

Spirit of Harm Reduction

A Toolkit for Communities of Faith
Facing Overdose



FAITH
in harm reduction

Faith in Harm Reduction co-creates a justice movement which connects people who use drugs, people who do sex work, and communities of faith through the development of harm reduction centered spiritual resources, ritual support, and spiritual care.

Welcome to the movement.

Table of Contents

3 **Setting the Table: Why We Are Here**

- 4 The Moral Problem
- 6 What Is Harm Reduction?
- 8 What Is Faith in Harm Reduction?
- 10 Beliefs and Values
- 11 Goals and Strategy
- 12 Invitation to Action

13 **Seeking Understanding: Framing the Issues**

- 14 Definitions
- 16 The Substance Use Spectrum
- 17 Opioids and Opioid Overdose
- 18 Beyond Opioids: Other Drugs
- 19 Prevention and Education
- 20 Overdose Response
- 22 Access to Treatment Options
- 24 Racism and Drug Policy
- 25 *Structural Violence and Awakening to Humanity by Monique Tula*
- 29 Harm Reduction as a Justice Issue
- 30 *On Safety and Interconnection by Nathalia Gibbs*
- 32 Drug-Related Stigma

34 **Blessing the Work: Spiritual and Ritual Resources**

- 35 Building Sanctuary: Creating Welcoming Spaces for People Who Use Drugs
- 38 Sacred Texts: Scripture and Wisdom for Harm Reduction
- 40 Prayers and Blessings
- 52 Harm Reduction Rituals
- 60 Musical Resources

61 **Listening and Learning: Voices of Harm Reduction**

95 **Responding in Action: Next Steps**

- 96 Ways to Get Involved

100 **Resource List**

101 **Glossary**

For all those whom we have loved and lost.

And for all those who need to know that they are loved
and that they are not lost.

A Note about this Resource

This toolkit is a living document, and will continue to evolve and grow as the movement does. New voices, resources, and updates to existing information will be made as we move this work forward. We recognize that this toolkit draws primarily from Christian communities and communities of people who use drugs, but as Faith in Harm Reduction develops, we hope to incorporate resources from other faith traditions, from more people who do sex work, and from other people and groups vulnerable to structural violence. We invite you to learn and grow along with us.

Our Partners

Faith in Harm Reduction is a national collective, with organizational roots at National Harm Reduction Coalition and Judson Memorial Church-United Church of Christ. As a collective, we would not exist without our partners.

Some of our lead partners include:

Urban Survivors Union | Peer Network of New York | New England Users Union | VOCAL WA | HRH413 | Harm Reduction Works | Olive Branch Ministries | Faith in Public Life | Femminary | North Carolina Council of Churches | Enfleshed

This toolkit was made possible with funding from New York City Department of Health and Mental Hygiene and Open Society Foundations.

Setting the Table: Why We Are Here

The Moral Problem

By Erica Poellot

It is true we are in the midst of an overdose crisis, but first and foremost, we are in the midst of a spiritual crisis, of a moral crisis. We are in a crisis, which fails to recognize the full humanity of our beloved who use drugs, which condemns people who carry their burdens and their joys in ways beyond our ability to understand.

We are in a crisis, when whole people, created in the image of the most divine, are re-dacted and fractured, reduced to behaviors and pathologies, dehumanized.

We are in a crisis which stigmatizes and others our most vulnerable neighbors, which limits access to opportunities and rights, to stable and healthy housing, which ensures under- and unemployment, which fuels an industry of exclusion and deportation, which limits elevation through education and prevents people from accessing drug treatment and life affirming harm reductions services.

We are in a crisis.

Most significantly, we are in a crisis which fails to recognize God in Black and Brown people, which terrorizes Black communities through mass surveillance and brutality called policing, which wields racist drug policy to decimate Black families, which fails to recognize the overdose crisis has long been devastating these communities, which fails to celebrate the lives of people of color, proclaims in silence and through the creation of sacrifice zones that Black deaths are more compelling than Black lives.

We are in a crisis.

This crisis is an opportunity. This crisis is also an obligation.

As people who seek to align ourselves with the higher good, who are accountable to the spirit of perfect justice and love, we are called to participate in the emergence.

The emergence of healing. The emergence of freedom. The emergence of the beloved community.

Harm reduction is the beloved community. It is transformative anti-oppression. It is liberation. It is reciprocity and reconciliation. It is sanctuary. It is the gospel. And it is our obligation to ensure that this gospel of dignity, compassion, of love, that this gospel of harm reduction, is accessible to all.

Harm reduction is holy, faith-full resistance, rooted in love and unapologetically insistent on justice. It is the expression of radical welcome, the welcoming of all stories and paths.

Harm reduction calls people by name, and attends to and cherishes the particularities. It is a hospitality that seeks people out, meets them where they are and invites them into loving community. Harm reduction is love that stands with awe at the hardships that people carry, rather than stands in judgment at how they carry it.

It is the proclamation that you are needed, wanted, you are loved and wholly enough. Holy and enough.

We at Faith in Harm Reduction intend this conversation as an invitation for you to join us, partner with us, call on us to take up this holy work of love and resistance, to cherish and lift up the lives of people who use drugs and their communities.

Adapted from welcoming remarks at the August 2017 gathering Shaping Sanctuary: Role of Communities of Faith in Addressing the Opioid Overdose Crisis, at Judson Memorial Church in New York, NY.



What Is Harm Reduction?

(H)arm (R)eduction	(h)arm (r)eduction
A movement for social justice built on a belief in, and respect for, the rights of people who use drugs.	A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Liberation. Love. Harm Reduction.

Faith in Harm Reduction believes in affirming and celebrating the divine and the sacred in people vulnerable to structural violence. That affirmation is not symbolic but necessitates a material and political response. If we are to see our siblings who use drugs as holy, whole, and enough, we must respond to their actual needs, support their agency, and work for systemic justice that will alleviate suffering and provide access to means of pursuing physical, mental, emotional, and spiritual wellness for those whom it has been denied.

