

TIMOTHY MCMAHAN KING

ADDICTION NATION

*What the Opioid Crisis **Reveals** about Us*

STUDY GUIDE



Harrisonburg, Virginia



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INTRODUCTION

One of the fun things about writing a book is to have others see in your writing things that you missed or weren't fully aware of—even as the author of the book.

Carl Blumenthal, a writer who reviewed *Addiction Nation* for the November 2020 edition of *The Friends Journal*, wrote this about the book:

King quotes from a poem in Rainer Maria Rilke's *The Book of Hours*, which was named for a breviary, or illustrated collection of daily prayers, psalms, and hymns of French monks in the late Middle Ages. Coincidentally, *Addiction Nation* contains 24 chapters, each with a one-word title that, like a mantra, is meant to be the focus of a meditation on some aspect of what it means to be addicted, such as disease, shame, blame; despair, pain, sin; control, choice, denial, and, finally, to recover through faith, love, grace, and resurrection. Furthermore, each chapter is divided into three, four, or five short sections, reminiscent of the rhythm of the quarter-hour "blessings" in a book of hours.¹

A few months later, I sat down to record the audio version of this book. As I read back through my own work, these insights struck me. And I tried to carry them with me as I said all the words out loud.

First, I tried to experience that reading as a recitation not just of chapters but of prayers and intentions. Each section represents an area of reflection that has been helpful and transforming for me, and I hope the same is true for the reader.

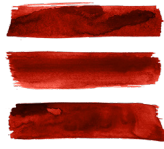
Second, this kind of prayer wasn't just a repetition of the things I hope others would learn, but of the ongoing truths I hope to embody. Just because I've written about a lesson I've learned doesn't mean that I have wholly integrated that truth into how I live my life. I am always in the process of becoming, and to reread my own words was an encouragement and exhortation to continue my own journey of growth.

Third, I hope you have both the time and space to pause and reflect in the midst of a chapter or between chapters to discover the "blessings" that may be waiting. In my experience, it has often not been the direct words of an author that have been the most transformative. Instead, it has been something those words have sparked—a new connection that was made—that have been truly transformative. Almost as if the author put down on paper something that I had always known to be true but could only now remember once their words prodded me to do so.

However you choose to read *Addiction Nation*, I hope it is a blessing. And if you are using this guide, I hope that means the book is something that you are able to reflect on and turn over with others in community. *Addiction Nation* is a book that I hope takes on a new, different, and deeper meaning once some of the lessons in it are not just read and understood but lived and embodied.

—Timothy McMahan King

1. Carl Blumenthal, "Addiction Nation: What the Opioid Crisis Reveals about Us", *Friends Journal*, November 1, 2020, <https://www.friendsjournal.org/book/addiction-nation-what-the-opioid-crisis-reveals-about-us/>.



HOW TO USE THIS GUIDE

This guide is designed for book groups to facilitate discussion around the themes of *Addiction Nation*. There are six sections that cover four chapters each. Most chapters can be read in fifteen to twenty minutes. However, each section includes a short summation of the chapter, and each study question is associated with a quotation from the book. These are intended to remind the reader of the content of the chapters as well as help others engage who might not have done the reading. (We've all been that person. Or, at least I've been that person in the past, and I feel for people in that situation.)

The questions and quotes are meant to help start discussion and don't need to be attended to in order. However, please note that there are many different kinds of ways that people process information and feel comfortable joining in conversation. The questions I put together try to reflect these differences. But it is helpful for groups to bear in mind a few kinds of questions that help keep people involved.

- How does this make you feel?
- What do you think about this idea?
- How do you relate or connect to this experience?
- How could this be applied?

Some of these questions might be too personal for some participants, and it is important to allow everyone to participate in their own way and at their own pace. Included in each section is also an exercise.

These tend to be more introspective questions that might require a longer period of reflection. Facilitators could encourage participants to do this work on their own time, or create a time of quiet reflection where participants work through the exercises on their own and report back to the group.

Please keep in mind that those in your group may have varied experiences with addiction that might be painful, traumatic, or just highly emotional. Some may have struggled with addiction themselves, and others may have been deeply hurt by a loved one struggling with addiction. Don't assume you know another person's experience.

