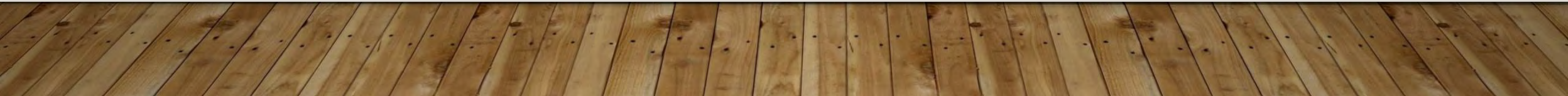


# CONTINUING THE WORK OF JESUS

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RESPONDING TO THE OPIOID CRISIS



# JAMES BENEDICT, D. MIN., PH.D

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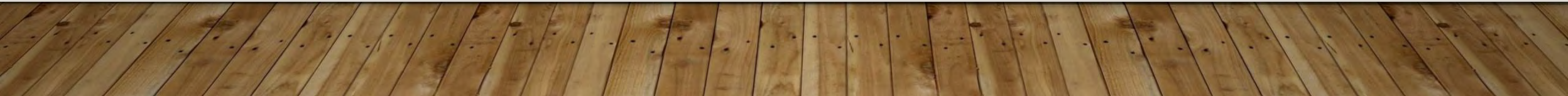
30+ years as a pastor in the Church of the Brethren

Scholar in Residence at the Duquesne University

Center for Global Health Ethics

Husband, Father, Grandfather

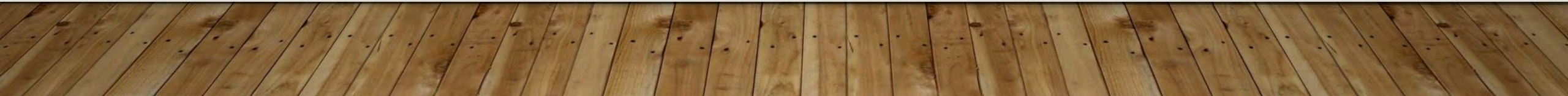
Part of a family affected by opioids



# JOHN 9:1-5

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- As [Jesus] walked along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” Jesus answered, “Neither this man nor his parents sinned; he was born blind so that God’s works might be revealed in him. We must work the works of him who sent me while it is day; night is coming when no one can work. As long as I am in the world, I am the light of the world.”



# OUTLINE

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- 1. What are opioids?
- 2. Why is there a crisis?
- 3. How do people overcome an opioid use disorder (OUD)?
- 4. How can we help?
- 5. Conversation

# OPIATES VS. OPIOIDS

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- Natural occurring substance vs. synthetic molecules
- Heroin vs. oxycontin, tramadol, etc.



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# HISTORY

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- Cultivated for at least 6,000 years
- Written about by Homer
- Grown by Thomas Jefferson
- Used by Ben Franklin and others in 18<sup>th</sup> and 19<sup>th</sup> century
- Opium more available in the US in 1870 than tobacco in 1970

# MEDICAL USE AND MISUSE

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- Medical uses: pain, cough suppressant, anti-diarrhea

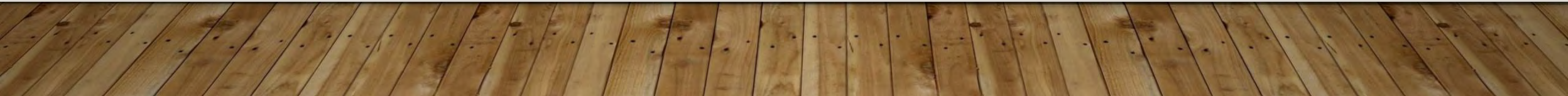
- Common names:

oxycontin, morphine, codeine, Vicodin, Percocet, tramadol, fentanyl, carfentanyl

Risks and benefits, like most drugs

Use as prescribed is low risk for OUD

Misuse, however, is common. Misuse is taking more than prescribed, taking for “high,” etc.



# HOW OPIOIDS AFFECT THE BRAIN

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- The Limbic System – pleasure, relaxation, contentment
- Brainstem – slows breathing, stops cough reflex, reduces pain
- Spinal cord – reduces/blocks pain



# WHY DO PEOPLE FIRST USE OPIOIDS?

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- Prescriptions
- Thrill seeking, boredom, peer pressure
- To self-medicate for physical or psychic pain
- To alleviate feelings of hopelessness

# WHY DO SOME PEOPLE DEVELOP AN OUD?

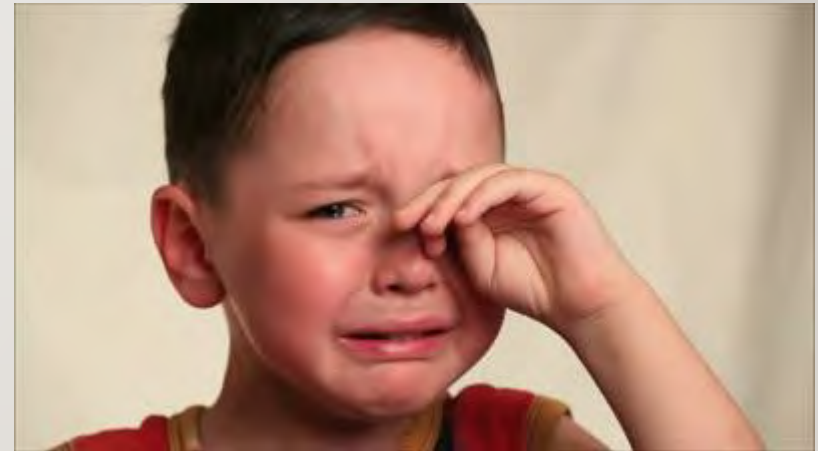
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- Genetics
- Situational Influence (Rat Park)
- Past Trauma
- Adverse Childhood Events (ACEs)