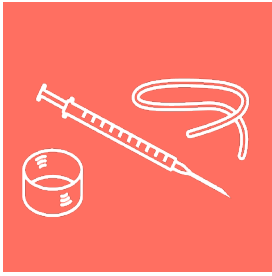
Harm reduction meets people where they are but doesn't leave them there.

Harm reduction is based in **public health**. There is strong evidence for its effectiveness. The scientific debate in this regard has been won.

Harm reduction is based in **human rights**—the right of all people to the highest attainable state of health.

- Professor Gary Stimson, 2010 IHRA Conference, Thailand

Harm reduction services include...



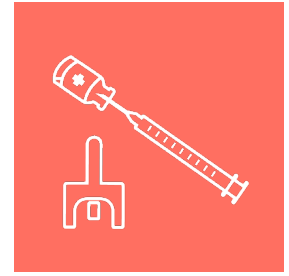
Syringe Access



Syringe Disposal



Safer Drug Use



Naloxone



Medication for
Opioid Use Disorder



Safer
Consumption Sites



Housing First



Referrals

...and more.

A note on H's (h's) and R's (r's)...

While many of these harm reduction (lowercase "h," lowercase "r") services are vital, lifesaving practices, to offer these services without engaging the Harm Reduction (uppercase "H," uppercase "R") philosophy can potentially *increase* harm to people who use drugs. If services are offered in a context that is coercive or disrespectful of people who use drugs, they can reinforce a cycle of shame and oppression. The most effective and ethical harm reduction practices respect the agency of PWUD, treat them as whole persons, and center the lived experience of people vulnerable to structural violence.



Photo by Nigel Brunsdon

What Is Faith in Harm Reduction?

Faith in Harm Reduction is a national collective of faith and community leaders who mobilize spirit, community, and power in partnership with people who use drugs, and has organizational roots at National Harm Reduction Coalition and Judson Memorial Church-United Church of Christ. Faith in Harm Reduction is the only national program and collective formed specifically for and dedicated to building capacity and mobilizing community at the intersection of harm reduction and faith-based organizing.

Born from conversations with communities of faith, harm reduction organizations, and unions of people who use drugs throughout the United States, Faith in Harm Reduction fills a unique role as connector, community mobilizer, and capacity builder, fostering innovative—and previously untapped—cross-sector collaborations to expand and strengthen harm reduction in principle, practice, and policy.

Faith in Harm Reduction fosters opportunities for the co-creation of spiritual community and relationship building in partnership with people who use drugs and other harm reduction community leaders. Through the hosting of events and a growing national network of Faith in Harm Reduction leaders who provide peer to peer support, information sharing, and spiritual care for the harm reduction movement, Faith in Harm Reduction strengthens spiritual resources for harm reduction and intersectional healing and justice movements.

Faith in Harm Reduction has established itself as a national thought leader in ecumenical and interfaith circles on the subject of harm reduction and liberation with people who use drugs. We have elevated our intersectional issue areas into public dialogue, media, and convenings across sectors at the federal, regional, and local levels, as well as inclusion of Faith in Harm Reduction panels and presentations at major drug policy, harm reduction, and faith-based conferences and summits.



Principles of Faith in Harm Reduction

Theologically Based

Our faith compels us to work and advocate for social change and justice through public policy and law.

Led by PWUD/Sex Workers

Centers the dignity, humanity, and wisdom of PWUD/sex workers and amplifies their voices and leadership to achieve healing and social justice.

Harm Reduction Centered

Recognizes individual and community health and wholeness—not necessarily cessation of all drug use—as markers of success.

Challenges Stigma

Seeks to eradicate the stigmatization of people with lived experience of substance use, substance use disorder, and sex work.

Evidence-Based

Understands substance use as a complex phenomenon encompassing a continuum of behaviors, promotes reality-based and culturally competent drug education, and supports scientific strategies for reducing health risks associated with substance use.

Intersectional, Justice-Rooted

Understands that poverty, class, racism, trauma, sex and gender-based discrimination and other social inequities affect people's vulnerability to drug related harm (i.e. overdose, HIV/HCV, incarceration), as well as their access to healing and justice resources.

Respects Multiple Pathways to Healing

Acknowledges that healing encompasses an individual's whole life, including mind, body, spirit, and community, values self-determination, and supports people in crafting their own unique paths to positive change.

Beliefs and Values

PWUD Are Sacred

People who use drugs are beloved. Their lives are sacred and are always worth saving and celebrating.

Love > Law

Loving people is more important than purity codes or civil laws. The highest law IS love.

Free Will

PWUD deserve more choices, not fewer; free will & agency are gifts to be supported.

Prayer and Action

Prayers are vital, but prayers without action perpetuate violence against vulnerable communities.



People First

People come first. Faith in Harm Reduction embodies compassion, dignity, and justice.

Interfaith

All faiths are welcome. No one faith is more important than others. At the intersections, we find illumination.

Community

Partners come together and organize to build strong relational bonds and reach out in unity.

Liberation

We work to liberate people from oppressive systems, love them where they are, and lead into a new future.

Goals and Strategy

Faith in Harm Reduction is a national collective of faith and community leaders who mobilize spirit, community, and power in partnership with people who use drugs.

Our goal is to advance liberation, health, and wholeness for communities impacted by overdose, trauma, stigma of substance use, and racialized drug policy.

We build bridges between harm reductionists and faith communities in order to:

Develop transformative leadership | Strengthen power-building base for harm reduction and intersectional justice movements | Amplify harm reduction, drug policy and racial justice advocacy efforts | Build environments supportive of harm reduction | Create communities of care and healing

We accomplish this through:

Policy advocacy | Strategy Meetings | Relationship Building | Workshops | Training | Healing and Justice Events | Spiritual & Ritual Resources | Press and Media | Theological Resources | Community Mobilization



Invitation to Action

Harm Reduction promotes the idea of “any positive change” (a phrase coined by Dan Bigg and the Chicago Recovery Alliance). Our invitation to you is to make positive change in your thinking, speaking, and acting, both individually and as part of your faith community. Becoming more educated is a positive change. Shifting away from stigmatizing language is a positive change. Engaging in the practices of harm reduction is a positive change. There are many ways to act, and positive change can be made from any starting point.

