

**Unedited Captioning Transcript of Equity, Community
Affairs, Housing, Health and Education Committee
Meeting - March 8, 2023**

Oh, it just kicked over to you.

Where's the Where's the camera.

Where's the cameras so I can look at them when they're talking to.

Got it Thank you.

Okay, are we ready.

Uh, I was just saying 30 seconds metal TV please.

Good afternoon. This is equities community affairs, health, housing, health and education.

My name is Stuart. Vincent I'm vice chair of this committee. Dr Shanklin. She's got excused absence as the Corey Arthur with us. Today. We got Tammy Hawkins.

Andrew Owens Dan Sam's junior.

And Betsy rule.

I think, and oh, and Marilyn Parker Thank you Marilyn.

So, today, our topic is substance substance, youth abuse.

Addiction awareness gene.

Chris is with us today he, I guess your company or stay clean you, sir.

Um, and unless anybody's got any questions right now, let him.

Give us some information that we die.

We really need, so thank you. Thank you. Members of the committee. Thank you. Those present and those online.

My name is Jean Gilchrist. I live in Lake forest. My wife and I adopted Louisville as our hometown in 2001. and so I don't think Mr.

is with us today, but Cheryl is the other Democrat like forest, and we just loved the little bell as our hometown. as our hometown

I was called here in 2001 to help solve a problem in the University of Louisville then was involved with you avail healthcare for many years.

And recently, Mayor Fisher asked me if I would get involved after the said, passing of Michael White, who some of you knew, and Mike started several addiction recovery activities west of 9 street, and all 4 of those are still open.

So I was happy to do that. Thank you Mr. Benson for mentioning. benson for mentioning

They claim I am not here to ask you for anything for state, but I did want you to know what I'm currently doing. Stay claim was founded by a colleague in.

West Louisville, he wanted to bring addiction treatment online and while I was somewhat skeptical.

Okay, thank you.

Well, I was somewhat skeptical nonetheless, today, stay clean is a HIPPA protected telehealth platform for the treatment of addictions, but that's the last I will mention of it,

because we're not here to petition you for that members of the staff. Thank you. So, very much I was in your job or a job like it admittedly, a long time ago, and a galaxy far away. But I appreciate your job.

Winston Churchill said that democracy.

The worst form of government, except for all the others we've tried and democracy is messy and it's not linear and it just people like you, that you hold it together.

Always in the background, so thank you. And Marissa. You've been very helpful to me getting prepared. So thank you for that.

My hope today is to help you understand that you don't fully understand substance abuse in America to define it.

To talk a little bit more about what we as a country have tried and then to make some suggestions, I'm not here to offer you a prescription, but to make some suggestions about how we might proceed.

And in terms of seeing what we know, and don't know.

I'll say a word and you just hang on to the 1st image that comes to your mind. Okay.

Drug addict while these are the images people using intravenous drugs people on the street.

Destitute ill, young and disproportionately people of color.

Alcoholic, usually the images that likely come to mine, someone passed out in the bar.

Someone who is probably living in a shelter and he is H, beyond his years.

You notice that these people are male and they are predominantly white.

Well, the common image is true.

But only a small portion of the problem, housing and Urban Development estimates that there are a little under 600,000 people on the street tonight.

Yes, I think that's low too, but this is the official government number.

They say that 60 to 70% of them, have a substance use problems.

I think that's what got them on the street, or they developed it after they got on the street.

Sasha, the substance abuse and mental health services administration estimates that there are 40.3Million people with the substance use disorder.

That isn't just attics that's people who are abusing alcohol and drugs and if those numbers are true and the common image is about 1% of the problem.

But let's say the roll off by half now is 5% of the problem.

Now, how does that happen? Well, in this country, we value a free press. A free press is a commercial press. A commercial press competes for readers.

And viewers, and they tend to the dramatic, nothing wrong with that. That's a that's a good thing. All the way around Jefferson said, given a choice between a democracy without a free precedent, a free press for about a democracy. I take the latter.

