Justice Peace Links

Justice & Peace Committee

Presbyterian Women in the PC(USA), Inc.

2019 • Issue 1

Responding with Compassion to Substance Use Disorder

Introduction

Despite the fact that deaths from opioid misuse are dominating the news these days, substance use disorder (SUD) has long affected the health of individuals and communities. Jeannette L. Johnson, former director of the Research Center on Children and Youth at the State University of New York at Buffalo, observes, "Dependence on alcohol and drugs is our most serious national public health problem, affecting millions of individuals and their families. It is prevalent in all socioeconomic sectors, regions of the country, and ethnic and social groups."[1]

Presbyterian Women
United for Recovery

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home.[2] Substances cited as misused by SAMHSA include alcohol, tobacco, marijuana, cocaine, heroin, hallucinogens, inhalants, opioids, prescription pain relievers, tranquilizers or sedatives (including benzodiazepines), methamphetamines, prescription stimulants and pain relievers.[3]

In 2018, SAMHSA reports, "approximately 20.3 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs, including 14.8 million people who had an alcohol use disorder and 8.1 million people who had an illicit drug use disorder. The most common illicit drug use disorder was marijuana use disorder (4.4 million people). An estimated 2.0 million people had an opioid use disorder, which includes 1.7 million people with a prescription pain reliever use disorder and 0.5 million people with a heroin use disorder. . . ."[3]

Personal Reflections

Parents "missing in action"

My personal experience with substance use disorder comes from interactions or lack thereof with family members. Both of my parents served time in federal prison for most of my life due to their misuse of substances. Luckily, I was raised by grandparents who helped me navigate life without my parents in a way that allowed my parents to still be a part of my life even while they were incarcerated. The love of my grandparents helped to influence my passion for helping other youth and young adults who have struggled with SUD themselves or within their families. It showed me the importance of providing support and care for those who may not feel cared for. In school, I have worked with women who have SUD and are in treatment. Through working with them, I have learned how wonderful grace and empathy is when people are shaming themselves for the unhealthy way they chose to deal with unhealed pain and trauma. I am grateful to have had my personal experiences, but also experiences with my clients, so that I can continue to learn the best way to come alongside those who are struggling with SUD.

—Ervina Desaussure
Young Women's Representative
at Large, PW Board of Directors

Started with a prescription

My son was the last person I would

continued in blue on page 2

continued from page 1 . . .

ever have thought would become addicted to opioids. He was a straight-arrow, high-achieving student, graduating from both university and graduate school with honors. He was recruited by a company that offered an enviable salary and was rapidly promoted into management. He was launched, and on his way—or so I thought….

A few years later, my son became addicted to opioids. His addiction started with a legal prescription—one with way too many refills. Unbeknownst to my husband and me, he privately struggled with his addiction for over a year. He tried to quit numerous times, only to return to opioids in order to avoid the terrible side effects of quitting: severe depression, body aches, and diarrhea. He could not stay sober for longer than a week. He always started using opioids again. He had long ago stopped feeling any euphoria from the drugs; he returned to opioids to deal with the side effects of not taking them. It was a vicious cycle.

His life was spiraling out of control and in desperation, our son finally told us he was addicted to opioids. We were shocked, appalled by our cluelessness, and on our knees in prayer. He confessed that he had even taken opioids, left over after a surgery, from our medicine cabinet. We connected him with a doctor who had himself struggled with, and now treated people with, Substance Use Disorder (SUD). Because the doctor was a family friend, he couldn't treat our son, but counselled him for several hours. When my son adamantly stated he wanted to quit by abstinence alone, our doctor friend replied he would be dead in six months. It was the harsh reality my son needed to hear. The doctor recommended my son use Medication-Assisted Therapy (MAT), in

continued in blue on page 3

> "We must learn to regard people less in the light of what they do or omit to do, and more in the light of what they suffer."
>
> —Dietrich Bonhoeffer[4]

Yet, stigma and bias exist where substance use disorder is concerned.