It is important to note that while we celebrate “any positive change” as Faith in Harm Reduction, we must name the reality that some next steps, if taken in isolation, may be inadequate or even perpetuate harm. While thinking, speaking, and acting are discrete areas of potential growth, they are also deeply interconnected. If a faith community is willing to pray for people who use drugs but opposes naloxone distribution, those prayers become a form of violence against PWUD. In the Christian scriptures, we read, “faith by itself, if it has no works, is dead” (James 2:17). Whatever your faith background, we invite you into the new life that Harm Reduction offers—to join a revolution of love that resists the forces of death and destruction and is building a new world of life and creation.

Whoever you are and wherever you come from in relation to these issues, we invite you to join the movement, to make any positive change, and to bring faith and works together to enact intersectional justice and liberation.



Seeking Understanding: Framing the Issues

Definitions

Opioids

Opioids are a class of drugs used to treat moderate to severe pain. Opioids include some prescription pain medications (vicodin, oxycodone, morphine, etc.), fentanyl (a synthetic opioid), and heroin. Opioids block pain signals between the brain and the body. Opioids can make some people feel relaxed, happy, or “high,” and they can be dependence-forming. Side effects may include slowed breathing, constipation, nausea, confusion, and drowsiness.

Opioid Overdose

Opioid overdose occurs when the brain’s opiate pathways are excessively stimulated such that breathing slows and the victim becomes unresponsive. An overdose may be caused by a high amount of opioids or by a combination of opioids and other drugs. When breathing slows or stops in an overdose, the oxygen levels in the blood decrease. Signs of an overdose can include slow, irregular, or stopped breathing, choking sounds, or a snore-like gurgling noise. For lighter-skinned people, the skin may turn bluish purple; for darker-skinned people, it turns grayish. A victim’s fingernails and lips may turn blue or purplish-black, and the person’s body may be limp and unresponsive.

If an overdose is not reversed, oxygen starvation will eventually stop vital organs like the heart and brain, leading to unconsciousness, coma, and death.

Naloxone

Naloxone (often sold under the brand name Narcan®) is a medicine that reverses an opioid overdose. It cannot be used to get high and is not addictive; if a person is administered naloxone but is not experiencing an opioid overdose, it will have no effect. All opiates respond to naloxone, including synthetic opioids like fentanyl. Naloxone is safe and easy to use and is available as an intramuscular injection, nasal spray, or auto-injector; emergency medical professionals have used it for decades, but anyone can administer naloxone.

Fentanyl

Fentanyl is a synthetic opioid, similar to morphine but more potent (50-100 times more). Despite this, it cannot cause an overdose by skin contact.

Good Samaritan Law

Good Samaritan Laws provide immunity to someone who calls 911 when someone they are with experiences an overdose or alcohol poisoning, protecting them from prosecution should they be in possession of drug paraphernalia. Clearly written and executed Good Samaritan Laws save lives by making people feel safe calling for help in the event of an overdose.

Death by Distribution/Drug-Induced Homicide Laws

Death by Distribution/Drug Induced Homicide Laws vary by jurisdiction, but most create a new charge equal to homicide for someone who delivers (sells or gives) drugs to a person who then overdoses and dies. The stated intent of the law is to increase penalties for high-level drug dealers; however, in many states, friends and family members of those lost to overdose are most often the ones charged under these laws. Death by Distribution Laws discourage people from calling 911 in the event of an overdose and may effectively negate Good Samaritan Laws.

Syringe Access Programs (SAPs)/Syringe Service Programs (SSPs)

SAPs/SSPs distribute unused sterile syringes and other safe consumption supplies and provide participants with naloxone. They also provide safe disposal methods for used syringes and instruct people who use drugs on safe consumption techniques. SAPs/SSPs may be fixed-site, mobile, or a combination of the two. SAPs/SSPs provide connections to treatment options and other medical and social services, including HIV and hepatitis prevention and treatment, and information on medical and mental health care.

Medication for Opioid Use Disorder (MOUD)

Medication for Opioid Use Disorder (MOUD) treats Opioid Use Disorder (OUD) with medication that attaches to opioid receptors (to reduce cravings), blocks opioid receptors, or both. Examples of medications used include methadone, buprenorphine (i.e. Suboxone®), and naltrexone (i.e. Vivitrol®).

Substance Use Spectrum

Substance use occurs on a spectrum, from total abstinence to chaotic use and a whole host of behaviors in between. There are many degrees of use, and the extent to which substance use affects or interferes with a person's life varies by substance and by circumstance. While abstinence is a part of the substance use spectrum, harm reduction does not require it; harm reduction supports safer drug consumption even (and especially) in chaotic use.

Abstinence
Experimentation
Occasional Use
Regular/Social/Recreational Use
Heavy Use
Substance Dependence
Chaotic Use



Adapted from Denning et al,
Over the Influence
(The Guilford Press: 2003).

Harm Reduction supports and celebrates any positive change while resisting a narrative that would treat the substance use spectrum as a moral ladder. A positive change is one that reduces risk to oneself and one's community, that makes space for a person to pursue spiritual, emotional, and physical health and wholeness, that emerges from and increases their agency. One person's positive change may be to start smoking heroin instead of injecting it, thereby reducing the risk both of overdose and of many infections; another's may be to shift from heavy use to occasional use in order to make more time for a job, hobby, or relationship; another's may entail giving up one or more substances entirely to prevent harm. Principles of non-judgment and non-coercion require that none of those choices be treated as morally superior or inferior to another. Everyone's path is their own, but Harm Reduction offers compassionate, evidence-based support on the journey.