And have hopes for democracy nonetheless, Here's 1 of the by products.

So, let's go a couple of other places.

What's the most addictive drug in America?

It's the hardest to quit form is the strongest synapses in the brain, and it kills more kills more people than anybody.

Well, the common answer is probably phantom or opioids or heroin all of, which are opioids when the council woman is right? It's nicotine.

And those of you who have attempted to quit smoking as I have know how difficult it is by the way likely won't kill you like alcohol withdrawal might.

But it's very, very difficult and now having expanded the definition of drugs.

Here's an alphabetical list alcohol, caffeine, marijuana.

Nicotine schedule 1, narcotics street drugs, and scheduled to narcotics pharmaceuticals that are abused. Then for the purest in the room, I recognize that marijuana is at the moment schedule. 1, narcotic.

Which of these kills the most people that I already told you that nicotine kills 468,000 Americans a year.

To these drugs, there's no evidence that it kills anybody.

Of course, 1 is caffeine. Now caffeine addiction is real. I, for 1 suffer that withdrawal from that for about 5 minutes every

morning and I suspect some of you do as well but there's no evidence that it kills anyone.

Similarly, there's no pharmacologic evidence that marijuana kills anyone. However, marijuana does exacerbate certain conditions such as anxiety and depression.

Marijuana does alter one's reaction time and is.

Estimated to be involved in 13% of the incidents of driving under the influence.

And people who use marijuana on a regular basis, there's estimates that 30% become dependent, but there is no evidence the pharmacological.

Marijuana kills anyone that leaves us alcohol and schedule 1 and scheduled to narcotics alcohol kills about 98,000 people a year and has done. So for a very, very long time.

And if you know how many U. S, servicemen and women died in Vietnam.

49,000 about twice as many people have died from alcohol abuse.

Forever then died in the entire U. S involvement in Vietnam.

And 2 years ago, for the 1st time overdose desk exceeded alcohol desk.

So, we had that up at 673,000 people.

What does CDC list as the leading cause of death? In America? Heart disease.

At about 696,000, I think if you could tease out nicotine from the heart disease deaths, I think you could sustain the case that addiction is the leading cause of death.

In America, this is the gel Nick curve.

Many of you, you've seen this before this is developed in the 940 s by bunkie probably not well researched by today's standards but nonetheless it has been the basis of much recovery. And in fact. and in fact

The theory has been that you can't help anybody until by hit bottom. That's where that term came from.

But the fact is, there are many many Americans who are on the curve at the point of views, abuse and addiction and there are off ramps.

Is not the case that 1 has to hit bottom.

Here's the data 40Million people with the substance use disorder. By the way I could sustain any number between 25 and 40 with the evidence. I think mid thirties is probably the right number, but this Sanchez, current number.

Less than 1 in 5 of those people ever touches treatment.

There was a dramatic shortage of treatment in the country, and as a result less than 10%, ever achieve recovery defined as 1, year of continuing abstinence.

We'll come back to that in a minute. The cost of the nation is 440Billion dollars.

The cost of diabetes is about 420Billion dollars, and it causes 205 deaths annually and let us not forget codependency.

Co dependency is a very controversial diagnosis in the diagnostic Statistical Manual version 5, but you can only love an alcoholic or drug addict live with an alcoholic or drug addict.

So long before you change your behavior.

And I believe this is a legitimate diagnosis, so.

If this isn't the problem, who are the people with substance use disorder?

Other young of many ethnic backgrounds.

Their high school and college students, young adults.

The young female adults, their successful business people.

And there are people that share my grey hair condition. This is a survey from Narcotics anonymous. They survey every 4 years. Now let's be clear.

These are people who have self diagnosed as being drug addicts.

And they're in recovery some a day, some 10 years. So this is not an average sample.

But here's the data, they're 46 years old.

Now, they probably were addicts for some time before they got here. So the average age, the attitude is probably younger than this.

