

Questions for Dr. Hurst

1. Can alcohol abuse lead to Alzheimer's?

There is an association between Alzheimer's and excessive use of alcohol. However, alcohol alone can also cause a condition called "alcohol-induced dementia" which looks very much like Alzheimer's. With abstinence from alcohol, that often improves or at a minimum doesn't worsen. <https://pubs.niaaa.nih.gov/publications/arh25-4/299-306.htm>

2. If a child already began using marijuana, what are the best practices to help them stop and prevent them from moving to opioids?

A very difficult question. It is best not to compartmentalize this too much and suggest that "marijuana is OK, but don't use opioids." It is often helpful to focus on life goals, and pursue how they believe their use of any drug or alcohol will affect reaching those goals. A person's own reasons to not use are much better and more meaningful to them than any reasons we might come up with. <http://starttalking.ohio.gov>

3. Please give an example of "early life trauma" for those who have multiple addictions.

Here is a comprehensive but understandable site to learn more about adverse childhood experiences: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

4. Occasionally family friends will allow their toddler to take a sip of their beer or wine. Is this dangerous to the child?

Don't do that. You must remember that a child has a much lower body weight than an adult, and a "harmless" amount of alcohol to a 165 pound adult is much more impactful on a 16.5 pound child.

5. Vaping is increasing amongst teens. Studies are mixed on whether it is harmful. What is your opinion?

My concerns are substantial. There is strong evidence about the effects of vaping on developing brains, and it isn't good. <https://www.cdc.gov/features/ecigarettes-back-to-school/index.html>

6. Is there a connection between drug abuse and Autism?

Not sure which direction this question is going. First, there is actually an increased risk of people with Autism Spectrum Disorders developing a substance use problem. Active parental substance use problems are related to numerous problems in their children. <https://www.theatlantic.com/health/archive/2017/03/autism-and-addiction/518289/>
<https://www.psychologytoday.com/us/blog/the-athletes-way/201607/harvard-study-pegs-how-parental-substance-abuse-impacts-kids>

7. Can you more specifically address the genetic predisposition of addiction?

About 50% of the predisposition for addiction is genetically determined. The heavier

the burden in the family (meaning more members affected), the higher the likelihood.

<https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction>

8. With addiction being a predisposition disease, is there a test to find out, so people aren't innocently addicted?

Not yet, but I think in the next 10 years we will be getting there. This carries tremendous potential for us to identify this predisposition in childhood before first exposure occurs and intervene to reduce likelihood of development of addiction. In the meantime, do what can be done environmentally to reduce risk and emphasize even more heavily in those with family histories of addiction.

9. Give the potential risk of addiction to opioids, how safe should patients feel if these drugs are prescribed for regular medical procedures/pain management?

Opioids should only be given when necessary and in the lowest dose possible to treatment the pain for the shortest duration. Good information can be found here:

<http://www.takechargeohio.org/>

10. How can you compare addiction, which is a choice, to cancer?

I'm going to disagree with you on the premise. While the initial use of substances may be a choice, developing addiction is certainly not a choice!

When a vulnerable brain (one that has a biological predisposition for addiction) is exposed to an addictive drug, it sets off a cascade of responses in that brain that is not experienced by those who do not have this biological predisposition. Those responses are what defines addiction, and include things like inability to predict the control of use, craving, failure to meet role obligations in favor of use, continuing to use despite problems related to use, etc.

There is great similarity to a disease like cancer. As a person with fair skin, I have an increased biological propensity to develop skin cancer. If I choose to have excessive sun exposure without protection, the sun's rays will set off a cascade of biological responses and abnormal cell division that we call cancer. I chose to be exposed to the sun, but if I did not have the biological predisposition, I would not have developed the disease of cancer.

11. **Narcan is available (repeatedly if necessary) for someone with the self-inflicted disease of drug abuse for free and yet I have to pay over \$400 a month for my battle with the disease of diabetes. How is this justified? My view is that everyone is worthy of treatment for the struggles they face, whether that disease is one of addiction or one of diabetes.**

I am so sorry to hear of your struggles with diabetes, and hope that you share with your doctor if you are having difficulty paying for your medication so she or he can work with you to find an alternative. If there are no options except what you are taking, many

pharmaceutical companies have compassionate use programs which make medicines available at reduced or no cost for those who cannot afford them.

12. Why do many people taking high doses of opioids also seem to be taking benzodiazepines especially in higher doses? Is there something that happens when taking opioids that causes extra anxiety?

Several things may be in play here: First, there is a propensity for “cross-addiction,” namely, that if a person is addicted to one medication there are at risk for addiction to other drugs. Second, sometimes people combine opioids and other drugs to get a synergistic effect. Finally, sometimes if opioids are unavailable, a person may use a benzodiazepine to help relieve some of the symptoms of withdrawal.