Opioids & Opioid Overdose

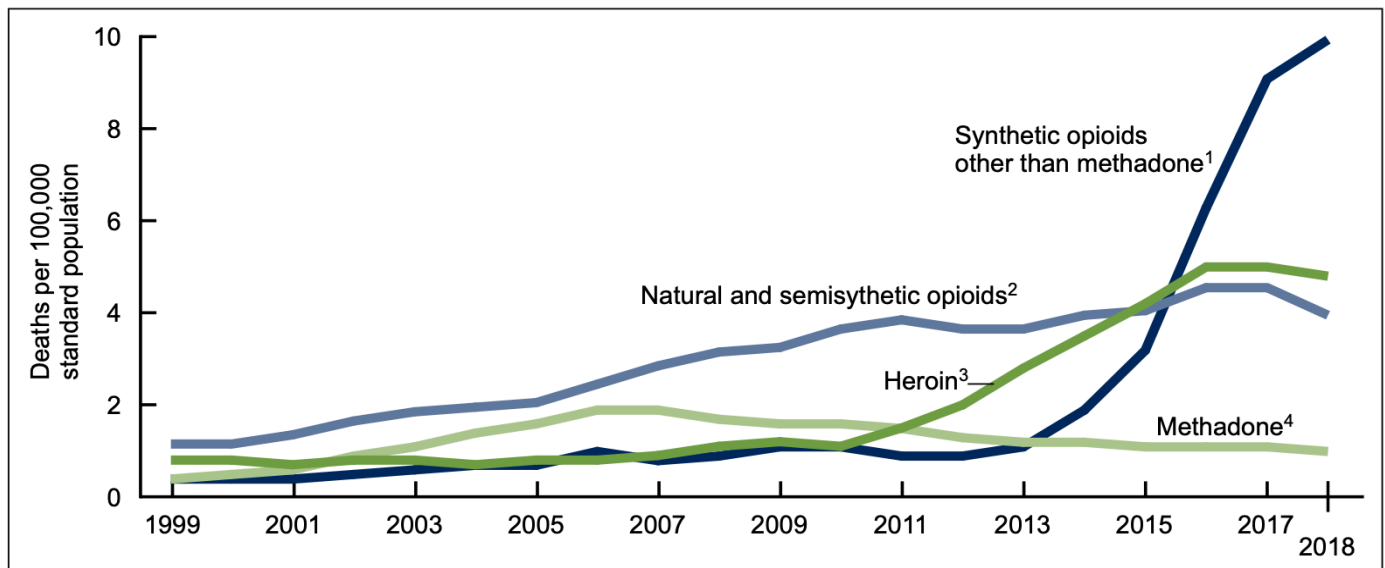
Approx 67,000 people had a fatal drug overdose in 2018 – of which almost 70% involved a prescription or illicit opioid.

Fentanyl-related deaths more than doubled from 2015 to 2016

In 2018, synthetic opioids accounted for 67% of opioid-involved deaths

Centers for Disease Control and Prevention

Figure 3. Age-adjusted drug overdose death rates involving opioids, by type of opioid: United States, 1999–2018

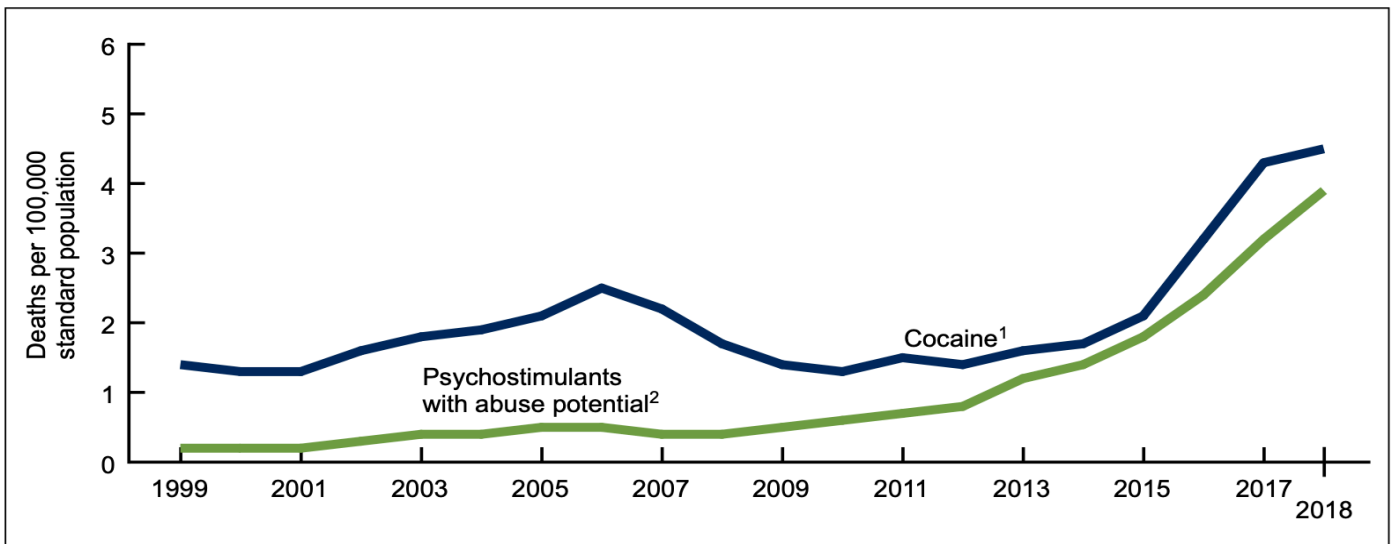


For every drug overdose that results in death, there are many more nonfatal overdoses, and people who have at least one overdose are likely to have another. (CDC.gov)

Beyond Opioids: Other Drugs

Cocaine was involved in nearly 1 in 5 drug-related deaths during 2017. While cocaine-involved overdose death rates in the United States decreased from 2006-2012, they began increasing again in 2012. In 2017, drug-related deaths involving cocaine increased by more than 34 percent, with almost 14,000 Americans dying from an overdose involving cocaine. (CDC.gov) A similar pattern has been seen in overdose deaths attributed to psychostimulants like methamphetamine, ecstasy, etc.

Figure 4. Age-adjusted drug overdose death rates involving stimulants, by type of stimulant: United States, 1999–2018



While popular media focus in recent years has been on a rise in opioid overdoses, it's important to remember that other kinds of drugs can cause harm. People who use these substances also deserve appropriate harm reduction services, dignity, respect, and a voice in advocacy and policy. The material needs of people who use stimulants to reducing drug-related harm overlap some with the needs of people who use opioids, but specific needs for risk reduction and treatment may vary.