And 60% of them were men, 90 of them were gainfully employed. The other had a job, or they were in school, or they were parenting.

And 70% of them were white, so the common image that has existed across this country for many, many years.

As drug issues being something a part of the minority community is just not right now, I guess everybody in this room understood that, but the common image is wrong.

And so where are the addicts or in the cubicle next to, you.

During the Pew next to you during the house next to you.

During the golf cart next to you, and they're in your house.

This is a widespread problem.

We think about homeless folks and that's true. Our brothers and sisters to serve our attention but that's 1% of the problem.

So, here's the reality. There are 80Million people abusing alcohol in this country.

Inch drinker for men who drink more than 5 drinks in the setting women who drink 4.

They are doing that at about 3 times a year.

Heavy drinkers or people, man, who drink 14 drinks and a week women who drink 7 and ladies. You just metabolize.

Alcohol differently than we do, of course, not case by case, but across gender and they are doing that by definition every week.

There are 59 Million people using drugs in this country.

50 of them are using marijuana, which, by the way means.

That only 3% of Americans are doing schedule 1 is scheduled to narcotics.

There are 216 family members might be delivered that already.

And we're passing it on 1 in 18th graders has experimented with alcohol and drugs.

1, in 510th graders and 1 and 3.

12 graders, here's the cost.

Look at the violent crime homicides, other violent crime, domestic abuse, sexual assault, aggravated assault.

Between 1 and 4 and 6 and 10 alcohol or drugs were involved.

15% of robberies we've talked about the homeless 1150 overdose this and the press is highlighting that. I'm glad they are.

And it wasn't drug use in this country has been declining for 10 years.

But it's more fatal than it than it has ever been.

And 43% of employees now, let me talk about that number. Just a bit.

This is our data we did this work. This is not from someone else.

We took the average employee population in this country and we divided it.

Into men and women, because we've metabolized alcohol it differently and we divided it by age.

Age 44 is typically when you for risky behaviors, start to decline.

And what we found was that on any given day.

Vintage drinkers, happy drinkers, marijuana, users, prescription, drug users.

43 out of 100 would be in danger of failing a drug test than included alcohol.

Now, that doesn't mean they're drunk every day are hung over every day or smoking to open the car at lunchtime every day. No, it doesn't mean that, but it means they'd be at risk.

Failing that drug test and the problem of course is not that the problem is.

The operating machines, the driving your vehicles.

They're interacting with your customers, they're fixing your electrical lender and your plumbing.

And no industry is the mute.

This chart from Sam again list industries in, in order of the incidents of alcohol and drug abuse, and let's take education, which is at the bottom.

407 educators are likely to have abused alcohol last month. 5.

And 5 to abuse narcotics, now, these are not mutually exclusive likely. There are people in both.

Camps, but if they weren't, that would mean that 10 educators would be in danger of failing this test. That's the bottom.

I want to talk a little bit about relapse and this will lead me to another point.

We focus on relapse and drug addiction as we rightfully should. And here are relapse rates, 51% for alcohol, given a 2 year period. Look at the relapse and opioids.

54% in a week, that's why the fence and all problem is as bad as it is.

Well, the fact is, this is no different than other chronic diseases. In fact, it's less than hypertension.

People continue to use salt asthma. People continue to smoke and.

A little bit higher than diabetes people continue to to not follow the prescription to eat. Well.

The American Medical Association defined detection as a disease in 1956.

We just haven't caught up. Yes, we should focus on this, but we should look at the facts. It is not uncommon for chronic diseases.

So, what if we tried as a nation so far, hopefully you think differently now about alcohol and substance abuse.

Well, for 150 years, it was a moral issue.

Demon Rome, that's where the charm came from. There was an attempt from society on every corner. It was focused on men because women didn't drink.

And the idea was that it was a moral failure.

And that resulted in prohibition I don't know. Do any of, you know who this is?