The fact is, substance use disorder has always been a struggle for a cross-section of people, but one that is especially difficult for those living in poverty. It has been a particularly complicated and widespread problem in impoverished communities for a number of reasons, not least of which is that in situations that seem overwhelming, the lure of substances promising escape or respite from difficult circumstances can be difficult to resist. Also, in poverty-stricken areas where job opportunities are insufficient, a lucrative, albeit illicit, trade in controlled substances can mean food on the table and a roof over one's head. Those who heed Jesus' words to extend compassion to the suffering are called to confront these issues.

Compounding the problem, many individuals in need of services don't receive them, particularly those in underserved areas and those without personal resources. Researchers found that an estimated 21.2 million people aged 12 or older (7.8 percent, or 1 in 13) needed substance use treatment. Just 3.7 million received treatment.[5]

There is no value in assuming some folks are smarter, wiser or more prudent than those struggling with substance use disorder, and no virtue in assuming that some are more deserving of treatment because of their social class, racial or ethnic group, education or ability to pay. It only remains to show compassion and extend a loving hand to those in pain.

Because the truth is that beneath the motivation for mood- and/or mind-altering substance use is pain—psychic pain, spiritual pain, physical pain. It might be depression or anxiety. It might be fear or post-traumatic stress. It might be injury or illness. It might be the stress of living in poverty. It might be ADHD or a host of other issues that lead us to seek prescriptions and/or self-medication. It might even be coercion that leads people to substance abuse. We are not to judge some circumstances more worthy than others.

The question is, how to help with such a complex and systemic problem? It helps to understand the multifaceted nature of this problem. There is our psychological vulnerability as individuals seeking to cope with a complex world and the many threats to our well-being. There is our biological capacity for addiction. There is our propensity for self-medication. There is the widespread lack of understanding about all of the effects of the medications we use.

There is even the social and cultural component of sanctioned mood-altering drugs such as alcohol. This acceptance for social drinking shifts when a drunk driver kills someone, or a worker fails to show up for work. There are recriminations and little pity for the one suffering the illness of substance use disorder. And while there is still widespread acceptance for the use of alcohol "to grease the conversation" or "unwind," there is not the same tolerance for the use of other substances with which to unwind or enjoy a change of mood.

In fact, policymakers have feared the results of unfettered use of mood- or mind-altering substances; hence, they have enacted laws that "control" those substances. When laws limit access to these controlled substances, illegal drug

trades spring up to secure and move the substances, and people who have been prescribed the drugs divert them to people willing to pay for them. These alternative markets introduce risks for users: tainted substances, violence surrounding the illicit trade, and more.

How do we respond as people of faith to this complex crisis? We respond as Jesus did. We respond with compassion and healing, and a focus on dignity and wholeness. We fight injustice where we find it. We advocate for individuals and work for systemic change. We partner with others who are equipped to effect change.

SAMSHA, for example, responds "with an eye toward outcomes that can be measured by lives of dignity and productivity" and "a life in the community for everyone."[6] That is a vision we share as followers of Christ! Despite what Jeannette Johnson calls a "wall of silence" standing between the faith community and people with alcohol and drug dependence, SAMSHA says, "The benefits of engaging the faith community in both the prevention and treatment of substance abuse and dependence cannot be overstated."[7]

What does the Bible say?

Scriptures on compassion, poverty, healing and hope (NIV)

- "Even in darkness light dawns for the upright, for those who are gracious and compassionate and righteous" (Ps. 112:4).
- "Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience" (Col. 3:12).
- "Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you" (Eph. 4:32)
- "Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms" (1 Pet. 4:10).
- "This is what the LORD Almighty said: 'Administer true justice; show mercy and compassion to one another. Do not oppress the widow or the fatherless, the foreigner or the poor" (Zech. 7:9–10).
- "Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy" (Prov. 31:8–9).
- "[God] heals the brokenhearted and binds up their wounds" (Ps. 147:3).
- "He said to her, 'Daughter, your faith has healed you. Go in peace and be freed from your suffering'" (Mk. 5:34).
- "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand" (Is. 41:10).

"Compassion alludes to kindness and sympathy, but there is something deeper, something even more profoundly powerful, in its meaning. The origin of the word helps us grasp the true breadth and significance of compassion. In Latin, *compati* means 'suffer with.' Compassion means someone else's heartbreak becomes your heartbreak. Another's suffering becomes your suffering. True compassion changes the way we live."