Questions for Judge Winters

1. What is a sober living place? Is it monitored?

There are four levels of recovery housing in Ohio. Lighthouse Sober Living is a level 2 facility. A level 2 facility has a paid house manager and formalized policies and procedures. There are house rules, drug screening is required. The house manager and the residents participate in regular house meetings. Lighthouse Sober living also has a “house man/woman” position. This person lives in the facility rent free and in return is in charge of the house when the house manager is not on premises. The culture of Lighthouse Sober Living encourages the resident to be accountable for themselves and each other. It is very well self-policed. Living there is completely voluntary and gaining residence in Lighthouse is competitive and those living there must be highly motivated in their pursuit of recovery. For more information on Lighthouse Sober Living; <http://www.lighthousesoberliving.org/>
For more information on recovery housing please see [NARR-Standards-20110920 \(1\).pdf](#)

2. What are you advising families whose family member is sent to drug court, rehab, etc.?

Our probation Department meets with any interested family member to explain the process. This usually occurs early on in addiction. Many times the addicted have lost contact with their families. They have repeatedly hurt those closest to them by relapsing or even stealing from them for drug money.

Most oftentimes families are not interested in being involved until they have seen some sustained success. For practical purposes the addict’s family is their “using” family. That is why a healthy recovery family (of former addicts) is so important to their own recovery.

In summary, we'll work with families, tell them what to expect and how to help but, sadly there just isn't that much interest.

3. **Are any other counties doing similar things as Ottawa County, i.e., Sober House & the Bistro; holding addicts accountable and following up; providing community?**

Yes, other counties are doing similar things. Ottawa County is unique in that there are so many things going on in such a small county (40,000 full time residents). What also sets Ottawa County apart is that these organizations are cooperative. No one is fighting for turf or bragging rights. Our two treatment providers whom are necessarily competing for the same funding have come to work together for the betterment of the community.

Bistro 163, the pay it forward restaurant is based on a model elsewhere in Ohio, however their ability to provide a top quality meal is unique. It is "THE" place for lunch in Ottawa County. It is very far removed from soup kitchen food.

<http://bistro163.org/menu.html>

Sober living is available in other counties but not all are that well run. In some drugs are readily available. Some are run "for profit". Lighthouse Sober Living is a community run, community supported entity.

Drug courts are available in approximately a third of Ohio counties. Some are in juvenile Courts, some in misdemeanor courts and others in felony courts. Not all drug courts are alike, some are far more effective than others. Education of judges continues.

4. **By putting "salt in their water," isn't that a possibility of preventing them from hitting their "rock bottom"? By going to prison and losing everything is sometimes what it takes to find sobriety, true or false?**

Prison can be a very effective treatment option but primarily because it is "rock bottom" for some. In reality most of the people I deal with have been in prison before. It does not serve as rock bottom but more as a home away from home.

Two of my recent drug court graduates, both in their early 40s have spent 20+ years of their lives incarcerated somewhere. For them the threat of prison was not a motivator. They knew people who had escaped the addiction in our sober community; that is what inspired them.

Many people come to their rock bottom when they overdose. If they overdose in Ottawa County they are met either at the scene of their overdose or in the hospital by a representative of the prosecutor's office who gives them the choice of treatment or felony charges. For some this is rock bottom. Many people, some judges included believe the most effective way to prevent recidivism is to incarcerate offenders for as long as possible. The science shows the opposite. Imprisonment is the surest

predictor of recidivism and the longer the term of imprisonment the more likely recidivism. Prison is a last choice for non-violent and non-dangerous offenders for us.

5. **What do you think of decriminalizing all drug use? Much like alcohol-- It's legal to buy and use but cannot do certain activities while using, or endanger others. Money saved on jails/prisons could be used for recover houses/treatment**

Decriminalization would take our courts out of the recovery business. That may be a good thing in some instances but there doesn't appear to be anyone else prepared to step into the fight. The medical community has not stepped up despite their role in creating the problem. The faith community seems to be more interested in retaining the people who remain in their pews rather than reaching out to these modern day lepers of our community. Who will care for the people lost in addiction?

When I talk to addicts in recovery about this issue they tell me that the use of drugs is inherently bad. They need to live life on life's terms. They need to live in reality without being obsessed with where their next fix is coming from. They tell me how their life was ruined. They believe decriminalization will cause many deaths.

In my opinion most will not take advantage of treatment voluntarily, they need the motivation of criminal sanctions.

6. **How do you de-stigmatize addiction as a criminal activity, if addiction is a disease?**

Addiction is not criminal, the problem is that people who are using illicit drugs are involved in criminal activity such as thefts to support their addiction. They fail to support their children (which is illegal). Their children are often neglected. Some addicts are involved in the trafficking of drugs.

It's difficult to separate the criminality from the disease. I believe in the disease concept and I hope for more response from the medical community to address the disease.

Medically assisted treatment is available however some drugs used to treat addiction only deepen the problem. We have seen great promise in a drug that completely blocks the effects of opiates and use it often as a part of treatment. The drug is called Vivatrol. When used along with other treatment and positive community connections it is a very helpful to prevent relapse.