Language matters. One of the big goals of *Addiction Nation* is to reduce the stigma associated with addiction. One helpful way to do that is to use "person-centered language." This approach, for example, tries to make sure that we don't reduce others to only one aspect of their lives—their addiction. I refer to myself as an "addict" in some situations. But when I've seen or heard others refer to me as a "drug addict," it hasn't felt great.

It is hard to change the language that we use! Even though I committed to using different language in *Addiction Nation*, there are a few places where old terms slipped through. I also decided not to change how others used language in quotes that I used, and I also kept the original language if a person referred to themselves in a specific way. It can be a little messy or confusing, but it doesn't hurt to try, and there are

lots of folks out there, like me, who appreciate it. (See below for a list of language shifts to try.)

I've included in this guide a section specifically addressing addiction during a pandemic. This section highlights some important themes in the book and how the coronavirus pandemic connects to them. This section might be unnecessary if your group covers these connections in other sessions. Or it might be a

key place to start, especially if you aren't able to have six separate sessions for book study.

Finally, at the end of the guide are three notes on a few different chapters. These notes include some ways that my thinking or approach has been challenged by others since the book came out. I'm sure I'll add to this list over time.

You've probably heard ...	Try this instead ...
Addict	Person with a substance use disorder
Alcoholic	Person with an alcohol use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with a substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medications for addiction treatment

SECTION 1

Chapters 1–4

The first two chapters are entitled “Beginnings” and “Us.” In these, I hope to introduce the reader to my own story, and also to demonstrate that my story is just one instance of a much larger crisis already unfolding. One of the first lessons I learned was that what I thought was the “opioid crisis” was much broader than just opioids and that its causes went far beyond the drugs themselves and affected all of us.

By chapter 3, I try to introduce a few initial ways to think about what addiction is and what it is not. Then with chapter 4, “Shame,” I name one of the primary reasons things got as bad as they did before the overdose crisis became more of a national and international news story.

Reflection quotes and questions

“To struggle with control of our own actions is at the heart of what it means to be human. Addiction is just one of the most obvious ways that this challenge manifests” (p. 25).

How did it feel to read these sections about the ways we are all connected to addiction? Does this feel true to how you have experienced your life?

“Maybe addiction is a force so pervasive in our culture—so supported by our economy and defining of our human predicament—that we all are vulnerable to it. Maybe we are born into a flowing stream that, unless we actively choose otherwise, will draw us into a flow of addiction” (p. 28).

What are examples you can give of seeing addictive dynamics at play within your community or the broader culture?

“If opioid addiction had the same stigma back then that it does today, we might never have known the name William Wilberforce” (p. 40).

What are ways you’ve seen unfair moral assumptions projected onto those struggling with addiction or substance use disorders? What are some ways we can combat these judgments?

Exercise

“No chains are as strong as the ones we convince ourselves don’t exist” (p. 48).

As you’ve read about and reflected on how we are all connected to addiction, has any area of your life come to mind? You don’t need to share if you feel uncomfortable, but take a moment to write it down privately and come back to that area as you have time to reflect.

Section 1

Your reflection

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SECTION 2

Chapters 5–8

The chapter “Blame” builds off the fundamental question of “What does the opioid crisis reveal about us?” It invites the reader to reconsider the idea of blame on a personal level in the context of someone struggling with addiction. It then points to the next chapter, “Other,” on how we have failed to address this question satisfactorily on a societal level.

Many of the consequences we tend to associate with drugs themselves are actually what happens when drugs are introduced to communities full of trauma, anxiety, and hopelessness that also face a lack of opportunity. Both the drug and the context of its use need to be held together to understand the effects.

The chapter “Despair” names a troubling dynamic at the center of the human experience that has a direct impact on public health. “Pain” explores the primary driver behind addiction. This chapter also points out that many of us have deeply conflicted experiences with pain, and that can make it hard to address.

Reflection quotes and questions

“Addiction is characterized by ongoing use of a substance or continuance of a behavior despite all the negative consequences. Threatening someone who is engaged in self-harm with additional harm is not only often ineffective; it can be counterproductive” (p. 54).