—Compassion International

continued from page 2 . . .

his case buprenorphine, as a path to ultimate sobriety. It was the best advice my son could have received.

While scientifically proven to be the best method for opioid addiction recovery, MAT is not endorsed by everyone in the business of recovery. It's not easy to find a doctor who is able to prescribe MAT. Doctors are limited regarding the number of patients they may treat with MAT, creating a shortage of physicians with expertise in this area. And, MAT is expensive. My son finally found a doctor who would prescribe MAT and was a good match for him.

But my son wasn't out of the woods. Although the buprenorphine eased the cravings and most of the side effects, he also needed to be treated for depression and anxiety. His doctor was promoted and referred my son to a new physician who wasn't a good fit. More time was spent finding a better match. My son seemed to be hanging onto his life by a thread. He managed to keep his job; but he was barely able to do anything besides go to work and come home. He felt no sense of hope or joy—this was his life for over a year.

And there were relapses—not with opioids, but with alcohol and other drugs. He started to spin out of control again. While on vacation, he drank the hotel room's minibar, went for a walk, and fell asleep on a park bench. He was arrested and had to be bailed out of jail. A month later, while with us, our son became rapidly altered and was nearly unconscious. He finally told us the high dose of a non-prescribed drug he had taken; in a panic, I called poison control. He stayed at our home and we monitored him through a long, difficult night.

The relapses were another wakeup call for my son. He was

continued in blue on page 4

continued from page 3 . . .

incentivized and finally found a psychiatrist who was better able to address his needs and symptoms. After a year and a half, he is now acting like the son I've always known. He is still working—and now exercising, laughing, enjoying life—and he has not used non-prescribed drugs or alcohol for some time.

SUD is a disease that can't be cured but can be managed. While I don't know what my son's future may bring, I do know who holds my son in the palm of their hand. And I continue to pray for my son's protection, wisdom and discernment in managing his disease.

~The author is a Presbyterian woman, mother of a son with a substance use disorder, who writes anonymously to protect her son's privacy and job security.

Running through the pain

My brother George (not his real name) will be 61 this year. He is the eldest of five sons by an old-time tobacco farmer in Kentucky. His childhood was hard. The boys were child laborers, expected to be with my dad at all times when they weren't in school. They pulled hornworms off tobacco leaves and wielded hoes in the cornfields. They milked the cows and fed the chickens, and if they lagged, they were cursed back to work. They suffered on the farm, an old-fashioned operation that saw little to no influx of cash with which to modernize.

When the boys got a rare break, they enjoyed outdoor adventure that included daredevil stunts like walking across the top rail of the old metal-and-wood bridge that crossed the creek next to the farm. They climbed the steps of the oil tank that held the crude pumped from a well on the farm and peered

continued in blue on page 5

Discuss one or more of the following stories on suffering and healing:

- Matthew 9—"Jesus went through all the towns and villages, teaching in their synagogues, proclaiming the good news of the kingdom and healing every disease and sickness" (v. 35).
- Mark 5—"He said to her, 'Daughter, your faith has healed you. Go in peace and be freed from your suffering'" (v. 34).
- Luke 8—"Hearing this, Jesus said to Jairus, 'Don't be afraid; just believe, and she will be healed'" (v. 50).

Scripture for reflection

Jesus said, "'[T]he king will say to those at his right hand, 'Come, you that are blessed by my Father, inherit the kingdom prepared for you . . . ; for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.' Then the righteous will answer him, 'Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? . . . [W]hen was it that we saw you sick or in prison and visited you?' And the king will answer them, 'Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me'" (Matt. 25:35–41, NRSV).

Questions for discussion

1. Why do we often pass by the person suffering from substance use disorder?
2. Who is the most vulnerable to substance use disorder?
3. Why is it difficult for faith communities to engage the issue of substance use disorder?
4. Compare the biblical stories to our writers' stories. Are there parallels? What has changed? What has not changed?
5. What role does mental health play in substance use disorder?
6. How can we offer comfort, compassion, healing?

