Theological Musings from Dave's Laptop
April 25, 2018 [1]

(I've been planning to write on this week's topic for two months, but it just hasn't seemed the right time to do it. And now I see how nicely this fits with last Sunday's sermon . . . but you'll have to read to the end to find out how ☺.) [i]

After a significant surgical event, a woman in North Carolina was prescribed an opioid drug for pain management.[2] The seventy-eight year-old woman needed a ride to monthly doctor's appointments, and her pastor arranged to take her; but when the appointments became more frequent, he arranged for other church members to take her.

It was not until several months later, when her surgeon refused to refill her pain medication, that the pastor realized that he had been helping this faithful church member to become addicted to prescription opioids.

Opioid addiction is a major public health crisis in the United States, and it usually begins just like that—with efforts to manage surgical pain or chronic pain. A chaplain friend of mine in Louisville says that it is an unusual day when their hospital ER doesn't have several drug overdose patients, many of whom began the slippery slope just like this woman did.

Jill frequently cares for new moms who are drug addicts and whose newborns are also addicted. These babies cry constantly while they're being weaned off the drugs, and the staff working with those babies need extra support, because the whole thing is traumatic and awful.

The United States has about 5% of the world's population, but we consume more than 30% of the world's opioids. More than just about any nation on earth, we Americans are trying to numb our pain; and these pains are more than the physical pain of surgical recovery or chronic pain. We're also trying to numb the pain of dysfunctional families, of absent fathers, of addicted mothers, of broken dreams, of business and school failures, and even the pains that come with success and influence.

According to the Centers for Disease Control, 91 Americans die *every day* from opioid addiction – many beginning with prescriptions for pain that evolve into heroin use. That adds up to more than 33,000 American lives taken every year by this disease. The CDC reports that opioids were involved in more than 500,000 deaths from 2000 – 2015.

While a large percentage of opioid addiction begins with a legitimate prescription, there are also many black-market sources. Opioids are especially addictive because they flood receptors in the body, quickly killing pain but also causing high levels of tolerance and quick

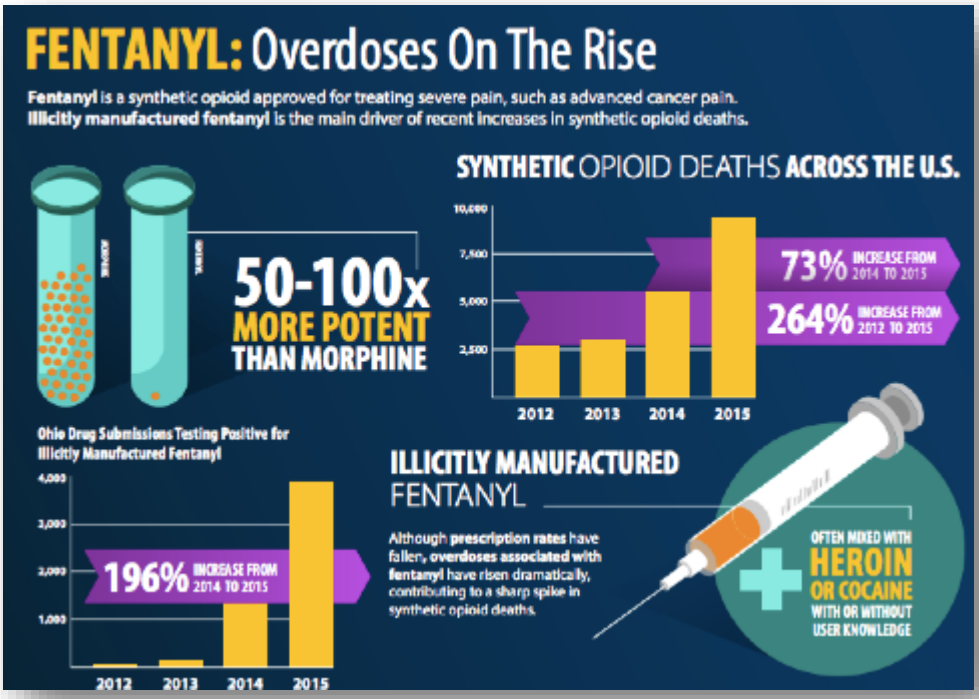
---

[1] It's just eight months until CHRISTmas ☺.