What are some reasons it is so hard to break away from a blaming and punitive consequences model of addressing addiction? What are some prominent ways that old model is still at work in our lives and society?

“Contemporary human sacrifice lives on. It goes by the name of the War on Drugs” (p. 59).

This is a strong statement, do you agree? If so, how have you seen this dynamic at work? If not, where do you think it goes wrong?

“Crack cocaine didn’t cause a wound on the American urban landscape. It was a deadly infection that spread in an already open wound” (p. 66).

What are ways or opportunities to address the inequities named in this chapter on a personal level? Communal level? Societal and governmental level?

“Would you trust someone who tried to take away the thing that had given you comfort without addressing the source of your pain?” (p. 89).

Have you ever had the experience of feeling that others didn’t believe the kind of pain you were in? What are ways that you have learned to manage both physical and psychological pain?

Exercise

“Acedia can afflict those who are out of work and those who work one hundred hours a week. It is a state of uncertainty as to whether work or life has meaning and purpose at all” (p. 74).

Take a moment to think about how you spend a typical day. Are there times you spend on things that you aren’t fully invested in, or that you enjoy but engage in just to pass the time? What are they? Are there other kinds of activities you could substitute for the above that may better reflect your passions?

Section 2

Your reflection

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SECTION 3

Chapters 9–12

The chapter “Sin” argues that the primary “sin” at work is the work of systems and structures beyond the choices of any one individual. At the same time, we can understand our own struggles as cases of mistaken identity. “Substance” provides some history of opium and opioids and challenges common societal misunderstandings of certain substances as inherently evil. In fact, opioids are so powerful because they chemically mimic and induce feelings of love and intimacy.

The exploration of the connection and integration of the physical and the spiritual continues in the chapter “Body.” It also provides a more specific scientific explanation of how addiction changes and corrupts our natural capacity for learning.

“Home” explores important steps forward in understanding the environmental factors in addiction. We can see through this chapter how historical injustices and oppression along with current failures of culture and politics can drive population-wide addiction rates.

Reflection quotes and questions

“While a consequence of sin can be separation from each other, our concept of sin can be one that binds us together in a common struggle” (p. 92).

Have you ever experienced a struggle that was made more difficult because you felt that you couldn’t share it? Were you ever able to share it with another person? If so, what did that feel like?

“All that is created is good. The law, or any kind of moral understanding, is meant to serve humans, not us to serve it. The will of God and human flourishing are the same thing” (p. 107).

Can you provide examples of times when you’ve seen yourself or others put the letter of the law before the spirit that law is supposed to serve?

“Addiction is not, at its root, about liking the thing to which you are addicted—although you might like it at first. Addiction is about wanting it” (p. 119).

Why is it important to understand this distinction between liking and wanting? Have you ever experienced a compulsion to do something you no longer enjoyed?

“Addiction was an adaptive response to major social dislocation. It was how some people were trying to cope with a stressful and dangerous environment” (p. 128–29).

If a major driving factor of addiction is dislocation, as I argue in chapter 12, what are some of the implications for politics, public policy, and culture?

Exercise

“Addiction always mimics something we need. Opioids can provide a temporary boost for a natural system that can ease our pain. At their worst, they take over that system, narrowing our field of vision and disrupting our capacity to feel that love we so desire. This is when it feels like our bodies that were once our friends become our enemies” (p. 109).

Take a moment to think about an area of your life where you have felt the struggle of doing something that you no longer want to do. Without judgment, what do you think could be driving that behavior? Just as opioids can mimic a feeling of love and intimacy we all deeply desire, is there something that your behaviors might be aimed at but ultimately missing?

Section 3

Your reflection

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SECTION 4

Chapters 13–16

With the chapter “Technology,” I hope to explain one of the reasons the overdose crisis keeps getting more deadly. At the same time, some of the most common addictive behaviors in our world today relate to technologies like our phones, social media, and online shopping. And control is exactly what we examine in the next chapter and how our many attempts to gain control of our own lives can misfire and have unintended consequences.