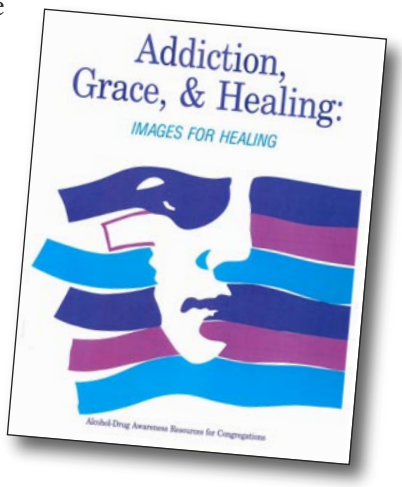
What does our church say?

The following PC(USA) policy statements on substance abuse have been affirmed by the General Assembly.

- *Commissioners' Resolution: Responding to People Impacted by Opioids and Other Addictive Substances*, 223rd General Assembly (2018) (www.pc-biz.org/#/search/3000467), which says "The 223rd General Assembly (2018) recommends that PC(USA) congregations take the following actions, as appropriate, to address the impact the opioid crisis and other substance use disorders have on our churches and communities:
  1. Encourage the leadership of each congregation to acknowledge the challenges caused by the opioid epidemic and other substance use disorders by addressing it in prayers, sermons, educational events, and conversations.
  2. Engage people with substance use disorders in ways that hold them accountable with compassion and grace.
  3. Engage families of those with substance use disorders, responding faithfully to the impact of grief, loss, financial strain, and other factors that addiction has on families.
  4. Recognize and share the Gospel message that is inherent in stories of recovery.

5. Engage in practices that reflect the radical hospitality of Christ in the spirit of the Good Samaritan parable, including offering space for healing for recovery groups, transportation to services, and connections to people in the community.
6. Partner with local treatment and prevention services for ongoing referral and training on how to recognize signs of addiction.
7. Celebrate hope in Christ and affirm that recovery is possible.
8. Participate in events like National Prevention Week in May and National Recovery Month in September.
9. Train on the use of Naloxone (Narcan) and make it available in the church building for emergencies.
10. Create partnerships with nonprofits, government agencies, law enforcement and funeral homes to provide practical and spiritual help for individuals and families coping with substance use disorders.
11. Host [Narcotics Anonymous (NA) or Alcoholics Anonymous (AA)] or other spiritual recovery programs.
12. Host Nar-Anon or Al-Anon spiritual recovery programs for those affected by the disease of addiction for families and friends.
13. Partner with local jails and recovery home operators to offer opportunities for spiritual and social connection after release for people recovering from a substance use disorder.

- The Advisory Committee on Social Witness Policy's report with recommendations *Putting Healing Before Punishment* says, in part:
  The Presbyterian Church (U.S.A.) has a responsibility to provide advocacy "for effective drug policies grounded in science, compassion and human rights" (Minutes, 2014, Part I, p. 630). The "war on drugs" has generated numerous destructive and deadly side effects while failing to deliver an adequate or effective response to the problems associated with illicit drug use. In light of this, we call on church and society to shift approaches: to put healing before punishment. [See https://www.presbyterianmission.org/wp-content/uploads/Putting-Healing-Before-Punishment-2018.pdf.]
- Also see *Freedom and Substance Abuse*, 205th General Assembly (1993), and *Celebrating the Miracle, Worship Resources for Addiction Awareness Services* by Presbyterians for Addiction Action (PAA); get both at www.presbyterianmission.org/wp-content/uploads/celebrating-the-miracle.pdf.
- *Alcohol Use & Abuse: The Social and Health Effects*, 198th GA (1986); offers recommendations for individuals, congregations, governing bodies and church-related institutions; this policy adopted a broad public health perspective on alcohol and alcohol-related problems and suggests a wide range of actions to help diminish the terrible toll we pay each year in wasted health, lives and resources. Download this statement at www.pcusa.org/site_media/media/uploads/oga/publications/alcohol.pdf.
- *Addiction, Grace & Healing*—Alcohol and drug awareness congregational resource; appropriate for all educational activities, Sunday school classes, workshops, study groups, women's groups and men's groups. Suggested sermon themes, hymns and prayers are offered to help center a service on addiction issues. This book was devel-



continued from page 4 . . .

inside at the dark depths. It was from the top of this oil tank that George fell. He didn't dare complain of injury, for he was not to climb those steps. My father had warned the boys. That was the beginning of his back problems.