# WHAT ARE ADVERSE CHILDHOOD EVENTS?

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- Physical and emotional abuse
- Physical or emotional neglect
- Sexual abuse
- Domestic violence
- Parental substance abuse and/or mental illness
- Parental separation or divorce, suicide or death
- Crime and/or imprisonment of family member



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# ADDICTION VS. PHYSICAL DEPENDENCE

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- Physical dependence means symptoms of withdrawal will occur if drug is stopped
- Physical dependence can develop in as little as 4-8 weeks of use
- Addiction is a chronic, relapsing mental illness characterized by strong urges
- Addiction is NOT a compulsion that robs persons of autonomy
- Physical dependence and addiction often co-occur

# WHY IS THERE A CRISIS?

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- Approximately 175 people a day die from overdose
- Nearly 800,000 deaths since 1999
- 80% of all opioids in the world are consumed in the U. S.
- Of those prescribed opioids, 25% will misuse and 10% will develop OUD

# NEGATIVE CONSEQUENCES OTHER THAN OVERDOSE

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- HIV, Hepatitis C
- Loss of employment
- Crime
- Family disfunction
- Strains on foster care system



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# HOW DID THE CRISIS START?

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- 1980 Letter in the New England Journal of Medicine
- Pain as the 5<sup>th</sup> Vital Sign (Marketing)
- The business model of healthcare
- Social factors
- Lack of access to treatment



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# NOT ONE, BUT TWO CRISES

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- Treatment for people who have developed an OUD
- Prevention, especially for those who are likely to develop an OUD



# HOW DO PEOPLE OVERCOME AN OUD?

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- Many ways, but most successfully in Medication Assisted Treatment (MAT)



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# WHAT IS MAT?

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- Medication assisted treatment is a program that uses other drugs to help an individual manage his or her urges to use their drug of choice.
- Similar to nicotine gum or patches to help people quit smoking
- Typically one of 3 options: methadone, buprenorphine or naltrexone

# MAT VS. ABSTINENCE

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- Abstinence has a 90% relapse rate by 12 months
- MAT has only a 39% relapse rate by 42 months
- Still, 90% of treatment programs in the United States are abstinence-based

# MAT PLUS

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- Cognitive Behavioral Therapy
- Family Systems Therapy
- Support Groups



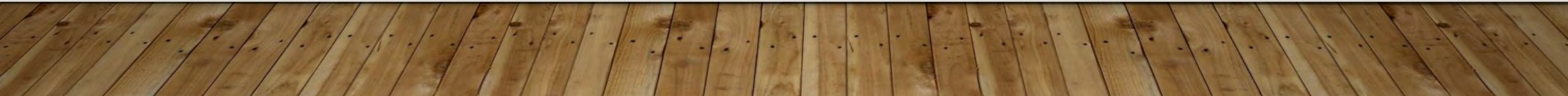
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# HANNA PICKARD

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- “Relationships are considered the crucial mediators of cognitive, emotional and behavioral change in patients.”

Hastings Center Report J/A 2020



# PREVENTION

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- Factors Associated with not developing an OUD
  - Positive relationships
  - Parental Support and mentoring
  - Academic success
  - Strong community attachment



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# PREVENTION

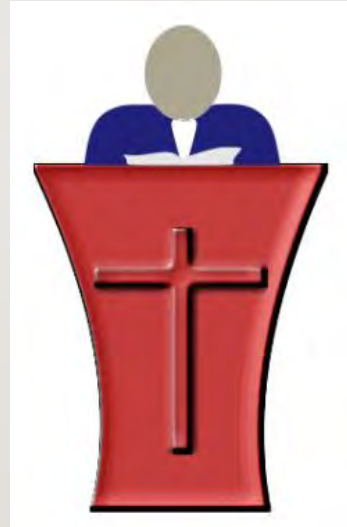
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- Better training of physicians in pain treatment
- More careful screening of patients for addiction risks
- More funds for non-opioid pain treatments

# HOW CAN WE HELP?

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- Learn
- Preach
- Teach
- Support



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# LEARN

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- Resources
- Invite experts to make presentations
- Invite persons in recovery to share
- Identify local agencies and programs

# PREACH

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- Speaking about opioid use and other social problems from the pulpit, in sermons and prayers.
- Looking closely at the nature of Jesus' mission and outreach
- Signal that it is okay to talk about the topic

# TEACH

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- All ages, but especially beginning with middle school
- NIDA material for teens
- Screen a film with discussion afterward
- Identify at-risk persons and provide mentoring

# SUPPORT

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- Both persons with OUDs and their loved ones
- Give a stake in the conventional life
  - Housing
  - Food
  - Childcare
  - GED
  - Employment



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# SUPPORT

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- Train to recognize symptoms of use, overdose
- Train to use naloxone and have on premises
- Provide “Prescription drug take-back days”
- Offer space for recovery groups, especially MAT-based
- Offer space for Nar-Anon