This is Carrie nation. She was the head of the women's christian's temporary Union. They used to go into bars with and chop chop up the bar. And of course, the men would just vacate. They didn't want to be no, 1 was hanging around in the bar at the time.

She probably gets too much credit for prohibition, but nonetheless, prohibition was inactive at 919 and repealed in 933. repealed in nine hundred and thirty three

In fact, there is ample evidence that the highest point of alcohol consumption in the country on a per capita basis occurred.

During prohibition, I want to be careful about this 1, a stockbroker from Manhattan.

And a physician from Akron started alcoholics, anonymous in Akron at 935, it has been a godsend to millions of people as has narcotics, anonymous gamblers and donna's al anon. And so on.

But if less than 10% of the people in this country recovery.

Then this is not a widespread answer. 2Million people will attend a 12 step meeting tonight.

But let's be careful while supporting that to understand, we need broader solutions.

Here's everybody's favorite the war on drugs.

The war portion comes out of introduction and introduction is important and absolutely. We should.

Continue it, but folks, all of us who have taken Econ, 1 on 1 course, or economics in high school know that this isn't a supply problem.

This is a demand problem and as long as there's a demand problem, the supply will be there, whether it's made in Mexico or in Akron. It doesn't really matter the supply will be there.

And unfortunately, it has made criminals out of people.

With the behavioral health condition, remember the American Medical Association says this is a disease. I should say that diversion has worked in many communities. Louisville. I understand.

I haven't verified this, but Louisville was successful with diversion very early in the process, and is still.

The case, but we've got to stop criminalising people with the disease.

And then just say, no, and I want to be careful and I think Mrs Reagan and her colleagues were sincere. And I think if you live in bellair and you're very well to do, this is how you wish the world world.

But it isn't the way the world works think to yourselves. Please don't raise your hand.

How many of us in this room consumed alcohol before we were at legal age.

Well, why didn't you just say no, this isn't going to work.

We have examples.

Of these kinds of problems, automobile desk.

Several of you in this room are old enough to remember Ralph Nader. I'm still.

Met with Ralph about Florida in 2000, but that's another story for another time. Um.

That's the core of air unsafe at any speed, and we took on highway safety.

We have seatbelts in all the cars we mandate that you use them.

We improve the safety of the cars, the safety of the roads, the tires, the lightings and in my lifetime,

our guest from on the highway have decreased from 55,000 to 36,000 while there are 15% more like trucks and cars out there. trucks and cars out there

And nicotine, the adverse effects of nicotine were discovered by Franklin Francis bacon in 7,850 in Germany. That's not new.

But the report to the surgeon, general Luther Terry.

Reminded us of the condition see, every group carried on with that for a very long time. We have warning labels. We have no advertising on TV. We reduce the nicotine content of cigarettes and.

In my lifetime smoking has decreased from 42%.

To 14% now, as, you know, sadly, in Louisville, Kentucky, that number is still over 20.

But nonetheless, we have dramatically reduced it. We know how to do. This is the point.

What might we do? Well, Here's a list of things we could talk about. I suspect you've heard them all before. Let me talk about just a few of them.

Eliminate the stigma.

We're not girlfriend has prostate cancer.

Nobody whispers behind his back that if he had just a little more moral.

He could say no to prostate cancer.

But that's going to happen 10,000 times today or more in America.

We've got to eliminate the stigma, stop the war.

Diversion is what we need. Now there are some people who are.

And should be incarcerated relative to their behavior, but not for early drug.

Promote recovery we, we think.

That abstinence is the exception.

In this country, probably 5% of the Americans use illegal drugs.

Probably 15% use marijuana.

Probably more than 30% of the people in this country. Don't drink alcohol.

And yet we think abstinence is the exception.

Abstinence is the rule. We don't think that.

We also think what a burden well, there are people they're not addicts. They didn't.

Do bad things under the influence, but they have not allergies.

Nobody wants a D*** at the Christmas party and says, did you notice that Susie wasn't eating the not.