Prevention & Education

Risk Factors for Opioid Overdose

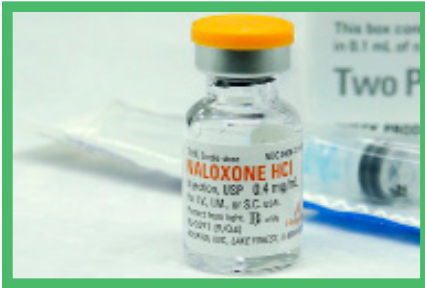
- **Low tolerance** due to not using heroin, methadone, etc. (after a period of incarceration, detox, or abstinence-based treatment)
- **Mixing drugs** like heroin with other drugs, especially “downers” like alcohol and benzodiazepines.
- **Using alone**—you cannot reverse your own overdose.

Strategies to Reduce the Risk of Overdose

- **Go slow**—start with small amounts of the opioid and wait to feel its effects before taking more or mixing other drugs.
- **Stagger use** within a group so that others can respond if your dose is wrong or your tolerance is low, or if the product is stronger than expected.
- **Tell someone** if you’re using alone and be sure they have access to naloxone or can quickly call for help.
- **Stay healthy** by drinking water, eating regularly, staying compliant with medications if living with HIV, Hepatitis C, etc.
- **Protect mental health** by staying on meds if you have a mood disorder or other diagnosis that could affect how much you use.
- **Medication for Opioid Use Disorder (MOUD)**—namely buprenorphine and methadone—can reduce the risk of an opioid overdose.
- **Fentanyl test strips** can alert you to the presence of stronger opioid analogs in your supply and let you know to proceed with caution.

Family, friends, faith communities, etc. can help reduce the risk of an overdose in a loved one by educating themselves, carrying naloxone, speaking non-judgmentally about drug use and overdose risk, and checking in with loved ones about safety plans.

Overdose Response



Naloxone is safe, effective, and available in many states without a prescription. Harm reduction agencies offer naloxone free to PWUD and those close to them.

Signs of an Opioid Overdose

- **Person is unresponsive** to yelling or pain (try shouting their name or rubbing their sternum with your knuckles).
- **Blue or ashy lips or fingernails** may indicate loss of oxygen.
- **Slow or shallow breathing**—less than 1 breath every 5 seconds.
- **Gasping, gurgling, or snoring; vomiting.**

Responding to an Overdose

- **Call 911—if it will not increase harm for the person experiencing an overdose.** Give the address/location and say “the person is unconscious and not breathing.”
- **Check their airway** to make sure nothing is blocking it.
- **Perform rescue breathing** by tilting their head back, pinching their nose closed, and giving one slow breath every 5 seconds.
- **Evaluate** whether they are improving and whether you can get and prepare naloxone quickly enough that they will be OK without your help breathing.
- **Administer naloxone.** For the nasal spray, insert the nozzle into the person’s nose and push the plunger. For the auto-injector or intramuscular forms, inject straight into a large muscle (upper arm, butt, or thigh). If it doesn’t kick in after 4 minutes, repeat. Naloxone wears off after 30-90 minutes, and when the person wakes up, they will be feeling sick, but using again right away puts them at high risk for another overdose. Stay with the person (or be sure someone else can) to check in with them and coach them through a difficult moment.

Establishing a plan for responding to overdose in your place of worship

Congregations benefit from having an established plan for responding in the instance of an overdose occurring onsite. Leadership, staff, volunteers, and congregants should be familiar with the plan, and adaptations should be made for the potentiality of an off-site response, for example at an outreach event.

Overdoses tend to happen in the same places, such as the bathroom. Congregants or visitors to the church may be the first to become aware of an overdose. Therefore, it is important to make sure the congregation knows that they are encouraged to tell a staff person as soon as possible about any suspected overdose.

Knowing an overdose has occurred can be traumatic for bystanders, and they should be reassured and provided clear direction about what to do to create a safe space for the person who overdosed and to ensure that staff and any emergency personnel can do their jobs without interference. This should include clearing the space, making sure hallways are open and having access to telephones to make calls.

Elements of the congregational plan should include:

- Making sure everyone knows where the naloxone is
- Identifying who on-site would direct the response
- Establishing a process for assigning specific roles to staff (i.e. who will administer the naloxone, who will call 911, who will communicate with bystanders, who will help clear the space to create a safe environment, etc.)
- Creating opportunities for staff, volunteers and participants to talk about what happened afterwards
- Providing ongoing spiritual and community support for the person who overdosed
- Arrangements for reporting the reversal
- Arrangements for replacing the naloxone once used
- Walk-through drills for staff every season so the workforce is familiar with putting the plan in practice

Religious organizations and denominations may have their own policies on naloxone storage, emergency response planning, etc., but Faith in Harm Reduction can offer technical assistance developing these as needed.

Access to Treatment Options

There are many different kinds of treatment for a person diagnosed with substance use disorder (SUD). Harm reductionists generally encourage people to engage with the least invasive form of treatment that is effective. While some people may want the kind of long-term inpatient programs usually associated with drug treatment, many people can successfully stabilize with forms of support and treatment that are less disruptive to their daily lives. The following is a general overview of types of treatment, which may be used in conjunction with one another.



Detox/Inpatient Treatment

Detoxification from drug dependence is safest when medically supported; withdrawal from alcohol and benzodiazepines can be deadly. Detox generally lasts for a few days to a week and may be followed by inpatient treatment at a drug treatment facility.

Intensive Outpatient Programs (IOP)

IOP is usually a few days a week and may be recommended as aftercare for detox/inpatient treatment or as a stand-alone element of a treatment plan for SUD.

Medication for Opioid Use Disorder (MOUD)

MOUD (sometimes called MAT, Medication Assisted Treatment) is helpful to many people with opioid use disorder (OUD); a partial or full opioid agonist (or sometimes an opioid blocker) helps curb cravings and prevent overdose.

CBT/DBT/EMDR/Harm Reduction Psychotherapy

Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), and other techniques address underlying trauma.

AA/NA/MARA/Any Positive Change/Harm Reduction Works

Community is vital for anyone trying to change their relationship with a substance. 12-Step groups like AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) may be helpful for people pursuing abstinence-based recovery, and MARA (Medication Assisted Recovery Anonymous) for people on MAT; groups like Any Positive Change/Harm Reduction Works provide support for PWUD seeking more stability in their drug use and in their lives.

