Stoecker once bought Sudafed at Wal-Mart for a cold he had while attending a conference in Kansas City, but he forgot to bring the medicine home with him. When he stopped by a Wal-Mart in Springfield, he wasn’t allowed to buy more. Pseudoephedrine, a key ingredient in Sudafed, can be used to make meth.

Marshall says, “Why wouldn’t we want every doctor to have that information before they give us another dose of pills? When you’re combining pills, that’s a Molotov cocktail.”

THE BIGGER PICTURE

Cody Marshall wasn’t alone when he overdosed. He was with “friends,” and none of them bothered to call 911 when Cody was in serious danger.

This is a problem with overdoses in Missouri. If an addict is with a friend who overdoses, the addict is often hesitant to call an ambulance because he or she is afraid of getting in trouble with the law. There is currently no Good Samaritan law in Missouri that would ensure an addict’s legal impunity when calling 911. What makes the situation even more frustrating is that Missouri allows pharmacies to dispense and individuals to possess Narcan, a drug used to stop an opioid overdose, but you are legally obligated to call 911 after administering it. The lack of a Good Samaritan law takes a lot of the punch out of the Narcan legislation. Addicts are afraid to use the life-saving drug because they know they are supposed to call 911 right afterward, and they don’t want to go to jail for having narcotics.

Marshall is advocating for a Good Samaritan law, which has failed to make it through the state legislature for years. The bill has been renamed “Bailey and Cody’s Law,” in an attempt to emphasize the human importance. Bailey Wages was a teenage girl from Belton who overdosed in 2015 while friends failed to call 911; her mother is also advocating for this bill.

Marshall doesn’t know if a Good Samaritan law would have saved his son. “Maybe, I’ll just say maybe,” he says. “It’s hard to read people’s minds, but maybe. He would have had a better chance than without one.” Marshall will throw himself into the issue if he knows it might stop one more person from enduring his pain.

“Here’s a kid who was left to die, and here’s a kid who transitioned from a pill to heroin,” Marshall says about his son. “I think his story and then my background, the combination wasn’t an accident. Some things you just think were meant to happen. This wasn’t a guy that was going to go grieve and not talk about it. This was a guy who was going to try and turn a negative to a positive like he’s been trying to teach kids for 37 years. I tell kids and parents, ‘This is my coping mechanism. This is how I cope with my grief. This is my Xanax, helping others.’”

All the major players in this issue seem to be supportive of a Good Samaritan law. Schaaf, despite his past tendency to filibuster, says he believes there shouldn’t be a repercussion for calling 911. Rehder agrees. Stoecker is adamant in his defense of a Good Samaritan law.
“A lady who I’ve become friends with through what I do, her son died,” Stoecker says. “His friends stood around him for 45 minutes, freaked out, not knowing what to do after he OD’d because they were afraid to call. If we had a Good Sam law, her son would still be here.”

Prescription monitoring and a Good Samaritan law would help curtail the crisis, but real improvement will come when people change how opioid addiction is addressed. Despite the American Medical Association labeling addiction as a medical illness, people tend to treat it like a moral shortcoming. Drug addiction is not a choice people make when they’re looking for a good time.

“I have great issue with the whole ‘enabling’ argument,” Rehder says. “I get so tired of hearing these things. These people have gotten down the wrong path. If we can give them one more chance to live, extend that olive branch one more time, isn’t that what God conditioned us to do?”

Rehder has good reason to care deeply about this legislation. Her daughter dealt with addiction. If it weren’t for positive people in her daughter’s life, Rehder believes her daughter would still be an addict, or worse.

Harlan deals with addiction on a regular basis through her work with Phoenix Health Programs, and she says she believes people suffering opioid addiction have no control over their problem. She calls the affliction a “chemical traumatic brain injury.” Until addiction stops being regarded as a choice, all the legislation in the world won’t stop the current epidemic.

Stoecker’s work has helped him turn around the lives of many people who went through what he did. He stresses treating opioid addiction like the disease that it is and breaking down the stigmas. He argues that most people addicted to opioids don’t know the better life that awaits them if and when they get help.

“I went from dealing dope to dealing hope, and I like dealing hope a lot better,” Stoecker says. “I love going up to people and talking to them about the amazing things that can happen in their life, and then showing them how much better their life can be.”

Marshall now lives in Columbia and coaches cross-country and track and field at William Woods University in Fulton. His living room looks exactly like you would expect for a distinguished coach. A custom Wheaties box features Marshall on the cover and his Jefferson City milestones on the back — a gift from the school for his 25 years coaching there. He jokes about the goatee he had back then. There are St. Louis Cardinals memorabilia hats on the mantle. Marshall wears an NAIA Cross Country Championships vest, and his gray and white cat, Ozzie, lounges on the couch next to him. There is a peaceful feel to the place, a far cry from the tragedy he discovered in his old living room almost six years ago.

Marshall knows the legislation he is fighting so hard for won’t stop the opioid crisis, but it will help prevent pills from falling into the wrong hands. It can stop kids like Cody from starting down the wrong path.

Cody Marshall wasn’t a bad person. He didn’t choose to get addicted to heroin. He was a nice kid, just 20 years old, who was going through a rough patch of life. He saw an easy way to cope, and he took it. He became hopelessly addicted to the point where his actions were no longer his own. He deserved better from the state of Missouri.