In his teens, George began to run. I can imagine that he enjoyed the feeling of freedom that he experienced when he was running. In his clodhoppers (high-top leather workboots were daily wear on the farm), he would take off in the late evening after supper to run up and down the road past our farm and those of neighbors.

I also imagine that he began to enjoy the flow of endorphines that running provides, offsetting the dreariness of never-ending hardship on the farm.

George did well in school but lacked confidence and dropped out of school. If it weren't for a former teacher whom he encountered during his first job, he would not have gone to college. With mentorship, he enrolled in college, and went on to complete medical school.

All during medical school and beyond, he ran. He is still running. For 50 years he has been running. And it has taken its toll. In addition to the untreated back injury that he suffered as a boy, decades of pounding the pavement have contributed to deterioration in the spinal column. He is in pain constantly and his doctors have told him to quit running. They have told him he needs surgery, but he is reluctant to have it, partly because he has always worked hard physically and doesn't want to lose flexibility. At the same time, he is reluctant to completely give up running because he fights depression with running.

So he handles the pain with medication. At first, it was ibuprofen. Then it was more: four times the recommended dose of ibupro-

continued in blue on page 6

continued from page 5 . . .

fen. Now it is Tramadol, a pain reliever that carries with it a high risk for addiction and dependence. It can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol.

At a recent family function, George told me that he had inadvertently left his pain medicine at home a few weeks before, when he went on a two-day camping trip with a buddy. He got no sleep despite having hiked for miles. He did not name what it was, but I knew he was suffering withdrawals. That's when I knew my brother, a doctor, is addicted to an opioid.

Even doctors can ignore medical advice. Perhaps they fear an interrupted career. Social stigma. The physical suffering of withdrawal.

My brother says he can stay on his prescribed dose without escalating his use. Meanwhile, the family worries. We fear that a miscalculation could result in a crisis. He was recently diagnosed with a rare form of lymphoma. He is doing well in a clinical trial, but how much additional stress to his body is the pain medicine and the pain he endures?

This is an unresolved case. Please pray for a healthy outcome.

oped in cooperation with The National Episcopal Coalition on Alcohol and Drugs, The Evangelical Lutheran Church in America and the Presbyterian Church (U.S.A.). Download at www.presbyterianmission.org/resource/addiction-grace-healing/.

What can you do?

Host a program

- Here is what one congregation did.
  Almost every day we hear on the radio or read in the newspaper about another member of our community who is living with problems from drug or alcohol abuse. The problem is so widespread, we wonder, "What can be done? Is there something we can do?" Maybe there is. On Sunday, May 5, 2019, First Presbyterian Church in Effingham hosted a group of young men from the program Teen Challenge (teenchallengeUSA.org) who shared their testimonies and transformations. A "love offering" was received for Teen Challenge during worship. After the service, a lunch was served, followed by a short period of discussion. Teen Challenge is a Christian-based residential treatment program in Illinois. Participants work at jobs during the day and return for evening study sessions. Their success rate is higher than most: 72 percent. Often, we deal with problems by ignoring the situation. This program was a way to support and encourage a successful program.[8]
- In Huntington, West Virginia, First Presbyterian Church has renovated a building it owns to make the space available for recovery groups and classes run by a residential recovery program.[9]
- Mary Ann Badenoch, who works remotely for Partnership for Drug-Free Kids in New York City, rented an office in the town of Ticonderoga, New York, population just under 600. She was surprised at the lack of local treatment programs. She says, "There's so much our churches can do. We can start by offering support groups. People need support, encouragement and understanding."[10]

Pray

- Pray for those affected by SUD. See www.presbyterianwomen.org/justice for prayers you can use.
- Pray for wisdom and discernment for your group's efforts to assist those affected by SUD.