[2] Opioid drugs include codeine, morphine, Demerol, Duragesic (fentanyl), hydrocodone, Vicodin, Oxycontin, Percodan, Percocet, Tylox, Dilaudid, and diamorphine (heroin). This is not an exhaustive list. Cocaine and methamphetamine are not opioids.

addiction. Opioid addiction has the distinction of having practically no geographic or demographic limits. It isn't limited to urban areas or to the poor.

While heroin is the most addictive substance of which we are aware, the most danger of late has come from fentanyl. Fentanyl is 50-100 times more potent than morphine. It has long been used to treat the worst pain of cancer, but in recent years it has flooded the American black market, where it is found mixed into other drugs, punched into pills that resemble prescription painkillers or, less commonly, sold on its own.



Fentanyl is very profitable for drug-traffickers. A recent Drug Enforcement Administration report estimated that a kilogram of heroin sells for $80,000 on the street, whereas **a kilogram of fentanyl can command between $1.28 - $1.92 *million*.**

Between October 2016 and September 7, 2017, U.S. Customs & Border Protection seized 299 pounds (136 kilos) of fentanyl sent through international postal services and private carriers such as FedEx, UPS and DHL. During the same period, the agency seized 494 pounds of the drug on America's land border with Mexico, but it was often mixed with other substances. The average purity of fentanyl shipped into America by post is over 90%, compared with 7% for that seized on the land borders.[3]

While the goal for most users attending recovery programs is to get clean, the process is extremely difficult. Because opioid use permanently changes the structure and chemistry of the brain's reward and pleasure systems and the body's perception of pain, withdrawal is

[3] While cocaine is not an opioid, it wreaks similar havoc in lives and families, and is associated with a great deal more violence. It is crucial to note that opioid addiction tends to be a middle- and upper-middle class, white phenomenon, while cocaine addiction tends to be a problem in poor African-American communities. One author put the situation like this:

"Opioid abuse is a tragedy; crack cocaine use is a crime. Opioid users are members of society who need to be valued and restored; crack cocaine addicts are criminals who need to be locked away. Opioid addiction needs to be treated with compassion and medical intervention; crack cocaine addiction deserves increased "law and order." With the opioid epidemic we seek the peace of the addicted; with the crack epidemic, an all-out war on drug users. Opioid use is treated with careful diagnosis; crack abuse with mandatory sentencing. Opioid recovery is to be celebrated; recovery from crack cocaine . . . well, who cares if anyone recovers from crack?" Houston, we have a problem. A Big Problem.

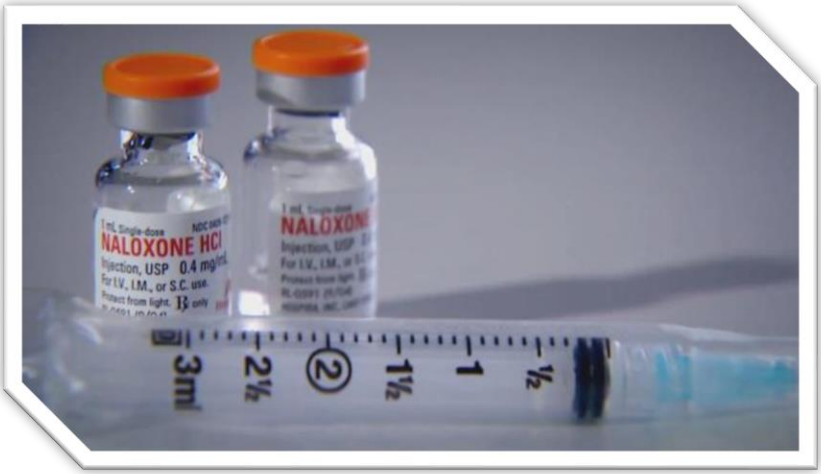
excruciating, and the rate of relapse is exceptionally high: around 90 percent despite the most effective therapies.

Overdoses happen most frequently when an addict relapses after a period of abstinence because their body's tolerance to the drug drops substantially, and the same dose that may have only barely touched their pain previously is now lethally potent. The drug depresses the user's respiratory and central nervous system so much that they stop breathing, and the resulting lack of oxygen quickly leads to brain and vital organ injury and minutes later to cardiac arrest. **This means that one of the most lethal periods in an opioid addict's struggle—the time they are most likely to overdose—is when they are trying to get clean.** And now we shift our focus . . . .