We've got to change this, this, this attitude, and it starts with people like you and me.

Leadership focus on adolescence. I did say that adolescence drug use has been declining for 10 years. The schools are probably doing a good job was flat last year, but they're much lower than 10 years ago.

But these folks don't learn to use alcohol and drugs in school.

They learned it at home we need to focus on parents.

We need to arm parents, the average parent in this country when they worry about their son, or daughter doing drugs isn't well equipped to talk to them about alcohol and drugs.

And, of course, they exhibit behaviors that that people emulate I have a Jewish friend who grew up in a kosher household.

And she said, when she went to college, the 1st thing she wanted to get was a bacon cheeseburger.

Must be something good about this, right? Well, it those, those behaviors we're reinforced at home, and of course, the bacon cheeseburger might have put a few pounds on, but it, it didn't kill her.

We need to focus on parent and support employers. I showed you a moment ago. What damage was being caused. Only 1 in 5 employers in this country has a work place drug policy.

The ones who are getting federal money that are required to have it.

Let's show them that they can save money. Let's help them. Let's support them. Let's find out ways. And, of course.

Harm reduction I dare say that most of the people that come to talk to you about alcohol and drugs talk about harm reduction.

But I think if you ask them what it meant less than a quarter of them could tell you what it meant.

Harm reduction is absolutely important. It started in Scandinavian countries with the AIDS crisis.

The idea at the time was that most of the transmission was through consensual male sex.

And they were trying to get those guys to stop having sex, just stop and of course, sex being the motivator that it is, that wasn't working. So they turned to harm reduction.

And condoms who were passed around this country for a very long time for free and ubiquitous, and it worked. Now, the same thing is being said about abstinence.

But let's be careful about what that means 10 days ago in the New York Times magazine there was a discussion about harm reduction centers in East Harlem where drug use can occur in a protected and safe environment

is available. And we get people to the hospital, but there was no discussion.

About promoting recovery, so let's be careful about what we mean about harm reduction, but let me be clear. I absolutely support harm reduction.

So, I hope I haven't overstayed my welcome let me say this until we understand the problem, we're not going to solve it. And secondly.

Smoking reduction automobile desk in this country weren't reduced because we've flipped 1 switch.

It's because we did a lot of different things and we persisted.

And there are a lot of things we can do in this country about alcohol and drug abuse if we choose them, if they're comprehensive. And if we're persistent about that.

Mr. Benson, thank you for your time Thank you to.

My colleagues in the room and those online, and I'm happy to and be involved in any discussion. You may wish.

All right. Thanks a lot. Uh, that's pretty interesting and generates a lot of thought, uh.

Does anybody ever have a question they want to ask.

After you Chris, right now.

Um, you know, when, when you made the statement that are.

At 43% or something of people every day on a job is.

Got a drug problem that is that's a lot.

And that is scary thinking how many people can get hurt from somebody else.

Doing something that, you know, I worked in them I spent my apprenticeship program with General Electric.

As a toolmaker and and thinking all the people and all the movement of parts and things you're making.

But your approach of of talking about.

How do you how do you help somebody.

Um, you know, a person has to make that choice.

But how do you present it in a way that they listen.

And start making that choice and you made a comment earlier that people say you have to go over to the bottom before you can ever go up.

Um, I hate statements that says this is the only way you do it I think.

Well, there's going to be some exceptions to the rule somewhere and and if there is how we do that and how do we.

I see you got to ask the question may may I comment about Mr Benson for just a moment.

Our clinical director says most people don't see the light. Most people feel the heat.

Right to be clear. What I said was that 43 of 100 would be in favor of possibly fail the drug test. So those bench drinkers that do that 3 times a month they on 3 days.

Might might be caught in an alcohol screen. I think we have to turn it away from.

Condition that person who smokes dope in their car at lunch.

Probably isn't a drug addict, but they're a person who needs to know that. You can't smoke in your car at lunch and come in and operate a machine.