The chapter “Choice” was a tricky one to write. It gets at the heart of one of the longest standing philosophical debates of free will versus determinism. And I hope to provoke some thought and conversation while introducing a few concepts that help us understand how addiction does (and does not) relate to our common understandings of choice.

Then we come to “Denial.” As I wrote this chapter I was not thinking primarily about those who struggle with alcohol and other drugs. Denial is at work in our society through intricate justifications for mass incarceration and punitive approaches to addressing addiction.

Reflection quotes and questions

“We might not even be aware of the ways that our technology changes us until we are changed. We might not notice our dependence on it until it is suddenly gone. We might start off using a technology and not be aware of the ways that it begins to use us. The freedom it initially supplies soon becomes a bondage” (p. 138).

Have you experienced hidden costs of technology in your life? Why do you think it is so hard to make a change even when you think you should?

“If we lose self-control, we lose control of the self, and it isn’t long before the self is lost” (p. 147).

What has it felt like in moments when you’ve lost control of something in your life? Or had control? How have these emotions shifted how you’ve viewed the world around you?

“Addiction is like a cancer of our habits” (p. 163).

Sometimes, addiction is framed as if there is no choice involved. Other times, it’s as if personal choice is all that matters. Does this framework of “habits” allow for a space in between? Do you agree?

“The United States is now forty years into our collective denial of the depths of our own addictions and the rise of the overdose crisis. But the answer is not found in going back to Egypt. Hope is found in the meaning we can make for our future” (p. 173).

In order to chart a new course forward, it is essential to name some of the ways we are collectively in denial. Are there ways you believe your country or broader society is still in denial?

Exercise

“Self-deception can be just as damaging as deceiving another, but it is sometimes prompted by a desire to be a better person than the one you are currently being. Instead of changing the behavior, you tell yourself a different story that lets you maintain your positive self-perception and continue acting the same way. From one angle, this could be a sign of some hope: that is, people engaged in self-deception have a moral compass intact enough to know that what they are doing isn’t right” (p. 168).

Take a moment to reflect on an area of your life where this might be true for you. Are there things that you want to improve, and this desire has led you to cover up some of the ways in which you still fall short?

Section 4

Your reflection

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SECTION 5

Chapters 17–20

These next sections mark a change in the direction of the book. The chapters in these sections focus on the kinds of values and approaches that can help us address addiction in our own lives. They also focus on changes we need to make as a society. These sections contain many of my favorite chapters in the book.

The chapter “Meaning” explores the ways that drug use and addiction are related to the many ways we create and discover meaning in our lives. And it explores how meaning and purpose can be key factors in creating a context for recovery. In the chapter “Perfection” I explore how we all might do better if we learn from the old Alcoholics Anonymous concept of “progress not perfection” as the recipe for growth.

“Becoming” builds on that theme of growth over time and shows why we need to shift old views of “confrontation” to approaches rooted in empathy. “Faith” represents one of the biggest shifts in my personal understanding of addiction and how it functions in our spiritual lives.

Reflection quotes and questions

“Addiction isn’t dangerous because it never tells the truth. Addiction is dangerous because it only tells part of the truth. Addiction’s power is how it mixes the truth and lies. The devil doesn’t come with a pitchfork, hooves, and the smell of sulfur; the devil comes as an angel of light” (p. 175–76).

Has there ever been a belief or habit that you’ve held on to because it started as something good and positive, only to have it become hurtful or negative later?

“Both Christians and addiction treatment would benefit from a banishment of the ‘god of the gaps’—a concept of God available at our beck and call to explain all the unknowns. Sadly, recovery centers across the country are not always grounded in the best evidence of what actually helps. Instead, the focus is on a narrow, and sometimes harmful, view of spirituality that stands in opposition to medical advances. Instead of seeing that meaning is part of the problem, it can be seen as the only problem, [ignoring] the biological and medical aspects of addiction” (p. 183).

Can you provide examples of ways that faith and spirituality have been held in opposition to science?

“My recovery did not start with naming what was wrong: my addiction to pain medicine. It began when I articulated what it would look like for me to be healthy again. Recovery began when I was able to describe my own values and desires, [and]

my hopes and dreams, which would require being free from opioids” (p. 198).

