Discussion Questions for Part II

1. Limbic System: Why would God create us with a system that has so much power over our behavior? Why is this power at times a good thing and at times a dangerous thing?

2. When Jesus (Luke 22:39-46) was praying in the Garden of Gethsemane and found that his disciples had all fallen asleep he says (verse 41), "Watch and pray that you will not fall into temptation. The spirit is willing, but the flesh is weak." Which part of the brain can be understood as the "flesh," the Limbic System or the Rational Brain (cerebrum) and which part the "spirit?"

3. The Apostle Paul speaks honestly about having a "thorn in the flesh" (2 Corinthians 12:7-9) that he would love to have removed, but it just does not seem to leave him. If Paul is speaking of something other than a real thorn stuck in his skin, could this be something rooted in his Limbic System?

4. When a person is trying recovery what struggles/dangers do they face? If we think of recovery as "walking a tightrope" how does society (government bureaucracies, the church, employers) or former drug dealers or self-loathing shake the tightrope? Who helps a person on the tightrope stay up on it?

5. When a person is struggling with addiction, being ruled by their Limbic System, their rational brain (Cerebrum) is still working, it's just not in complete control. The rational brain knows that stealing is wrong, abusing heroin is wrong, lying to their family is wrong. As the rational brain reminds the person of these sins, they feel worse and worse, but the Limbic System comes to the rescue of these bad feelings and says, "I know what will make us feel better." The person uses again and the emotional pain they felt is covered up for several hours. It is a horrible cycle. What message does the church have for a person caught in this cycle?

Narcan (Naloxone): During this presentation I completely forgot to explain how Naloxone or Narcan works. So please allow me to correct that!

Narcan has been used for years in hospitals to reverse opioid overdoses. Narcan works by blocking the receiving cell's receptors, almost like a Dixie cup being placed over each receptor. This blocks any remaining opioid molecules from attaching to the receptors. When an overdosing person is given Narcan they go into withdraw (detoxing) which is miserable (like the flu, but a hundred times worse). So, the revived person is usually not grateful for the life saving act, but irritable and upset. The problem with Narcan is it does not last as long as opioids in the body.

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Narcan can wear off after about an hour and if there are opioids still left in the body the molecules can reattach to the receptors and the person can overdose again. Some opioids can last in the body for up to twelve hours! It is very important for a person who has been revived by Narcan not be left alone for several hours.

Narcan has no effect on Methamphetamine or Cocaine overdoses.

Medically Assisted Treatment (MAT): Medically assisted treatment is a title given a series of drugs that can be used to help a person reach recovery from opioid addiction. The goal of MAT's is to get a person back in control of their life so they can hold down a job, care for their family and begin to work on their long-term recovery.
Methadone is an opioid that besides being consider a MAT drug is also prescribed for pain reduction. Methadone has been traditionally available to people in recovery through specific methadone clinics. Methadone works slowly in the body and therefore does not cause the quick high (rush) like other opioids. Methadone avoids the withdraw symptoms (detox) because it is an opioid itself and it helps with the opioid cravings a person feels each day. A person taking methadone avoids detox, does not get lost in the euphoric high and has reduced cravings to use more opioids. A person on a methadone maintenance program can take other opioids and still get high, so in any MAT program accountability by drug testing and counseling are a must for recovery to take place. A person on a Methadone maintenance program is addicted to Methadone and will have to be weaned off of it if they wish to reach complete abstinence.

Subutex (buprenorphine) or Suboxone (buprenorphine and naloxone) are also opioids but are not used for pain reduction like Methadone. These drugs help the person trying recovery like Methadone by avoiding the withdraw symptoms, the euphoric high and by reducing the cravings. Subutex and Suboxone can be prescribed by certified family physicians, this keeps a person from having to travel to a Methadone clinic to receive their daily dose. A person on a Subutex/Suboxone maintenance program will still be addicted to opioids. If the person trying recovery wishes for abstinence from all opioids, they will have to be weaned from Subutex or Suboxone. The time and effort it takes to wean a person from these drugs is different for everyone. Like Methadone these drugs can be abused or used with other drugs so a legitimate maintenance program will include accountability with drug testing and counseling.

Sublocade (buprenorphine extended-release) is a long acting form of Subutex and can be administered as an injection once a month.

Vivitrol (Naltrexone) is a once a month injection that blocks the euphoric affects of opioids. To start a Vivitrol maintenance program a person must have completely detoxed from all opioids. Vivitrol does not reduce cravings so counselling and support are an absolute must. If a person relapses while taking Vivitrol they can very easily overdose by try to take enough opioid to override the euphoric blocking effects of the Vivitrol. Vivitrol is not an opioid and a person using it is not addicted to Vivitrol. Vivitrol is also used in maintenance programs for alcoholics.

None of these drugs are effective against Methamphetamine or Cocaine addiction.

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