

# THE DAILY ASTORIAN

Founded in 1873



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## Food is Astoria's new big thing

### Astoria School District takes control of its food service

**N**ews that two regionally sourced butcher shops plan to locate in Astoria marks a certain coming of age. Or perhaps it is the culmination of something that began some 25 years ago.

Food is basic to human existence. So why is it that we pay so much more attention to it these days? The farm-to-table movement, the proliferation of farmers markets and the national debate about genetically modified crops are elements in what might be called America's food awakening.

Astoria has become remarkable among Oregon small towns for the number and range of its restaurants. That was not the case in 1990. As that decade began, there were no coffee vendors. One by one, these things changed, beginning with a former Starbucks employee who migrated to Astoria.

Now we have a robust organic agriculture sector in our midst — outside Astoria

and across the Columbia in Pacific County. And beer brewing — a form of food production — is rampant and proliferating.

The Astoria School District has recently contributed to the discussion by ending its contract with the Vancouver-based food service firm Chartwells. Instead, the district has hired a former Coast Guard culinary specialist. Michael Kelley will oversee four cafeterias.

With Chartwells, "We had no say in what is served," said Astoria Superintendent Craig Hoppes. Having its own top food manager will give the school district control over what Astoria students eat. That should be good for nutrition and also for a more tasty cafeteria cuisine.

## GMOs are not the villain some believe

**T**he controversy over genetically modified organisms will make an interesting chapter in some future historian's cultural analysis of our time. Rarely have so many worried so much about so little.

That is the underlying message of a omnibus study released this week by America's pre-eminent National Academy of Sciences. The academy found GMOs — largely seed crops designed to survive weed and insect sprays, or imbued with other theoretically useful traits — aren't risky to eat.

This flies in the face of a favorite phobia of modern Western civilization — that genetic tinkering will in some manner turn around and bite us, a trope that fuels countless movie and television scripts. To give worrywarts their due, carelessly monkeying around with the genetics of germs would warrant such concerns. But tweaking corn and soybeans in minor ways ought to be close to the least of our concerns.

On the other hand, the national academy also punctured much corporate hype touting GMOs. GMO crops aren't a game-changer when it comes to enhancing crop

yields. "The expectation from some of the (GMO) proponents was that we need genetic engineering to feed the world, and we're going to use genetic engineering to make that increase in yield go up faster. We saw no evidence of that," said the leader of the academy study.

This month also saw judicial rejection of local GMO bans in Jackson and Josephine counties in Southwest Oregon, based on a state law the preempts such activism.

Neither a magic bullet for world hunger nor a Frankensteinian threat to our existence, GMOs are a distraction from far more important basics of agriculture. These include such unglamorous topics as soil conservation, protection of farmland from urban and desert encroachment, improving worldwide distribution networks to stave off famine and ensuring the adequacy of fresh water supplies.

We should care about what our families eat and the consequences of food production for earth's plants and animals. However, it's time to breathe easy about the easy villain of GMOs, and instead refocus on agriculture's fundamental practices and ethics.

## Survey says ... research is changing

### Why it's getting more difficult to learn what the public thinks

By ADAM DAVIS  
For The Daily Astorian

**O**pinion research has helped government with planning and policymaking for decades.

But the shifting technological landscape, along with changing demographics and lifestyles, are challenging conventional opinion-research techniques, making it more difficult to learn what the public thinks.

Government officials need to become aware of these changes and their impacts on research methodologies, validity, statistical reliability, cost and project timelines.

Telephone polling has long provided public officials with valuable information. Phone surveys have asked voters about ballot measures for road-maintenance funding; state or city residents about affordable-housing options; neighborhood residents about higher-density development; and business leaders about the importance of promoting international trade. Focus groups and other forms of qualitative research have supported survey questionnaire development and helped to elaborate survey findings.

All of this is changing.

The biggest change? Well, what do you do when your phone rings? More and more, people look at the number

and if they don't recognize it, they don't answer. Or if they do answer, they get off the line as quickly as possible — often without waiting to find out what the survey is really about.

A growing refusal to participate in surveys is the single biggest development the opinion-research industry is dealing with. The upshot is that many more phone numbers are needed to complete a valid, statistically reliable survey — so many more that completing a survey with a representative sample of residents is impossible in many communities. There just aren't enough numbers to call.

And when people do answer the phone and agree to participate in a survey, it's more difficult to keep them on the line as long as in the past. Our era of sound bites and 140-character tweets makes it hard to complete the lengthy questionnaires that government officials are used to fielding in their efforts to gather in-depth information.

The rise of the cellphone represents a third cultural shift. More than 4 in 10 Americans rely on cellphones alone with no residential landline, and the rate is even higher among young adults and some communities of color.

This change has made survey research more expensive. Federal regulations require that cellphone numbers be dialed manually, as opposed to using the auto-dialers that reach landline numbers. Interviewers also must screen respondents to ensure they are in a safe place, and catch them when they are available to talk for possibly an extended period about potentially



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sensitive topics that require privacy.