Have you ever experienced moments when you have felt that others have tried to impose on you their own beliefs or expectations? How does that compare to times when you feel like you get to live and act out of your own deepest convictions? How can others help or hurt the process of figuring out the difference?

“Addiction is a kind of faith gone wrong” (p. 209).

How, for you, are addiction and faith alike? What ways do you believe they might be different?

Exercise

“Life is not lived in pursuit of perfection but in creating a wholeness large enough to hold the imperfection” (p. 193).

Think of a struggle or a moment in your life that has caused you shame. Cup your hands in front of you, as if to hold water, close your eyes, and imagine for a moment holding all of those feelings, memories, and experiences. Sit with those feelings for a minute. Then imagine letting go and letting all of those memories fall to the ground. Hold your hands upwards and open to the sky and try to imagine an infinite love enveloping you. Know that the love surrounds you and envelops you even in the midst of things that are hardest for you to hold.

Section 5

Your reflection

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SECTION 6

Chapters 21–24

While the early chapters of this book try to paint the magnitude of the crisis we face, these final chapters depict the ways, both large and small, that we can be a part of the change that is necessary.

In “Hope” we see illustrated in my own life and scientific studies the outsized effects of small positive moments of connection. We continue on with that theme in the next chapter, “Love.” I argue that we need to reframe our primary response to addiction from one of calling for more “willpower” to one that acknowledges the transformational power of giving and receiving love.

“Grace” weaves together my personal struggle with the word *miracle* and paints a picture of how I experienced my own process of recovery. “Resurrection” points to the fact that while our struggles are real, they are never the end of the story.

Reflection quotes and questions

“What we think about addiction is shaped by what we think about those who are addicted. And what we think about those who are addicted can dramatically change the outcomes in a person’s life” (p. 218).

Have you ever experienced the positive or negative effects of the expectations of others in your own life?

“I’m not saying we can daydream our way into a better world. I am saying that if we can’t even dream a better world, than we certainly won’t be able to make one” (p. 221).

Have you ever had a moment when you felt that your capacity for change was restricted or opened up by what you were or weren’t able to imagine?

“What we once battled we have now enlisted as an ally. What we once feared has now been transformed by love” (p. 230).

I use the story of Saint Martha and the dragon to make the case that love is more necessary than what we normally call “willpower.” What role do you think willpower can and should play in our lives?

“Recovery is always a miracle. It is a miracle not because it requires special dispensation from God or because someone curries unique favor with the gods. Recovery is a miracle because life is a miracle” (p. 239).

Chapter 24 is still emotional for me to read. Have you ever had the experience of feeling as if you were blessed by the miraculous? Or let down?

Exercise

“Even when we feel as if we are falling apart, and sometimes because we are, new life is possible for us and our world” (p. 253).

What is one way you might view yourself, and your own personal struggles, differently as a result of reading this book?

What is one way you might view others differently as a result of reading this book?

Is there anything you feel pulled toward to start or do differently in your own community as a result of reading this book?

Section 6

Your reflection

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ADDICTION IN A PANDEMIC

There are a few reasons to look out for the use of alcohol and other drugs right now. We've seen the immediate and direct effects of the coronavirus pandemic, but we will feel the ripples of this global crisis for decades to come. The following is an essay in a few different parts. As a companion to this reading, you could also watch a webinar hosted by the Center of Addiction and Faith in which I address the topic along with Sonia Waters, a professor at Princeton Seminary and author of *Addiction and Pastoral Care*.

The first part of this essay is a summation of some of the factors about why addiction and related issues are already getting worse and will keep getting worse. The second part provides a few key things to remember about addiction when thinking about your own life or potentially the lives of others. The third part offers a few ways to help think about or evaluate a behavior or substance use in your own life.

Driving factors

There are a few reasons we will see addiction and its consequences growing during this ongoing time of lockdowns, but well after the coronavirus has faded, addiction will be our number one public health crisis.