So, let's get to the point where we make it clear to that individual that you're trying to help and employers can change that through their policies.

Sally knows she's drunk, you know, Sally's drunk. Sally knows, you know, she's drunk.

Why don't we just have this conversation and help Sally? Understand and the 1st time we do it.

Chatter will be on the line. Oh, salaries about the field the wrath but when Sally comes back.

And she had a good experience, and she has a changed orientation then that Chatter will change.

Yeah, okay. I'd like to thank you for this presentation. I will be sharing it with my constituents, because a lot of good information in there that they need to know, you're welcome.

And as you spoke to the supply and demand problem, something I've often thought about, how the drugs coming into our country. Well, somebody wants them.

So, what are your suggestions for helping us reduce the demand before somebody gets into an abuse problem.

I think there are points of intervention.

In one's behavior school performance there's ample evidence about the relationship of alcohol and drug use the school performance both in the elementary well, secondary school.

Sadly, some elementary and college, I think we need to find many more points of entree.

The spouse, the parent, the son or daughter, the friend, the past the pastor, they know this problem is going on. How do we empower them?

To intervene before, I mean, the problem's already started or the behaviors wouldn't be exhibited right but it doesn't have to get to the point.

Where you hit bottom so I think the answer to that is a broad based awareness campaign.

Mike, every cooped it, right? Like Ralph Nader, did we need to have a broad based awareness campaign that says look, this isn't a moral failure. This is this is a disease and we've got a solution.

And we do have a solution treatment works.

So, I think a broad based education campaign that helps identify people early in the process before it's late in the process for those people that we see in the Salvation Army today, and our work with them if we can get.

They're much earlier.

Do you see any link to mental health issues?

The data would say that about 50% of the people with an other behavioral health condition will have an alcohol or drug issue.

And the outdoors is true as well. 50% of the people with an alcohol or drug issue will have other behavioral health condition. And that's very common.

Uh, Dan, Sam's Jr. is got a question.

Thank you. Mr. chair. Um, how long does it take for an average person to recover from drug addiction?

To where they can handle where they can function in society the.

Of course, there's not a bright line there. The many healing many places keep people for 28 days. That's clearly not enough.

There needs to be continuity of care after that, and we don't do enough of that. I was recently diagnosed with very early stage, prostate cancer, and I was treated successfully and that's wonderful.

But they didn't say to me, here's a list of cancer survivors meetings. Good luck.

They said, I'll see in 3 months and I'll see you in 6 months and I'll see you in a year. So we need to create better continuity of care. The healing place, which does has good job as anybody in this country keeps people for 6 months.

And and they have much better outcomes.

I, I think that people can start to function.

Right away with good behave with good support and a good.

Good treatment and good support and then I think it's a.

It's a gradual process, but I think that people can come back into supportive environment in a fairly good period of time and the.

Best evidence we have locally is 6 months at the healing place.

I know that was in direct Mr. Sam but I think there's no bright line for that.

My my concern is that we don't have enough time for them. We don't give them enough time to recover.

I'm also concerned I had I've had several surgeries and they gave me.

And on that bottle, it said if you use heavy machinery.

Or if you drive use caution.

It doesn't say, don't it doesn't say, uh, stay away from work.

It says, if you do it, and I've read the label many a Times, how do you reconcile that? And what the, how does that confuse.

And as that brought into the workplace as a, as an issue.

There's evidence that that's where much of the fentanyl.

Abuse begins is with surgeries and so on and I think that physicians.

By and large, I want to do very best by the patient and pain.

Management is a very important issue, but, as you say, we need to do a much better job with our physician colleagues and the people that work with them, nurses and physicians assistants to make sure that we know look.

This is a potentially addictive drug. I had another issue that medical issue. That was very, very serious. It was potentially fatal. I survived it. They gave me an anti anxiety medication after, and I was darn glad to have it.

But I also told Mrs Gil crew's 30 days from now we're going to beat ourselves off of this.

And if not, Here's a number to call, we don't do enough of that.