More on Medication for Opioid Use Disorder

Medication for Opioid Use Disorder (MOUD) is an evidence-based form of treatment most often used to treat people diagnosed with opioid use disorder (OUD). Although MOUD has been stigmatized as replacing one drug with another, MOUD stabilizes a person's brain chemistry, relieves craving, and, in some cases, blocks the effects of other drugs—making it another form of opioid overdose prevention. MOUD may be used temporarily after stopping the use of a particular drug, or it may itself be a long-term form of recovery.

Three medications used to treat OUD are:

Methadone

Methadone is a full opioid agonist that attaches to opioid receptors, generating an effect and curbing cravings.



Buprenorphine

Also known as Suboxone, buprenorphine is a partial agonist that curbs cravings and partially blocks receptors.



Naltrexone

Naltrexone blocks opioid receptors but does not activate them. It has also been used to treat alcohol use disorder.



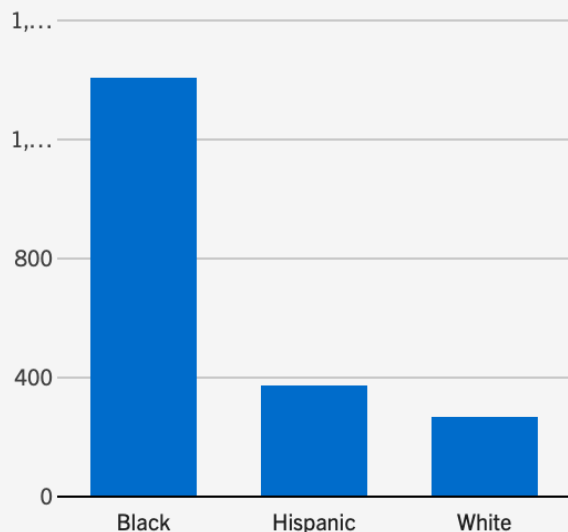
MOUD has been show to:

- Increase survival and prevent overdose
- Increase retention in treatment
- Decrease other opiate use
- Decrease harms associated with acquiring illicit drugs
- Increase ability to gain and maintain employment
- Improve birth outcomes among pregnant people with SUDs

(SAMHSA.gov, adapted)

Racism and Drug Policy

Figure 1. Average rate of incarceration by race and ethnicity, per 100,000 population



Data source: United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. National Prisoner Statistics, 1978-2014. Bibliographic Citation: ICPSR36281-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2015-10-09; U.S. Census Bureau (2013). 2013 Population Estimates. Annual estimates of resident population by sex, race, and Hispanic origin for the United States, states and counties: April 1, 2010 to July 1, 2013. Washington, DC: U.S. Census Bureau.

While people of all races use drugs at roughly the same rates, people of color are disproportionately affected by policing, arrest, and incarceration in the War on Drugs, and they suffer accompanying injustices more than their white counterparts.

“

Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs.

”

- Michelle Alexander,
The New Jim Crow

In the United States, our drug policies—the set of laws, systems, practices, and assumptions that govern how we treat people who use drugs—have never been race-neutral. From their origins as tools to target immigrants and people of color, to the recent public health turn towards compassion for the predominantly white families and communities caught up in the overdose crisis, our shifting responses to drugs have always been intertwined with race. Racialized drug policies both reflect and amplify profound disparities and structures of disadvantage, increase the surveillance and policing of communities of color, and exacerbate existing disparities in healthcare access, employment opportunity, voting rights, and more.

- National Harm Reduction Coalition, adapted

Structural Violence and Awakening to Humanity

By Monique Tula

We are losing a generation to addiction, overdose, and mass incarceration!

Drug overdose and suicide are behind the biggest decline in life expectancy since 1918.¹ At least 1 in 4 people who go to jail will be arrested again² within the same year—often those dealing with poverty, mental illness, and substance use disorders, whose problems only worsen with incarceration.

In stark contrast to the policymakers who created the war on drugs or defaulting to “tough love,” which often leads to more despair and isolation³—the harm reduction community believes there is another way. We believe people who use drugs need positive connections with people who won’t judge them for their behavior. We believe that having a sense of belonging and purpose is just as important as medical and mental health care.

As harm reductionists, our work is to ensure people who use drugs are leading the way in everything from advocating for fair and equitable public policy to designing programs for their peers. For over 25 years we’ve shouted from the rooftops, “people who use drugs matter!” and “the war on drugs is an abysmal failure!” We’ve raged against the machine for nearly three decades, but we’ve also learned how to dismantle it from the inside. As a result, we can celebrate a few wins like expansion of syringe service programs and loosening of the requirements around medication assisted treatment.

Yet, despite what we’ve accomplished, we are seeing unprecedented rates of people dying from fatal opioid overdoses and we continue to witness unprecedented rates of people ripped from their communities and incarcerated for nonviolent drug offenses.

¹https://www.washingtonpost.com/national/health-science/us-life-expectancy-declines-again-a-dismal-trend-not-seen-since-world-war-i/2018/11/28/ae58bc8c-f28c-11e8-bc79-68604ed88993_story.html.

²<https://www.prisonpolicy.org/reports/repeatarrests.html>.

³<https://www.womansday.com/health-fitness/wellness/a55379/help-for-parents-of-drug-addicts/>.

There is no “kinder, gentler” war on drugs. More than four decades after the civil rights movement, regressive criminal justice policies, institutional racism, and capitalism have pushed vulnerable people into society’s bulging margins. If you’re poor or live in a rural area, chances are you may not have access to quality healthcare compared to regions of the country with robust tax bases. If you’re forced to live on the street because you don’t have stable housing, chances are high that you’ll be swept up in urban camp raids and left without the means to care for yourself in a way most people take for granted. If you’re a Black or Brown person, it pretty much doesn’t matter where you live: chances are you will serve a disproportionately long sentence if found to be guilty of a nonviolent drug offense.

There’s a century’s worth of examples of how criminalizing people who use drugs doesn’t work. Communities of color have suffered under the weight of punitive drug policies in an era before the “new face of heroin” emerged as young, and rural or nonurban—which we know is often code for white.