First is isolation. Addiction thrives in periods of dislocation. For a refresher, check out chapter 12, "Home." Strong and stable social connections don't guarantee immunity against addiction, but they do help. Now is a particularly dangerous time for those who have been in recovery, as they lose access to the social supports that were critical in sustaining their recovery. The simple knowledge that you are going to see someone who has played a positive role in your support can be the gentle nudge needed to sustain recovery. For those in a lockdown, many of these connections have disappeared quite suddenly.

At the same time, the pandemic has sped up various changes, with businesses shutting down and industries experiencing disruption in a variety of communities.



Marjan_Apostolovic / iStock / Getty Images Plus

Waves of relocation and upheaval for local communities will undoubtedly contribute to population-wide substance use issues.

Another contributing factor is trauma. There have been many public health warnings about marijuana being a “gateway drug” that can lead to using “harder” drugs or other substance use issues. But the primary predictive factor for problematic substance use isn’t previous use of marijuana, it’s trauma.

Reports of child and partner abuse are on the rise. But extreme and prolonged anxiety combined with the loss of parents or other close loved ones can also be traumatic events with long-term consequences. Consider looking back at chapter 8 on pain.

Third is stress. It might be the most common experience in the midst of the pandemic. And stress itself can be traumatic. Physical and emotional abuse don’t need to be part of the equation for the ongoing stress of finances, childcare, upending of life, and general uncertainty to take their toll.

One of the reasons a substance like alcohol is so addictive is that it does a very good job of temporarily addressing issues like stress. Alcohol really will make you feel better, temporarily. And for many people, the positive benefits of using alcohol to address stress will outweigh the negatives for months, years, or even decades.

Fourth is disruption to your normal schedule. This might seem like a trivial issue, but it can be a significant factor for many people. There are those who used to drink a few nights a week who have now become daily drinkers. There are those who had been drinking daily who have slowly started their consumption earlier and earlier in the day. For some, these changes might only be temporary. But for many others, this might be the new normal.

Shifting cultural norms can also change regular consumption patterns. When all your friends are posting jokes about relieving stress during the pandemic by consuming alcohol, it might lead you to change your own perception of how and when you are drinking.

