

FaithLink

Connecting Faith and Life



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Opioids: A National Emergency

Before last year's presidential election, the Pew Research Center surveyed potential voters on a variety of social issues. Unsurprisingly, researchers found that Trump supporters and Clinton supporters agreed on very little. There was, however, one exception. When asked if they considered drug addiction a "very big problem" in the country today, 56 percent of Clinton supporters and 62 percent of Trump supporters said yes. The survey covered issues from illegal immigration to gun violence to climate change, but the problem of drug abuse was the only area where a majority on both sides agreed.

Substance abuse and drug addiction, particularly opioid addiction, are devastating communities all across the nation. In March of this year, President Trump established the President's Commission on Combating Drug Addiction and the Opioid Crisis, chaired by New Jersey governor Chris Christie.

At the urging of the commission, Trump announced on August 10 that he would declare the opioid crisis a national emergency. As of this writing, paperwork needed to make this declaration official had not yet been filed, so it's currently unclear how or when national resources will be used to address the emergency. The need for these resources, however, is beyond dispute. In fact, six states—Alaska, Arizona, Florida, Virginia, Maryland, and Massachusetts—have already declared a state of emergency in response to the opioid crisis.

REFLECT:

- What did you learn from this section?
- Why do you think this crisis is affecting so many communities?
- How can federal resources help alleviate the epidemic?

In August, President Trump declared the opioid crisis a national emergency due to the alarming rise in overdose deaths. What are the causes of this crisis? How are authorities responding to opioid addiction? How can churches be an instrument of healing?

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A God Who Heals

In **Matthew 11:28**, Jesus says, “Come to me, all you who are struggling hard and carrying heavy loads, and I will give you rest.” In **John 14:27**, he greets his followers with *shalom*, a word that means not just peace but also wholeness: “Peace I leave with you. My peace I give you. I give to you not as the world gives. Don’t be troubled or afraid.” Rest and wholeness are at the center of Jesus’ mission.

Many of the verses throughout the Bible that discuss healing also involve community. **James 5:14** encourages the sick to call for the elders, who will pray over them and anoint them with oil in the name of the Lord. The man crippled since birth waited every day for others to place him by the Temple gate so he could ask worshipers for money. When Peter and John encountered him, they didn’t offer him money but healing instead. Not only was the crippled man healed, but the entire Temple community experienced healing through his witness (**Act 3:1-16**).

Healing comes from God, but God uses the community to cooperate in that mission. When Saul (Paul) was blinded, his body was temporarily disabled. Ananias listened to God’s voice and placed his hands on Saul, whose sight and strength was restored. Saul’s first experience as a Christ-follower was healing at the hands of a fellow believer (**Acts 9:1-19**).

REFLECT:

- Read Acts 9:1-19 out loud. Why do you think God blinded Saul (Paul)?
- In what ways is blindness a theological symbol or metaphor?
- How did Paul’s healing through Ananias equip Paul for ministry?
- Why did God choose to include someone else in Paul’s healing?
- Why is community such an important part of the healing process?

Alarming Statistics

According to the President’s Commission and the Centers for Disease Control and Prevention, 142 Americans die every day from a drug overdose, with most deaths related to opioids. Overdoses are now the leading cause of death for persons under 50. The commission stated, “Drug overdoses now kill more people than gun homicides and car crashes combined. In fact, between 1999 and 2015, more than 560,000 people in this country died due to drug overdoses—this is a death toll larger than the entire population of Atlanta.”

According to the American Society of Addiction Medicine (ASAM), in 2015 there were 52,404 lethal drug overdoses, making it the leading cause of accidental death in the United States. Most of those deaths were caused by opioid addiction, with 20,101 related to prescription pain relievers and 12,990 related to heroin.

REFLECT:

- Were you surprised by any of these statistics? Why did they surprise you?
- Currently, more people are dying of overdoses than died at the height of the AIDS epidemic. If you were around during the height of the AIDS epidemic, how do you think this current epidemic compares in terms of public attention?