"The man in front of me is almost dead. His lips are blue. He isn't breathing. His eyes are half open and still. His arms fall limply off the stretcher, and he doesn't flinch as needles are threaded into his veins and his clothes are stripped away. His wife is wailing in the doorway.

"His pulse—a barely palpable flutter beneath my fingertips—is the only indication that something might be done. We have only a few seconds to act before the faint, fast rhythm slips away entirely, and he is gone. Irreversibly. Irretrievably. Gone.

"We secure a syringe to his IV, we push the plunger, and we wait.



"He gasps.

"He coughs, he flails, then screams and kicks. He rips his IV out and tumbles to the floor: wild, naked, and incoherent. He is in agony. But he is alive.

"Resurrected.

"**This is Narcan**. This is the scene that plays out daily in my emergency department at a community hospital fighting for lives deep in the heart of opiate country. We have only a few tools to combat the overdoses *that will take more lives this year than car accidents or guns*, and Narcan—the opioid reversal medication also known as Naloxone—is the most effective. A spray up the nose, a shot in the thigh, or a push through an IV and within seconds: a miracle. The dead live. A sin is forgiven. The hopeless receive hope. For a Christian doctor such as I, Narcan looks like grace in a syringe."

While Narcan has the power to prevent the majority of opioid deaths, its efficacy relies on it being administered quickly, within minutes, to an overdose victim. But getting it into the hands of those who are most at risk and the first responders that are often nearby has proven difficult.

Some communities overwhelmed by opioid abuse have proposed limiting the number of times this life-saving medication will be administered by emergency services, forcing the victims to pay for it themselves, or just refusing to carry it altogether. Others, including senators and lawmakers, have asked the question of whether or not saving "drug addicts"

is worth the resources, especially as many require multiple resuscitations over the course of their struggle.

David Stoecker knows why such efforts are worth the trouble. After 24 years of opioid abuse, countless stints in rehab, repeated efforts at 12-step programs and trying "just about everything else" to get clean, Stoecker found Jesus. "I had some people who loved on me," he says. "I was a troubled kid, I had a lot of abuse when I was younger. My dad passed away from suicide, and with opioids I finally found something that I could use to escape.

"I was also a really annoying atheist. I liked to belittle Christians. But after a couple times of them inviting me to church, I finally gave in because they offered me live music and BBQ after church. And I like to eat." Stoecker says that he attended Sunday church services and *Celebrate Recovery* meetings for six months because of the relationships he was forming. "Then one night, I offered up a foxhole prayer and made a bunch of deals with God. That was eight and a half years ago, and I haven't used since."

Stoecker raised his education level from a GED he completed in prison to a master's degree in social work. He has since started two nonprofit recovery organizations and become the state advocacy and education coordinator for the Missouri Recovery Network. He distributes Narcan to community organizations throughout the state and trains everyone from pastors and outreach workers to the family members of substance abusers how to recognize an overdose and save a life. **"**When a pastor or a Christian asks me, 'Why do I need this?' I tell them, **'Because dead people don't get saved.'"**

Our opioid epidemic is certainly a public health crisis, but it's also a spiritual crisis. Narcan keeps people alive long enough to engage in the community of the church, to hear the gospel, and to obtain the resources needed to overcome their addiction.

Though 47,000 people died as a result of opioid overdoses in 2015, another 26,000 lived because Narcan was administered in time. As of 2016, 33 states have passed Naloxone Access Laws which make it possible for third party organizations to distribute the medication without a prescription,[4] and Christian organizations around the country have taken it upon themselves to put this lifeline into the hands of those who need it.

Narcan has become the new compassion ministry. We learn how to do CPR, and we ought to learn how to administer naloxone, which can prevent death in the event of an overdose. Like an AED machine, naloxone can be kept on hand at church in case of emergency.

But there's more.

There is a growing body of research that suggests that addictive substances have far more attraction to persons who are isolated and hopeless than they do to persons who are in meaningful community and have a sense of life purpose. According to this research, **disconnection and isolation are major drivers of addiction, and *the opposite of addiction is not sobriety, but connection.***

If the Church has anything to offer those hurting from opioid addictions, it is connection: connection to a community, connection to resources, and most critically, *connection to a God who saves*. America's recovery can find roots in the church. Through

[4] Including Maryland: https://bha.health.maryland.gov/NALOXONE/Pages/Naloxone.aspx

the church—*through our church*—Americans who have been ensnared by opioids just might find the God who loves them no matter what.