I'm sorry, there isn't a physician colleague with us here today, but I think they would tell us that they don't get.

Adequate training about substance, use and abuse. I think the doctor gains on her colleagues have been introducing that at. You've got to do a much better job. Just saying you're absolutely right about that behavior.

This is a narcotic it is potentially addictive and you need to attend to that. You need to see me and.

Fill in the blank 30 days, and we're gonna talk about that 1 more 1 more thing. I wanted to ask you about. Cannabis.

Used in to treat PTSD. My father was 82 years old, had colon cancer.

And he threw his OXY cotton away, and he was on the Senate floor at a youth canvas and it helped him.

How do you reconcile that when you've.

Perpetuated the, the story that cannabis is a drug, and that it's in the schedule 1 and.

Demonize when it's you, and it's when it's legal and so many other states, and it's helping.

With the, with cancer and PTSD, how do we reconcile that in your line of work?

If I demonize cancer, I overstated a cannabis. I overstated. I did not mean to do so.

I think that medical cannabis is absolutely something we should.

Be looking at doing, and it's being done all over the country and I think I think it's a good approach to pain treatment.

By and large cannabis is not addicted that's what the evidence would say. Independence often occurs. It does influence anxiety

and depression, but it is a very good alternative for some folks for paying management.

So if I, if I.

Kim, and I said, as you say, my apologies that was not my intent.

Andrew or Marilyn or Pam. Do you all have any questions, John? Andrew I had a quick question about.

For profit and non profit organizations that help people with substance abuse. I tend to be more lean more toward the ones that are in it for not for profit.

Um, what is your kind of take on on for profit organizations that help people with substance abuse? And and how that how funding and other things kind of can affect.

You know, getting people, quality treatment.

Historically, behavioral health treatment has been nonprofit and I think that tradition is out there. Stay clean is for profit.

We believe that that is a sustainable model. I think there are ample examples of nonprofits that get involved in ways. They shouldn't Medicaid abuse.

For example, I think there are ample examples of upselling better help was approached by the, in the last.

18 months about upselling, so I think we need regulation, but my view is, there are plenty of very good nonprofits. We have our for profits.

We have some in this town and with the right motivation the right mission and regulation I think for profit profit organizations can make a difference in this environment.

Um, that's good.

There's a question I was talking about the.

Um, people who use substance and stuff.

Would you know, do we in the United States? I mean, I think I might be wrong. There's more and.

Attention deficit problems and stuff for United States and a lot of places.

And for me, I've always thought you had to get up and leave someplace to go do something. And most of the people in America who came here.

They wanted to do something or be something. My grandfather lets Sweden. He wanted to be a farmer. He wasn't the oldest and.

38 years old with 4 kids, the way he comes and I've watched people a lot men more than anybody attention deficit problem. I have attention deficit.

I got to really work hard to focus so that I screw up. If I'm working on the job is real easy. I'm liable to scrap it, but it's really hard really close tolerances. tolerances

I do well, because I can focus better and I don't know if people who who sometimes.

Have drug problems is it? They're, they're anxious and they want it. I don't know.

So, I've tried to watch different people who who's had some problems.

Is there a relation to the makeup of who they are? Because they're more.

Sustainable attempted to maybe do drugs.

And I have trouble even getting off drugs because the I know somebody, you know, 1 time when I got on the Council, I was really struggling with all the ordinances.

And a doctor prescribed me at all.

It didn't affect me at all and people said watch the substance and it really affects a lot of people.

Fix people who don't have add other people like me. It didn't well, it didn't help me. And so, like you said, all drugs don't affect everybody the same way.

And but we always try to fix it in the same way for everybody.

And I, you know, so I don't know if there's if you found that there was something in that.

Different person's makeup how that calls them 1 person to be more susceptible to doing drugs and, and another.

But the genetic lengths are very clear that there is a genetic basis to prediction.

That 1 person will process a drug and 1 person will get out the wine bottle and pour 1 glass for the night and put it back.