Opioid Prescriptions and Harm

The category of opioids includes both legal and illegal drugs. You may be more familiar with the term *opiate*, which refers to drugs derived from the opium poppy such as morphine, codeine, and heroin. *Opioid* is a more modern term that also includes synthetic versions of opiates such as methadone, oxycodone, hydrocodone, and fentanyl. When used in legal painkillers, opioids are often referred to by their brand names, which include Percocet, OxyContin, Vicodin, and Lortab. The opioid crisis refers to the use and abuse of all of these drugs, both legal and illegal, synthetic and naturally occurring.

Opioids work by interacting with receptors in the brain and nervous system to relieve pain, but they also produce pleasurable side effects. In the 1990s, after receiving assurances from pharmaceutical companies that prescription opioids weren’t addictive, healthcare providers began prescribing them generously and without appropriate warnings. By the time it became clear that these medications were in fact highly addictive, the problem had exploded.

Justice Systems Respond

According to the National Center for State Courts, criminal courts are swamped by opioid abuse arrests, and access to treatment is limited and expensive. Family courts and the child welfare system are also struggling to address the crisis. After years of decline, the number of children in foster care is rising. A report by the Administration for Children and Families found that in 2014–15, almost 75 percent of states saw an increase in the number of children entering foster care.

A 2016 surgeon general’s report found that only one in ten addicts gets the treatment they need. In response, Kentucky is trying a new approach. Since addicts often spend a great deal of time in jail awaiting trial, two dozen Kentucky county jails have started full-time “therapeutic communities.” By providing inmates rehabilitation treatment within jail walls, recovery is accelerated, and costs are reduced. So far, Kentucky has seen positive results and a decrease in the risk of recidivism.

Similarly, Buffalo, New York, has started the nation’s first Opiate Crisis Intervention Court, with the goal of placing rehabilitation ahead of prosecution. Judge Craig Hannah, a recovering addict himself, offers those in his court a deal. If they successfully complete treatment, criminal charges might be reduced.

REFLECT:

- Should opioid use be treated as a disease or as a crime?
- How does your answer to the previous question shape the way we treat addicts in our society?
- How can treatment programs be included as part of our criminal justice program?

According to the President’s Commission, the increase in the overdose death rate corresponds to the increase in sales of these prescription pain relievers, with both quadrupling since 1999. Although the amount of pain reported by Americans hasn’t changed, the number of people using prescription pain relievers has soared.

ASAM reports that in 2012, 259 million prescriptions were written for opioids—enough to give every American adult their own bottle of pills. Most new heroin users start out abusing prescription painkillers, then switch to heroin because it’s cheaper and easier to obtain. As a result, when medical providers tighten access to prescription opioids, some addicts turn to dangerous street versions instead.

REFLECT:

- What are your thoughts on the connection between the rise in opioid prescriptions and opioid overdoses?
- Are you surprised by the volume of written prescriptions? Why or why not?
- What information have you heard before today about the use and abuse of painkillers?

Opioid Prescriptions and Good

A number of state legislatures are attempting to address the opioid crisis by requiring clinicians to implement restrictions on how and when they hand out painkiller prescriptions. Several states, such as Massachusetts and New York, have passed laws limiting opioid prescription supplies to seven days or less. New Jersey’s law limits the supply to five days and also mandates that doctors create a pain-management treatment plan for patients who require chronic opioid use.

However, those living with chronic pain are concerned about these regulations. They fear an overreaction that will limit access to needed pain relief for overwhelming pain conditions such as rheumatoid arthritis, migraines, and severe back pain. The US Pain Foundation, a chronic pain patient advocacy group, states that it’s “committed to protecting access to vital pain management options *and* preventing pain medication abuse. We believe it is possible to achieve both goals through balanced reform. Unfortunately, many recent reforms at the federal and state level are causing unnecessary suffering for patients with pain.”

On its website, the US Pain Foundation refers to studies showing that most chronic pain patients take opioid

What Is Fentanyl?

Last year, the synthetic opioid fentanyl became widely known when it was revealed as the cause of death for rock musician Prince. First formulated during the 1950s as an alternative to morphine and meperidine, fentanyl was manufactured by Janssen Pharmaceutica as “safer and more effective” than the aforementioned painkillers.