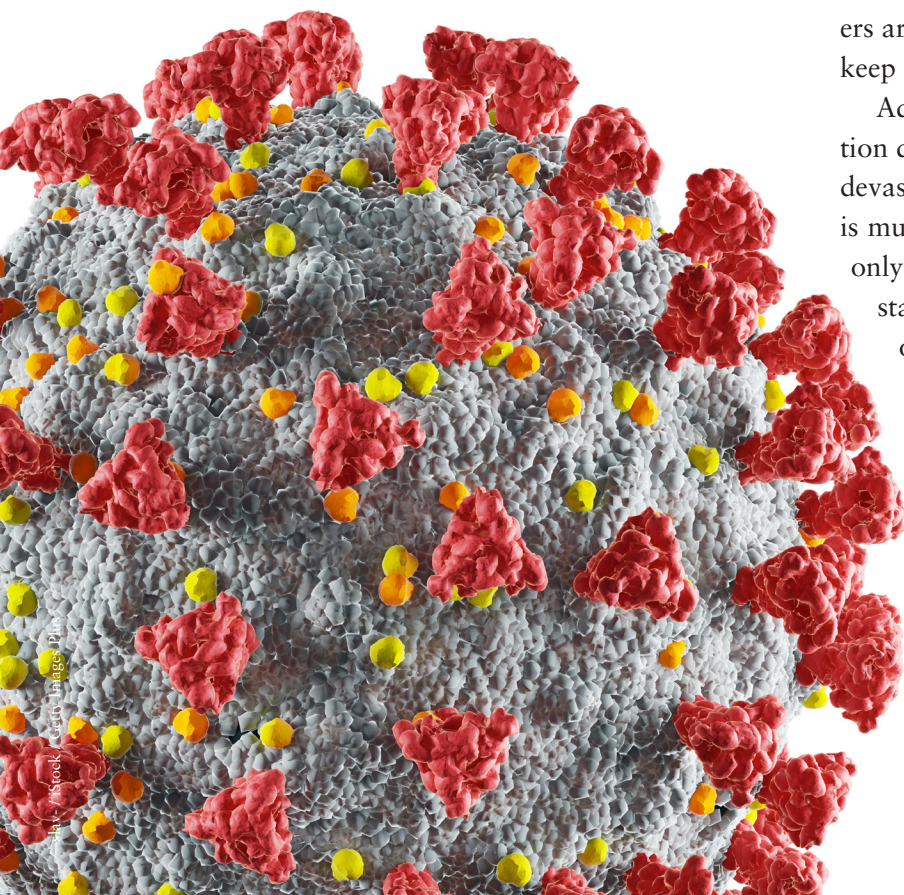
Things to know

Sonia Waters talks about addictions being rooted in coping mechanisms. We often use a particular substance or engage in a certain behavior to cope with all the factors listed in the previous section. Various kinds of substance use is an understandable, but not ultimately sustainable, response to difficult or challenging situations.

Maybe you are wondering about your own drinking or other kind of drug use. Or maybe a behavior, like watching pornography or online shopping, has started to feel out of control. Or maybe you are seeing or wondering about these trends in the lives of others around you. The following are a few key points to keep in mind.

Addiction is progressive. Many stories of addiction describe dramatic descents into uncontrolled and devastating behavior. But much of the time, addiction is much more subtle. For example, you used to drink only on the weekends, but during the pandemic you started drinking every night. Then, over the course of years, you slowly drink just a few more drinks per week, every week. The negative consequences might not be that obvious or disruptive yet. But in a time of crisis, what was formerly relatively controlled can quickly spiral out of control.

Acknowledge ambivalence. People have complicated feelings about their substance use or a potentially addictive behavior. They have both reasons to want to *sustain*



their patterns of behavior and reasons to *change* them. Drinking, for example, really does help relieve stress at first. But over time, the amount needed to achieve the same effect increases and the body's reaction to not having it (withdrawal) also increases. What previously only relieved stress now also causes stress.

Come alongside yourself or others. If you attack someone (or attack yourself), the most likely result is not positive change. It will be a retrenchment and defense of that negative behavior. As Waters describes it, our role is to always “come alongside,”

not “confront.” For more on this, turn to chapter 19 on becoming.

Don't start with labels. In my life, at least, this always triggers my defensiveness or unhelpful comparisons. I don't want to be put in a box, and I can always find someone with whom to compare myself that will make me feel better. Try working through some of these questions below. Try to approach these questions from a stance of compassionate curiosity about yourself or another, not from a position of judgment or the need to defend and explain.

Exercises

Is there a behavior in your life that you think might be causing negative consequences?

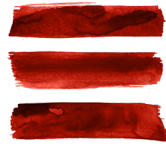
What are the ways you think you might be trying to take care of or protect yourself through this behavior?

Take a moment to think about your coming week. What does your ideal week look like? Now, take an even longer view. What do you hope your life will look like in years to come?

To have that kind of week that you just imagined, or to live the kind of life you hope for, how does your relationship with that behavior need to change?

Sometimes this kind of exercise can feel a little overwhelming. It is a lot to think about and consider! If you are wondering about your relationship with alcohol, start with abstaining for one week. A short commitment to what you think needs to change is always instructive.

Take some time during that week to notice how you feel. Observe if there are times or moments when you feel the strongest desire to return to a previous behavior.



RESOURCES

These are a few initial questions to help get you thinking. There are now many online resources that are more in depth, with both free and paid options. For alcohol, **Drinker's Helper** is based in principles of motivational interviewing and is a good place to start.

Drinker's Helper 

If you are in pastoral ministry and looking for more practical resources, I'd highly recommend Waters's **Addiction and Pastoral Care** (Eerdmans, 2019) as a resource. In addition, consider these two organizations:



Center of Addiction and Faith—A new ministry that focuses on educating, inspiring, and equipping people of faith to address addiction in their congregations and communities. Their website is a rich resource of information and a good introduction to ways that you or your community can get more involved.



Faith Partners—An excellent way to explore starting an addiction-related ministry in your congregation and community. Faith Partners has a long history of walking alongside groups to help them discern and then develop their own responses to substance addiction and other behavioral health issues.