Use recommended resources

- Read and discuss *Dopesick* by Beth Macy (Little, Brown & Co., 2018).
- Screen *Nova*'s episode "Addiction"—www.pbs.org/video/addiction-afsxne.
- Learn about faith-based initiatives from the Substance Abuse and Mental Health Services Administration: www.samhsa.gov/faith-based-initiatives.
- Share the resources of Shatterproof.org, a national nonprofit dedicated to ending the devastation that substance use disorder (SUD) causes families.
- Use the opioid toolkit available from the Department of Health and Human Services: www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html.
- Read former PC(USA) co-moderator Jan Edmiston's blog post, "Serving Jesus with Narcan," at https://achurchforstarvingartists.blog/2019/05/29/serving-jesus-with-narcan. She names several ways churches can respond:
  - Stop using stigmatizing language ("actively using,"not "dirty.")
  - Offer Sunday School classes on SUD and its impact on communities.

- Do a prescription pill drive inviting people to bring in all old prescriptions to be picked up by local authorities. (This is better than flushing them down the toilet which pollutes water systems.)
- Install boxes for people to safely turn in needles.
- Start a local needle exchange.

- For work with youth groups, use *Substance Abuse: Overcoming Temptations* (available from the PC(USA) Store, https://www.pcusastore.com). Also available: *Substance Abuse: A Handbook for Young People.*

Advocate and support

- Support recovery and training groups meeting at your church—See, e.g., www.starttalking.ohio.gov. Offer links to resources on your church website.
- Talk about SUD within PW and other groups at your church. Invite people willing to share their stories.
- Share the church's stance on drug policy reform: www.presbyterianmission.org/ministries/compassion-peace-justice/acswp/drug-policy/.
- Learn more the church's position by reading "A View from the Inside/Outside" by J. Bryan Page at justiceunbound.org.
- Advocate for SUD avoidance education in schools and church youth groups.
- Connect with Prevention Action Alliance. Prevention Action Alliance offers a number of programs and networks to encourage prevention across Ohio and nationally, including Know!; Parents Who Host Lose The Most: Don't Be A Party To Teenage Drinking; SMART Bet, the Statewide Prevention Coalition Association; The GAP Network; the Ohio College Initiative to Enhance Student Wellness; and the Ohio Youth-Led Prevention Network.
- Connect with the Harm Reduction Coalition—https://harmreduction.org.
- Advocate for safe storage and disposal of drugs—https://drugfree.org/article/secure-dispose-of-medicine-properly/.
- Google and share your state's drug take-back program—See https://napb.pharmacy/category/medication-collection-and-disposal and http://bit.ly/2tzx9b5.
- Determine whether your church, workplace or volunteer organization could serve the community by having Naloxone on hand—www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio.

Work for policy change/legislation

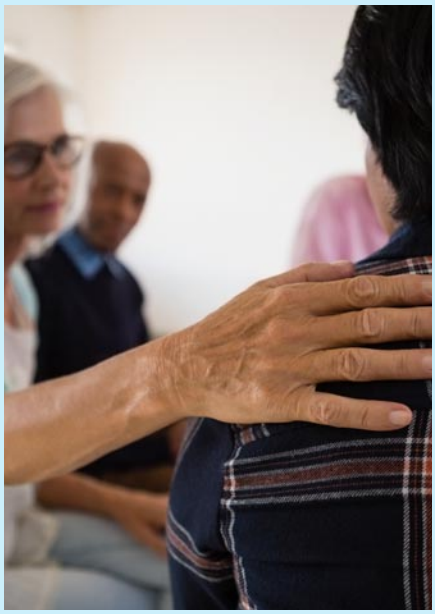
- Call for legislation that treats substance use disorder as a disease, not a moral failing.
- Call for legislation that makes the appropriate intervention (including scientifically proven medication-assisted treatment [MAT] for opioids) readily available and affordable.