In hospital settings, fentanyl is typically reserved for patients with advanced cancer pain. Unfortunately, its potency is also what makes it deadly. It only takes a quarter-milligram of fentanyl to be fatal. A person can receive a fatal dose through inhalation or through accidental skin contact. A police officer in Ohio accidentally overdosed after a traffic stop when he used his hand to brush powdered fentanyl off his uniform.

Fentanyl is about 50 times stronger than heroin. A recent *Washington Post* article found that overdose deaths caused by fentanyl increased nearly 600 percent in 2014–2016. Officials estimate there will be a much higher number of fatal fentanyl-related overdoses in 2017.

Drug dealers sometimes cut heroin with fentanyl because it’s cheaper. This increases both the drug’s addictive properties and its dangers. Many addicts report that once they try heroin laced with fentanyl, they quickly become immune to the highs they receive from heroin alone. Fentanyl is the only thing that will give them the high they crave.

REFLECT:

- What did you know about the drug fentanyl before reading this sidebar?
- What concerns you the most about this drug?
- When pharmaceutical companies create new and potent painkillers, what are the advantages? What are the dangers?

medications as prescribed. They counter the belief that opioid addiction starts with a legal prescription and cite research indicating that most abuse comes from medication illegally obtained from a friend, family member, or drug dealer. Pain is already undertreated, advocates warn; now they worry that doctors will drop pain patients because of the risk of treating them and because of burdensome reporting requirements.

REFLECT:

- Name some ideas on how to limit unnecessary prescriptions.
- Have you had experience with chronic pain?
- Have you been prescribed painkillers? If you feel comfortable sharing, what was your experience with them?

Faces of Addiction and Faces of Help

Who are opioid addicts? If we’re being honest, we likely envision a homeless person or someone with chronic substance abuse problems. This could not be further from the truth. An opioid addict could just as easily be a college student who became addicted after using pain relievers following surgery or a soccer mom who developed an addiction from pain relievers prescribed for postpregnancy pain. From 1999 to 2010, overdose deaths from prescription painkillers increased more than 400 percent for women, compared to 237 percent for men. While the causes for this difference aren’t completely clear, women are more likely to have chronic pain, be prescribed higher doses of painkillers, and use them for longer periods than men—increasing chances of addiction.

Kent Harshbarger is the coroner in Montgomery County, Ohio, which is now dubbed the overdose capital of America. He estimates that close to 70 percent of the bodies he examines are overdose victims. From January through May of this year, 365 people died of drug overdoses in his county. That’s close to the same amount of deaths for the entire year of 2016. Harshbarger estimates Ohio as a whole will see 10,000 overdoses by year’s end, more than were recorded in the entire United States in 1990.

In response, first responders are now being equipped with Narcan, a nasal spray that can reverse the effects of a drug overdose if administered in time. Even librarians are being trained in the use of Narcan, as overdose cases are found increasingly in public places.

United Methodist Congregations: Instruments of Healing

United Methodist churches are responding in a number of ways to the opioid crisis. Last spring, Aldersgate United Methodist Church in Pennsylvania hosted a four-week Heroin/Opioid Seminar Series and posted the presentations online. Pastor Troy Howell encouraged members of his church to be informed about and actively engaged with the drug crisis, particularly the impact on their city. The goal is “to equip Christ followers to be agents of change, compassion, and action,” said Howell.

When pastor Mike Clark started leading a United Methodist church in Massachusetts 15 years ago, he became involved with the local Narcotics Anonymous group that met in the basement of the church. He quickly realized that amazing stories of human transformation were happening in that basement.

As the opioid epidemic worsens in his state, Clark is calling on religious leaders to get involved. He holds workshops and retreats to equip churches to help addicts and minister to families who have lost a loved one due to drugs. “In my experience, there are as many active addicts and alcoholics upstairs in churches as there are downstairs,” Clark said. “But the ability to be honest about it and seek help unfortunately is a challenge for most people.”

REFLECT:

- Do you believe the church has a responsibility to respond to addiction issues? Why or why not?
- Consider any AA or NA groups that meet on your campus. Does anyone in your church reach out to them or involve them in church ministries?