ADDITIONAL NOTES

Chapter 1

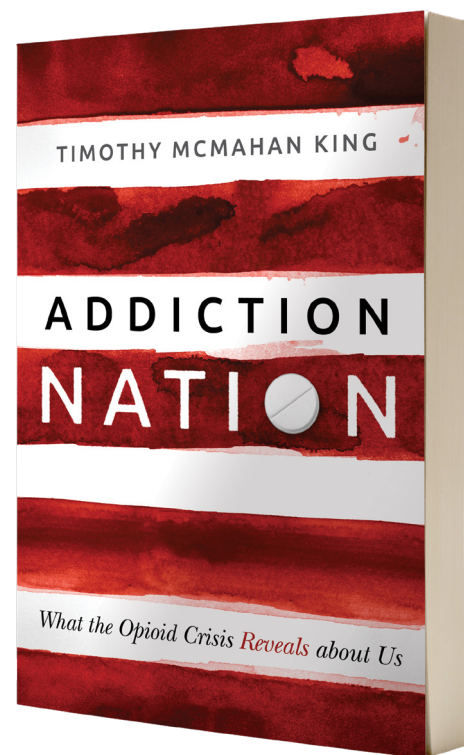
On page 12 of the book I cite a story of a near fatal overdose from incidental exposure to fentanyl. I've since removed this reference from the audiobook version. While stories like this have been widely reported, experts have called many of them into question. The American College of Medical Toxicology released a paper in 2017 noting that the symptoms and information publicly released in these cases aren't consistent with opioid overdoses. They believe, instead, that other factors, including fear of exposure, may have caused the symptoms.

Why is this important? These myths can cause fear among first responders and may make them hesitate to help those who have overdosed. And panic or irrational fear about the substance can fuel bad public policy.

I also removed a reference to a drug bust with enough fentanyl to "give a fatal dose to every resident of New York City and New Jersey combined." In retrospect, I believe this line unintentionally implied that this somehow should be something the reader should be worried about—as if the drug bust didn't happen, that everyone in two states might have somehow been killed instead.

Chapter 8

When I first started researching the opioid crisis, my anger was primarily focused on the wrongs done by pharmaceutical companies. In the time since my book was published, Purdue Pharma has had additional legal action taken against the company and has since filed for Chapter 11 bankruptcy.



I tried to highlight in chapter 8 that simply blaming pharmaceutical companies is overly simplistic. My concern is this: If we think the primary lesson of the opioid crisis was the bad actions of one company, we are missing the point. One researcher, Dr. Jeffery Singer of the Cato Institute, has pushed my thinking in this area even further. He argues that the restrictions on opioid prescriptions have been one of the most significant forces for driving up overdose deaths. Illicit versions of the drugs are so much more dangerous than the regulated and pure medical-grade versions.

There are a few points I'm still not convinced of, but his perspective is well worth reading. You could start with his article "Going after Scapegoats Is Easier Than Confronting Truth."²

Chapter 13

In this chapter, I changed some language in the audiobook version that I wanted to clarify. When talking about fentanyl, I now do more to distinguish between the relatively safe and reliable patches of fentanyl that I was on, and the illicit versions of the opioid bought on the black market. When pure and properly dosed, the drug is pretty safe. It is because people are buying unregulated black-market versions that it is deadly.

One aspect that I now wish I had covered in this chapter is the role that prohibition has played in increasing the use of fentanyl. Black markets are by definition illegal, but they are still markets. That means they respond to market forces. Putting money into stopping the supply side of the equation while there is still demand only means that the supply side is incentivized to continuously innovate.

What that has meant is that there is a lot of market pressure to develop and sell increasingly more potent opioids because they are smaller and easier to ship. What used to require a shipping container to move can now be mailed in a couple of boxes. As long as there is a demand, the black market will find a way to supply consumers. And it only gets more dangerous.

2. Jeffery Singer, "Going after Scapegoats Is Easier Than Confronting Truth," Cato Institute, December 23, 2020, <https://www.cato.org/blog/going-after-scapegoats-easier-confronting-truth>.