The factors at play that drive what some call “deaths of despair,” including growing health disparities, intergenerational trauma, and dissolution of families caused by mass incarceration to name a few. Some argue that the most powerful factor at play is economic insecurity. In other words: CAPITALISM.

In his book *The Great Turning*, author David Korten describes today’s global “corporate consolidation of power as a contemporary manifestation of the Empire: the organization of society dominated by hierarchies of race, gender, religion, nationality, language, and class,”—each of which has its own hierarchy.

Today’s governing bodies and corporate CEOs are overwhelmingly wealthy, cis white men, who consciously or not, preserve a status quo that keeps them at the top of the hierarchy. Colonization is a mechanism used to extract the world’s resources, dominate human beings, and drive profits. Capitalism, fueled by colonization, class, and racism, is at the core of structural violence which keeps us—the oppressed—in a constant state of struggle.

According to economist Guy Standing, a new social class is emerging as a result of broken social contracts by neoliberalism and the global market economy. The precariat, he says, are a class of people who live in “economic uncertainty, usually in chronic unsustainable debt, [where one] mistaken decision or illness could tip them over the edge into the under-class... [and likely] condemned to social illness” or even an “early death” caused by overdose or suicide.

Lately I’ve been thinking deeply about the state of harm reduction as it exists in contemporary society and I’d like to offer a few observations.

To get a bit metaphysical, my belief is that millions of people around the world are awakening to a higher level of consciousness. There are some dominant themes of this new worldview that include the idea that the universe is a conscious, self-organizing process. Quantum physics shows us how the physical universe is a matrix of dimensions we can see like the sun, moon,

and even our own physical beings. But it also shows that there are other things we can't see, like the vibrational energy that runs through every living thing throughout the universe. In other words, although we exist in separate physical bodies, we are all interconnected. At the deepest levels of our souls, we are one with each other, with the planet, and with the universe.

Our values are changing. More and more people—particularly young people—are moving away from materialism to a deeper, more humanitarian orientation toward life. As we gain greater self-awareness—or consciousness—we're beginning to understand our symbiotic relationship to the planet we live on, which cannot sustain itself with our relentless exploitation of its resources.

Awareness of our interconnection means we're also faced with the individual and collective challenge of connecting with people with different viewpoints, experiences, and values. Which brings me back to harm reduction.

Human beings in general are so identified with their own ego-driven thoughts and viewpoints that we lose sight of our commonalities. We believe our thoughts and viewpoints are facts from which we can't be separated:

I AM A DEMOCRAT. I AM A WRITER. I AM A DOCTOR. I AM A PARENT. I AM IN RECOVERY.
I AM A HARM REDUCTIONIST. I AM—and you're not.

Our minds are conditioned by our environment, upbringing, culture, family background, etc. The ego is very good at misinterpreting reality—it believes the stories it creates and is especially fond of the unpleasant ones that cause the greatest pain and suffering. "To be human is to suffer." Nearly every organized religion acknowledges this phenomenon. The ego's fear and distrust of other people and its tendency to emphasize the "otherness of other" by focusing on their perceived faults is what keeps us divided.

Becoming aware of this behavior doesn't mean we have to disregard or abandon our viewpoints. We simply observe them as viewpoints that we have but they do not define who we are. When that awareness happens, we don't have to prove ourselves right. We don't have to take it personally. Awareness of the ego shows us disagreement with our perspectives doesn't mean we're being personally attacked. That small shift in thinking can be incredibly liberating.

When conflict presents itself, before our judging mind takes over, we're learning to pause and ask ourselves: what is the most loving thing I can do right now? One might argue that is the essence of harm reduction and why so many of us consider it a way of life.

Humans often don't change until we're in a state of crisis. We're there now and it may get worse. But we need the crisis to grow. Society needs to break down so something else can break through.

As more women-identified, trans & gender non-conforming identified people, more queer folk, more Black, Brown, and indigenous people come into positions of power there is a noticeable

shift away from the dying paradigm of heteronormative values and systems rooted in the patriarchy—like top-down control, individualism, binarism, and the scarcity mindset. We're moving toward systems that are rooted in inclusivity, cooperation, nurturance, interrelationship, and a mindset of abundance. We are beginning to believe there really is enough for us all. It's just a matter of how resources are distributed.

Whether biological or cultural, decay and rebirth are characteristic of all forms of evolution. The policies that form the foundation of the war on drugs are rooted in that dying paradigm fueled by capitalism, interdiction, and criminalization. These misguided policies and practices work against connection and compassion, and only serve to perpetuate harm to the very people they're supposed to help. Deconstruction of the old world order will make space for a new, collective consciousness to emerge.

I believe harm reduction was once an avante garde movement now influencing the mainstream. The harm reduction community is the vanguard that took to the streets back in the early nineties. We demanded a response to the fact that people who use drugs were dying from AIDS. We demanded resources, action, and the right to be seen. We demanded an acknowledgment of our interconnectedness and humanity. Because harm to one is harm to us all.



Harm Reduction as a Justice Issue

While race is a central issue for the harm reduction community, the justice concerns of harm reduction expand beyond race. Harm reduction was born as an intersectional movement, fostered by queer and Black and Brown people facing the HIV/AIDS epidemic, and today we cannot discuss drug use and sex work without addressing inequities related to race, gender, sexuality, class, poverty, health care, labor, housing, policing, incarceration, disability rights, and more. It is impossible to pull the thread of harm reduction without unraveling all these other threads as well. Many religions have a liberation tradition, and we invite you to consider what the many justice issues related to harm reduction demand of your faith tradition's messaging around power and liberation.

“ There is no such thing as a single-issue struggle, because we do not live single-issue lives. ”

- Audre Lorde

Harm Reduction as a philosophy and a movement is deeply intertwined with the struggle for justice by myriad oppressed groups. The liberation of people who use drugs is bound up in the liberation of people of color, indigenous people, people with disabilities, women and LGB/TGNC+ persons, poor people, people experiencing homelessness, incarcerated people, pregnant people, and more.