Our prayers are first and foremost with those who are struggling, those who feel hopelessly caught in a cycle of addiction with no way out. However, others are also in need of our prayers and support. Family members and friends can also be trapped in despair, at a loss as to how to help. Coroners, paramedics, counselors, health-care workers, police officers, elected officials, and addiction therapists are present on the front lines of this crisis and see the heartbreaking consequences firsthand every single day. They’re struggling to deal with a major health-care emergency with limited resources.

For those who claim hope in Christ and proclaim it as the good news, finding the balance between prayerful contemplation and action is always a challenge. Addictions come in many forms, and we’ve seen many of them up close. An acknowledgement of our deep dependence on God is a crucial first step toward healing and justifying grace.

REFLECT:

- What are your thoughts about some of the communities so acutely afflicted by this problem?
- Had you ever heard about Narcan before? What questions does it raise from the brief description provided?
- Read aloud the second to last paragraph. Spend several minutes in silence praying for all affected by this crisis.

Helpful Links

- CNN’s comprehensive coverage of America’s opioid epidemic: <http://tiny.cc/cjulny>
- Website for the President’s Commission on Combating Drug Addiction and the Opioid Crisis: <http://tiny.cc/yn4kny>
- Infographic from the Centers for Disease Control and Prevention on how states compare on painkiller prescriptions: <http://tiny.cc/zq4kny>

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Leader Helps

- Keep in mind your group members and group time as you choose activities for the session.
- Have a smartphone or other devices that can access the Internet available for your group. Invite your participants to bring their own devices to the session.
- Have several Bibles on hand.
- Have a markerboard and markers on hand for writing lists or responses to reflection questions.
- Open the session with the following prayer or one of your own:

Loving God, you gave us your Son, Jesus, who was a healer and friend to the hopeless. Addictions of all kinds have ripped apart communities and families across our nation. We have sought peace and comfort outside of you, and it is destroying us. As we learn about the opioid epidemic, help us to be always mindful of those who are suffering from addiction. Increase our willingness to learn, and increase our capacity to love; in Christ's name. Amen.

- Remind the group that people have different perspectives and to honor these differences by treating one another with respect as you explore this topic together.
- Before looking at the main essay, ask the following questions: What do you know about opioid addiction in our country? Has this crisis affected your community? What about your family? Ask participants to share any experiences as they feel comfortable.
- Read or review highlights of each section of the main essay and sidebars. Use the questions in the *REFLECT* sections to stimulate discussion.
- Have a Bible study. Ask the group to form teams of two or three. Have them read the Scriptures and discuss the questions in the *REFLECT* section. Have the teams share highlights of their discussions with the reassembled group.
- For a final reflection, have paper and pens available for the group. Say: Take a moment to consider your own addiction issues. Are you addicted to food? to anxiety? to being in control? to anger? Write God a note acknowledging your shortcomings, and then ask for God's forgiveness. Ask God to show you a better way to live. Take a moment to bask in God's overwhelming love for you and abundant grace to sustain you.
- End the session with the following prayer or one of your own:
God of grace and mercy, we again lift up all affected by substance abuse and addiction. Help us not to feel overwhelmed but always to be present to the moment, to the day. Thank you for being a God who always directs us toward wholeness, toward peace. Help us to direct others toward your goodness. Amen. and seek to live in love toward our brothers and sisters. Be our guide, strength, and shield as we go forth to serve you and neighbor in all that we do. Amen.

Teaching Alternatives

As a group, research how the opioid crisis is affecting your community. Ask willing participants to present local statistics, along with local resources. Someone in your congregation might be willing to share a personal story of how the crisis has affected their family. Prayerfully consider if your church is being called in an active way to alleviate the pain caused by opioid addiction, overdose, and death.

Opportunities include hosting an educational forum, offering a worship service focused around addiction, or starting an addiction and recovery ministry. The following article can serve as a starting point for a resource: <http://tiny.cc/x83kny>.

Next Week in
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Medicaid

Approximately 74 million Americans rely on Medicaid for health insurance. What is Medicaid? How is it different from Medicare? How does our faith guide the ways we respond to the healthcare needs of vulnerable people?