This is where Sunday's message about "fellowship," "speed dials," and "friends" comes in. **Dead people don't get saved. Dead people don't find Jesus.** Addicts can't recover if they die first. What might happen if our congregation sponsored a *Celebrate Recovery* group? What might happen?

What if *you* helped it happen?

Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016

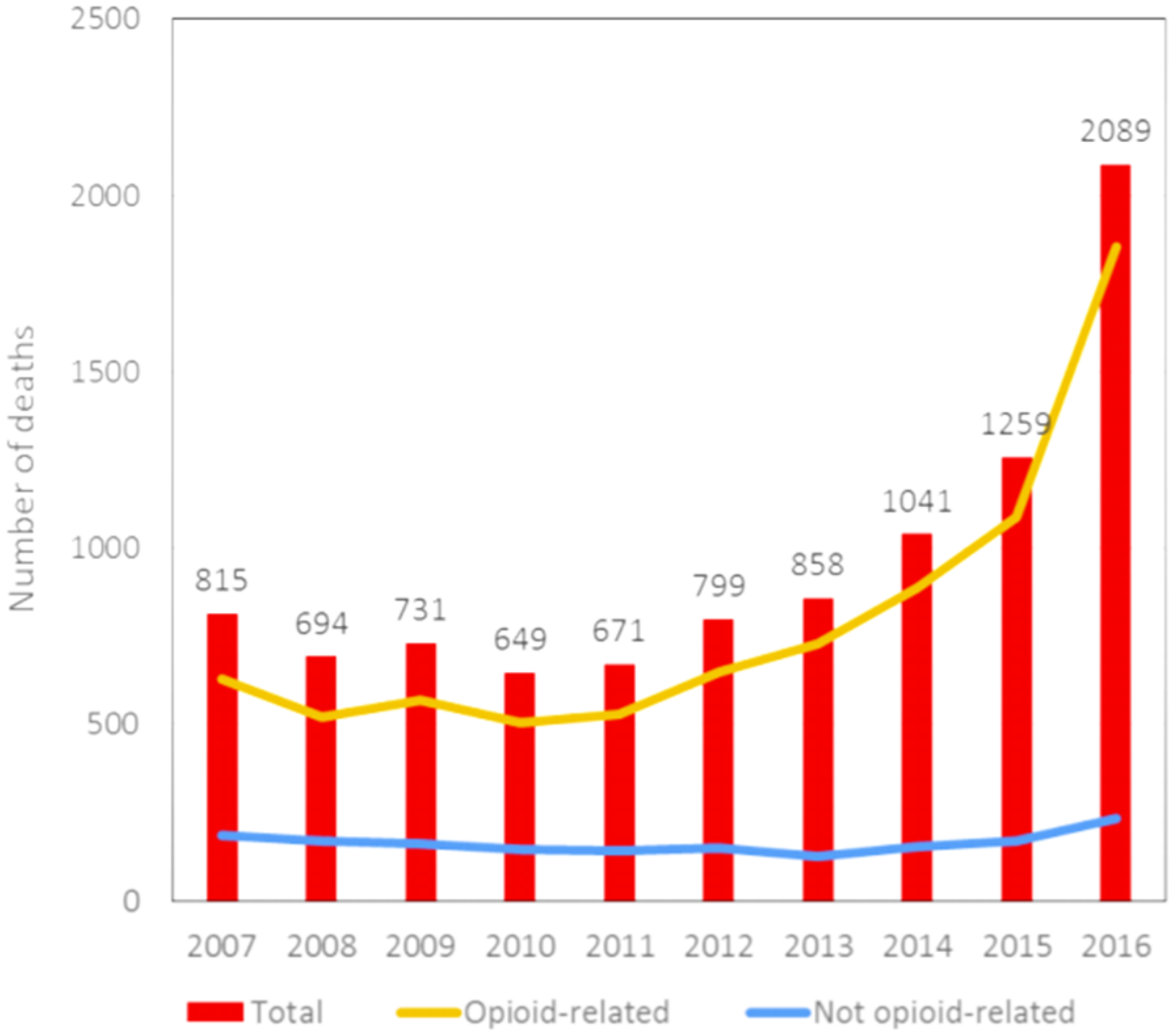
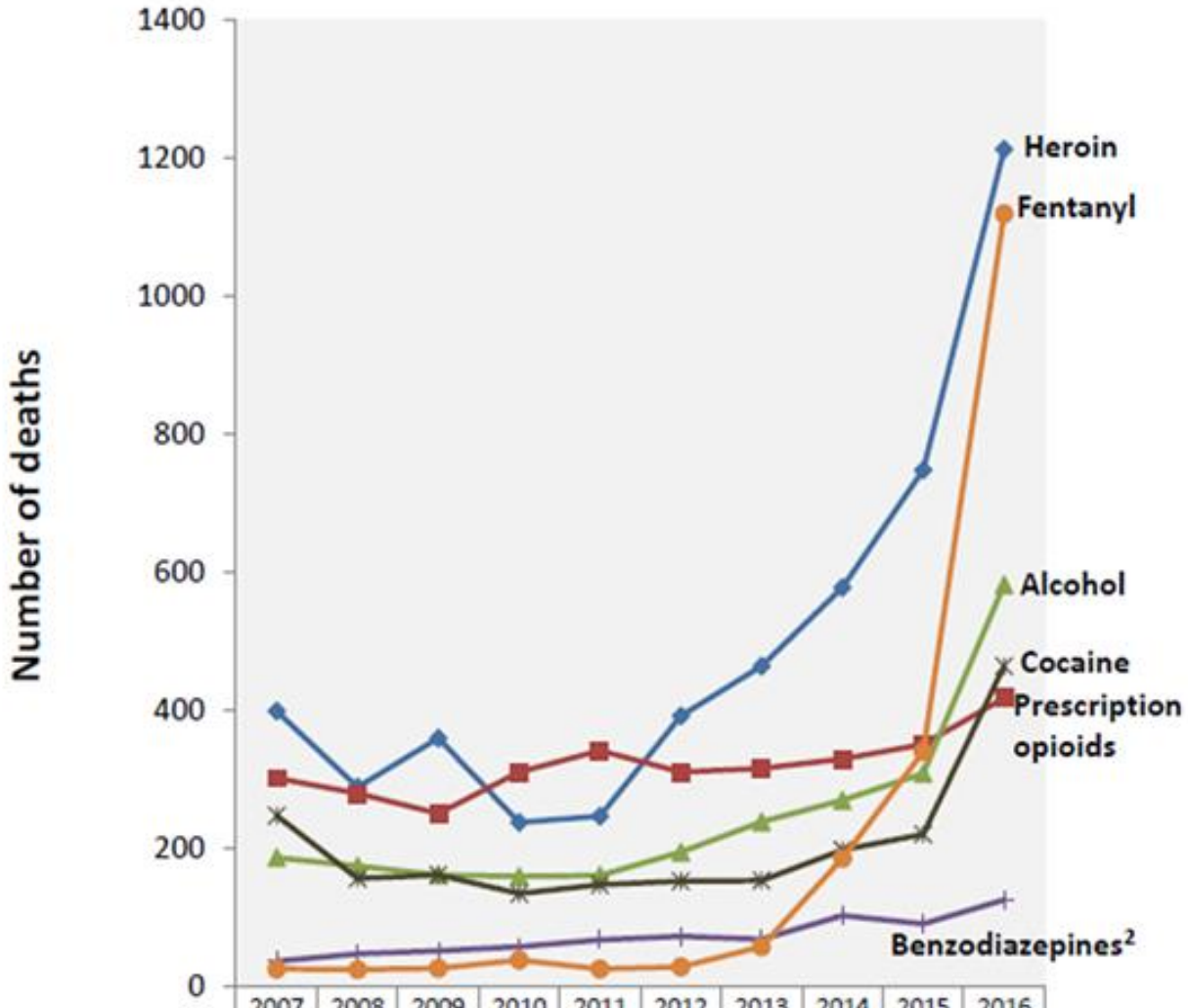