And the next person will finish that whole bottle and whatever else is in house. There is a genetic link. There is no question about that. There's also.

Clear evidence about adverse childhood events, what's happening in the homes sexual assault and so on we think about sexual assault is occurring just to women. That's not true. Adverse childhood events are nature.

Cause there's also evidence that we process drugs differently.

Part of the human genome project identified that 80% of the most frequently prescribed pharmaceuticals in this country can now be dosed. dosed

Of course, we don't want to do that. That'd be pretty extensive. Right? So we don't do that. And so people would be more likely to become addicted than others back to Mr. science question, which I think is.

Very, very important we have to better supervised people who have those kinds of those kinds of drugs.

I won't wade into attention deficit as well beyond and training, but I think anybody who is prescribed a pharmaceutical that is potentially addictive should be monitored for some period of time.

Well, very interesting. There's enough.

Well, do you have anything you can you hear me? Okay.

Oh, I'm sorry, Dana monitor question. What's the difference between a caffeine addict and a heroine addict and a nicotine addict? What's the difference between these addicts? Well, um.

I want to be careful not to get beyond my, my training, but I would say this, a caffeine is not a mind altering substance. It hasn't moved off during substance.

There's not a mind altering substance. Nicotine by and large is not a mind altering substance.

They're both addictive caffeine firewall so it's far easier to quit.

You've probably been to the doctor where you had to give fluids in order to get tests and you had if you drink coffee in the morning, every day you had that headache, but you didn't have to go knock over a Starbucks in order to solve that problem. Right.

With opiate, the drug becomes more and more addictive. You are not in control any longer. You need to do it and it is a mind altering substance.

And because it's illegal, you then start to do things in order to get that drug that are illegal, and then start to be down that road.

I hope that is in the spirit of what you asked, did you have something different in mind? Mr?

Uh, all right.

Well, it's been very interesting. I wished, uh.

Uh, we had more questions to ask you because, uh.

To me,

the easiest way to learn is listen to somebody who knows something or sometimes for me to read a book it seems like I can I can focus on on their body language and stuff as they're delivering the information to me.

But everybody is different.

So, unless anybody's got any other questions.

Um, this is an important subject for our community for the whole.

Whole country, uh, to keep people with them.

Be in control of themselves so that they, they don't mess up or cause other people's problems.

I mean, you know, when I was written to talk about nicotine or.

Been harmful, you know, I mean, now being the most addictive drug or was, it wasn't.

Anyway, but most people, they're not going to kill anybody smoking a cigarette.

But the, the other stuff that gets a hold of them.

And then let loose, and since we aren't all that smart, we always want to go after a blame.

And try to go after the person, and you can do better, you know, and stuff, give them some kind of.

Step ladder to try to work their way up and and the sports system that would, I think that's why alcohol anonymous,

and all of them are with a 12 step program how they're successful because they've got somebody's got somebody to lean on when they're getting ready to be tempted to do something maybe they wish they hadn't and they call their sponsor

or whoever is. I'm really, really having trouble and the person says.

I'm glad you called and they all talk and all of a sudden they get over the anxiety.

They still have to have the urge, but they got over that and they move on and they build days of sobriety and I guess the same way with people on drugs they do.

But I don't know if if if, um.

Seems like to me, the people who do the drugs.

Have a harder time back off than the people who.

Are alcoholics, but I don't know. I've, I've known a lot of our colleagues.

And seeing them make a transformation, it looks like they made it easier transformation than some of the people I've seen them with drugs. They just.

They start stealing things they start, you know, they just the habit is so.

Hard for them, they just they can't and indeed really need support.

Can you write 28 days ago? The relapse, right? So I showed you a little while ago. Would support that. Yeah. Yeah.

Yeah, well Thank you all very much and I appreciate this opportunity. Thanks for coming in.

You're most welcome and thank you for having me. It's great.

Uh, motion to adjourn. Thank you very much.