Partly in response to these challenges, researchers have begun using professionally recruited and maintained panels for regular online surveys. The best of these consist of people of all different demographics and lifestyles, recruited through different means. Participants receive some

form of compensation, similar to the honorariums offered to focus-group participants.

Long disdained by academics and telephone-survey purists, these panels nevertheless are becoming increasingly common. And done well — using demographic quotas and statistical weighting to assure representative samples — online panels should be accepted as a legitimate sample source for public-sector surveys. In fact, they offer certain advantages over telephone surveys, including the ability to display visuals, such as pictures and maps; to collect verbatim responses to open-ended questions, yielding more valid content analysis; and to use tradeoff techniques — pressing respondents to choose between key variables — that are not possible with telephone-surveys. They are also less expensive.

The evolution of new approaches and blending conventional and new methodologies to adapt to and take advantage of social and technological change is good news for government officials. Knowing what the public thinks about what government is doing — and is thinking about doing — is as important as ever.

Adam Davis, who has been conducting opinion research in Oregon for more than 35 years, is a founding principal in DHM Research, a nonpartisan and independent firm in Portland and Washington, D.C. Visit [www.dhmresearch.com](http://www.dhmresearch.com)

**The biggest change? Well, what do you do when your phone rings?**

### GUEST COLUMN

## Opioid-addiction proposal is right step

By MICHAEL SCHWARTZ  
For The Daily Astorian

**R**ecently, President Obama outlined an ambitious \$1 billion plan to fight the nation's opioid epidemic.

The sizable budget allocated to the plan would increase the access to substance abuse treatment programs to those who would otherwise find paying for and locating suitable treatment beyond their means.

What's essentially unique about this plan is its acknowledgment of evidence-based drug treatments as the life-saving entities they are. It is a plan that will now rightfully expand the use of medicated-assisted treatment (MAT) and educate physicians on how to properly prescribe it.

For those unfamiliar with the term, MAT is the use of medications in conjunction with behavior therapies to provide a comprehensive approach to the treatment of substance use disorders.

The medications used in this type of treatment — buprenorphine, methadone, naltrexone, naloxone — are all FDA-approved. Studies have found that using these medications to treat opioid addiction has decreased drug use and overdose risk, as well as reduced the transmission of infectious diseases and criminal activity in opioid-addicted patients.

Yet today, only 40 percent of the 2.5 million Americans who could benefit from MAT are actually receiving it. With Obama's new funding, this number is set to change.

Currently, physicians need to be certified to prescribe buprenorphine and can only treat up to 100 patients at a time. A proposed rule by

the Department of Health and Human Services will double the limit, enabling doctors to treat up to 200 patients.

This rule is just one that would respond to past issues regarding the limited availability of an MAT medication. Patients have previously reported needing to travel hundreds of miles in order to receive the care they require. This is incredibly unfortunate, given the effective and safe tools we have in our hands as physicians. With the increased patient limit, care will be come more widely available.

The health department has also released new funding to community health centers across the United States to help increase addiction treatment services. This particular initiative will focus on expanding MAT for opioid use disorders in underserved areas. That is to say nearly 124,000 patients will, for the first time, have MAT as a treatment option for their opioid use disorder.

In addition, the Substance Abuse and Mental Health Services Administration will be releasing an \$11 million funding opportunity for 11 states to not only expand their MAT services but provide clinicians with additional training and guidelines for prescribing MAT medications.

Of course, improved treatment isn't the only way to fight opioid addiction rates, and this is recognized by the Obama administration.

According to research published in the Annual Review of Public Health, the widespread increase in opioid addiction cases was due to overprescribing of painkillers. In fact, since 1997, the number of Americans seek-



Michael Schwartz

ing treatment for painkiller addiction increased by 900 percent. This spike is indicative of a trend we need to promptly respond to. Since the announcement of the federal plan, more than 60 medical schools have implemented policies requiring students to complete some form of prescriber education. These programs will be developed in line with the newly released Centers for Disease Control and Prevention guidelines.

In my practice, I've learned that a lack of training often results in doctors prescribing opioids for long-term pain control. But the ultimate goal for physicians should be to provide temporary relief and then begin to identify and treat the underlying sources of pain. This line of thinking is what enhanced training procedures can bring about and, consequently, result in increased prevention of opioid overdose.

Overall, the government's expanded access to evidence-based treatments like MAT and improved education for doctors could be a saving grace for many addicts.

My hopes are that Congress and other federal entities can work together to put these initiatives into action. This means supporting a full continuum of care for addictive illnesses as is provided for any other chronic illness, such as both outpatient and inpatient treatments.

Our "war on drugs" needs to shift focus and fight to ensure evidence-based treatments reach those who need reinforcements for their battles against addiction.

Dr. Michael Schwartz is a board certified addiction medicine specialist and staff physician at Sunspire Health Astoria Pointe, where he oversees the detox program in addition to leading his own private practice.

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