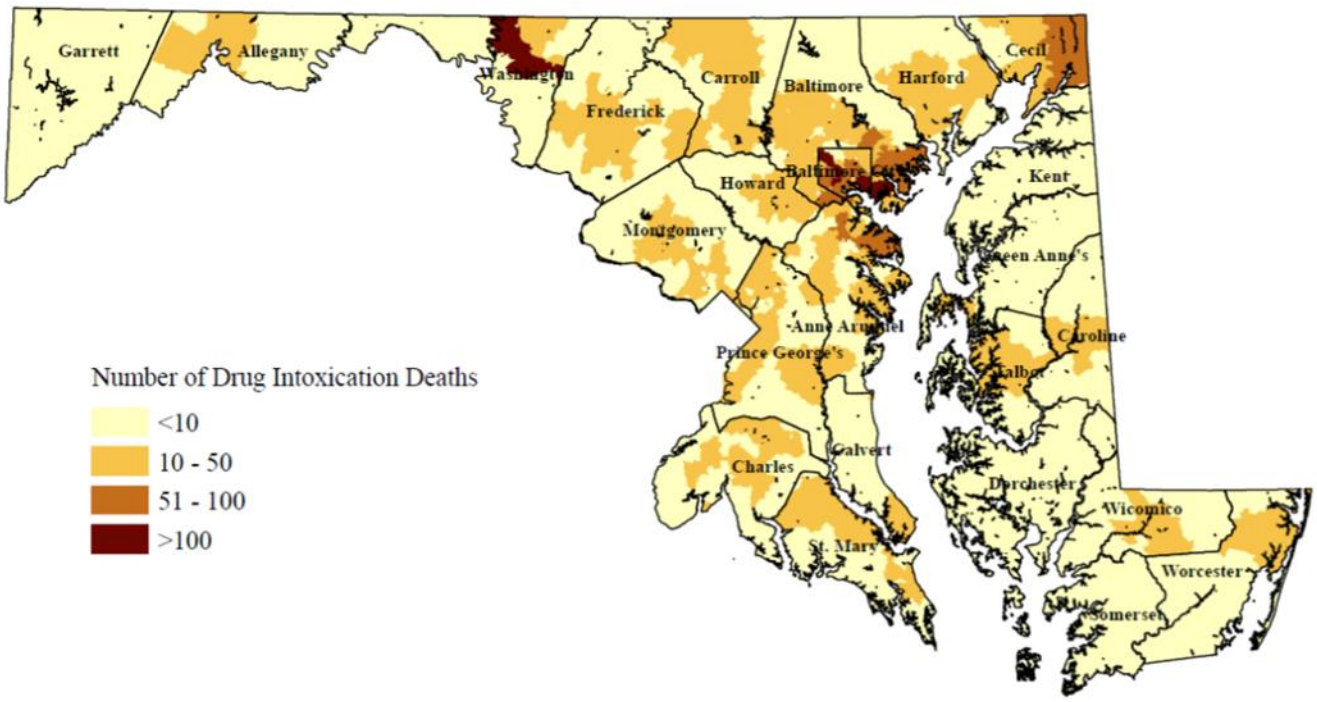
Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances[1], Maryland, 2007-2016.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Heroin	399	289	360	238	247	392	464	578	748	1212
Prescription opioids	302	280	251	311	342	311	316	330	351	418
Alcohol	187	175	162	160	161	195	239	270	309	582
Benzodiazepines	37	48	52	58	68	73	69	103	91	126
Cocaine	248	157	162	135	148	153	154	198	221	464
Fentanyl	26	25	27	39	26	29	58	186	340	1119

[1]Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.
[2]Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

Figure 1. Drug Intoxication Deaths Occurring in Maryland, 2007-2014 (through October)



[i] Sources for this article include:
https://www.npr.org/2017/11/04/562137082/why-is-the-opioid-epidemic-overwhelmingly-white
https://baptistnews.com/article/opioid-abuse-tragedy-crack-cocaine-use-crime/#.
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong
https://baptistnews.com/article/church-pain-opioid-crisis/#.Wt_qEOq5tPY
https://www.christianitytoday.com/ct/2017/august-web-only/how-church-can-save-america-from-opioid-epidemic-fellowship.html
https://www.economist.com/news/united-states/21735642-finding-needle-haystack-would-be-lot-easier-fentanyl-lethal-and-almost
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Maryland%202016%20Overdose%20Annual%20report.pdf
https://www.addictioncenter.com/community/these-are-the-5-most-addictive-substances-on-earth/