Notes

1. Quoted in Substance Abuse and Mental Health Services Association (SAMHSA), *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members*, February 2003; www.samhsa.gov/sites/default/files/competency.pdf; 3.
2. SAMHSA, "Mental Health and Substance Use Disorders," www.samhsa.gov/find-help/disorders; accessed December 30, 2019.
3. SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54) (Rockville, MD: Center for Behavioral Health Statistics and Quality, 2019), 1. Retrieved from www.samhsa.gov/data/.
4. Dietrich Bonhoeffer, *Letters and Papers from Prison* (New York: Touchstone, 1997), 10.
5. SAMHSA, *Key Substance Use*, 3.
6. SAMHSA, *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members*, February 2003, i; www.samhsa.gov/sites/default/files/competency.pdf.
7. Ibid.
8. Sent to PW by Theresa Harner, FPC, Effingham, Illinois.
9. Leslie Scanlon, "Addiction and recovery: Presbyterian congregations respond to opioid epidemic," *Presbyterian Outlook*, September 5, 2018; https://presoutlook.org/2018/09/addiction-and-recovery-presbyterian-congregations-respond-to-opioid-epidemic/.
10. *Mission Yearbook for Prayer and Study*, "Rural Realities: Opioids on Main Street U.S.A.," www.pres

byterianmission.org/yearbook/May-24-2019/.

12. "Update on the Drug Overdose Crisis: More than Prescription Opioids," Power-Pak C.E.: Continuing Education for Pharmacists and Pharmacy Technicians, January 26, 2019, Introduction.
13. "Expanding the Pharmacist's Role in Preventing Opioid Abuse," Power-Pak C.E.: Continuing Education for Pharmacists and Pharmacy Technicians, January 26, 2019, Introduction.
14. Ibid., 3.
15. Ibid., 2.



This newsletter is a publication
of PW in the PC(USA), Inc.
100 Witherspoon St.
Louisville, KY 40202-1396
www.presbyterianwomen.org

Additional reading

- "What to Do If Your Doctor Prescribes You Opioids"; https://elemental.medium.com/what-to-do-if-your-doctor-prescribes-you-opioids-dca16a0d5a87.
- "All of My Relations," a perspective by Madison McKinney of the Choctaw Nation; http://justiceunbound.org/carousel/all-of-my-relations/.
- "Opioid Medications," by the U.S. Food & Drug Administration, at www.fda.gov/drugs/information-drug-class/opioid-medications.

Addendum

The role of pharmacists in mitigation

> One hundred seventy-five. That is the estimated number of lives lost every day to drug overdoses in the United States (U.S.). . . According to the Centers for Disease Control and Prevention (CDC), 68,400 drug overdose deaths occurred during the 12-month period ending in October 2017, up from 43,982 in 2013. . . Pharmacists and technicians, as first-hand observers of the problem should ask themselves what role they can play to halt the crisis.[12]

This quote is from a continuing education series for pharmacists. Another lesson in the same series points out:

> As gatekeepers of safe and appropriate medication use, pharmacists play a major role in preventing and identifying opioid misuse, abuse, and diversion. Pharmacists must carefully assess each prescription for legitimacy and appropriateness and make the final determination of whether an opioid is dispensed.[13]

This same source offers guidance on identifying behaviors or signs and symptoms of abuse, with a view to helping the pharmacist make the carefully considered judgments that are considered important for responsible dispensation of opioid prescriptions. As the author points out, "For many patients, the pharmacy is their most visited healthcare location and they see their pharmacist(s) more frequently than any other healthcare provider. Pharmacists are well positioned to improve appropriate medication use and mitigate medication-related problems."[14]

Some of the advice pharmacists are getting may help faith communities. For example, some of the behaviors that suggest addiction:

- Concurrent abuse of alcohol and illicit drugs
- Evidence of deterioration in ability to function at work, in the family or socially
- Obtaining prescription drugs from nonmedical sources
- Repeatedly seeking prescriptions from other physicians or emergency departments without informing prescriber
- Selling prescription drugs
- Stealing or borrowing drugs from others[15]

In short, helping those with substance use disorder requires a multifaceted approach that includes outreach from compassionate, caring individuals and communities, a knowledgable and prepared community with sufficient resources to serve those in need, and a partnership between medical professionals and caring communities working together to recognize and mitigate the problem.