Apart from relationships with existing harm reduction stakeholders and other community partners, Faith in Harm Reduction is actively pursuing strategic engagement with intersectional partners, including groups working on immigration, reproductive justice, racial justice, and more.

On Safety and Interconnection

By Nathalia Gibbs

No matter what movement I'm doing work for, I often open a space by asking folks to define safety. To think about what it looks like, what it feels like, and what we could imagine it to be. I push people to think about it broadly, expansively. To separate comfort from safety, to imagine what it might feel like to be safe even in moments that were difficult. Some find safety in isolation; some want to be surrounded. There are usually asks of forgiveness and support over shame and rejection.

This is similar across many movements. Racial justice, environmental justice, disability justice, abolition, reproductive justice, gender justice, immigration justice, and even harm reduction. People are looking for safety in the world, and safety to exist freely. As we begin to feel out our own identities and look for movements that will prioritize our safety, we often forget how important the intersections can be.

Many organizers reference the importance of decentralization. Giving our work the capacity to be replicated on varying scales in a way that's self-sustaining. Decentralization stresses the value of relationships, communication, and bringing in the periphery. It's how we get our messages out further and further. When we look closely at the interconnectedness of our movements, it becomes clear that they are spokes of the same wheel. The ideas of safety and autonomy are not just common themes but are the single source that generated these movements.

As we continue to build, we must remember this connection. Things that have diverged must converge yet again, as we push past the periphery towards inclusive movements. We must share the skills and strategies that we've learned presently, and those that different lineages have cemented over time. We must remember to build off of each other's work not only because there are people in the intersections, but because the people at the intersections will inform which direction we look next.

When I began doing harm reduction work in Baltimore it made practical sense. People use drugs. In a way that taught me self compassion, I could offer resources and support, while folks were free to accept or reject any offering. I continued doing direct service for a few years before I became a full-spectrum doula. Reproductive justice made sense

to me. I could offer resources and support, for the array of choices people could make around their pregnancies. I figured that skills from one world would help me in the other, but they were two separate halves of my life.

My very first birth client was a young queer Black person who used drugs and did sex work. As their identities converged in this experience of pregnancy, I realized how nuanced intersectionality had to be. I couldn't just use these frameworks separately, I was working with one whole person. Their needs were actively emerging and based in their intersections. I had to build a new framework.

It's not just that our movements are diverse, filled with people who use drugs experiencing pregnancy and black and brown people bearing the brunt of the climate crisis. We must be informed. We must be inclusive. Most importantly, we must realize that the intersections should reframe our strategies. It's difficult, and uncomfortable work, but people must be able to find safety in all of our struggles. When they come to join the fight, we must be ready to hold them in our collective power.



Drug-Related Stigma

Stigma is a social process linked to power and control which creates stereotypes and assigns labels to those who are considered deviant from the norm. Stigma creates the social conditions that make people who use drugs (PWUD) and the people around them believe that they are not deserving of being treated with dignity and respect, or that they must behave (or not behave) a certain way in order to gain acceptance and access to resources.

How we stigmatize people who use drugs

Pathologizing Drug Use & Patronizing PWUD

Implying that PWUD are irreversibly diseased, have no control over themselves, or can never be trusted.

Blaming PWUD & Imposing Our Own Moral Judgments

Telling PWUD that they don't care about themselves or their community and that they don't deserve help.

Criminalizing PWUD

Making assumptions about a person's drug use history and presuming past incarceration, thereby denying them opportunities for employment, etc.

Creating Fear around PWUD that Isolates Them

Believing PWUD are morally corrupt and dangerous, thereby pushing them out of communities of support.

Paving the path out of stigma and toward liberation:

- Start by assuming PWUD are capable, trustworthy, and caring.
- Share resources and education that may help PWUD and their friends.
- Ask clarifying questions to understand their story and their needs.
 - Create plans together based on their goals.
- Resist stigmatizing stereotypes and language; set a better example.

Adapted from National Harm Reduction Coalition.

Language Matters: Reducing Stigma

“And God said, ‘Let there be...’”

This is how creation happens in the Abrahamic faiths: not as a meticulous engineering project, nor a work of magic, but entirely spoken into being. The Word not only communicates the divine intention, it actively accomplishes it. A Word created the world.

Our words, too, create worlds. Words spoken harshly or carelessly may create a world that is unsafe for someone who is sensitive or struggling. Derogatory language, whether used intentionally or unintentionally, can construct a space that may be unwelcoming.

Many common phrases used to talk about people who use drugs and people who do sex work imply stigma, judgment, and shame. This is easy to understand in overtly derogatory instances like the use of terms such as “junkie,” “crackhead,” etc., but language matters in much more subtle ways and can reveal assumptions about a person or their substance use that may be unfair, inaccurate, and harmful.

We at Faith in Harm Reduction encourage the use of person-centered language—language that refuses to reduce a person to their substance use but keeps their humanity at the forefront—to affirm that people who use drugs are sacred, worthy, and beloved. We offer these examples of how to consider words to create a more hospitable world for people who use drugs and people who do sex work.

<i>Instead of...</i>	<i>Try this...</i>
Addict, Junkie, Drug User	Person Who Uses Drugs, Person Who Injects Drugs
Drug problem, Drug abuse	Drug use, Substance use, non-prescribed use
Needle-sharing program	Syringe service program, Syringe exchange program
Clean	Not actively using, abstinent; (re: supplies) sterile, unused
Opioid Replacement Therapy	Medication for Opioid Use Disorder (MOUD)
Prostitute, whore, hooker	Sex worker, person who does sex work
Relapse, On a bender	Return to use, Currently using drugs
Enabling	Supporting, helping, overdose prevention

Blessing the Work: Spiritual and Ritual Resources

Building Sanctuary: Creating Welcoming Spaces for People Who Use Drugs

A sanctuary is a refuge, a safe place where people—often people who are persecuted beyond its boundaries or simply overwhelmed by the outside world—can rest, breathe, and connect to the sacred. A sanctuary is not just a physical space; it is an idea enacted in loving, supportive community. For people who use drugs and people who do sex work, religious buildings have not always been true sanctuaries. Churches and other faith communities have too often perpetuated stigma against them, increasing shame instead of extending grace. We at Faith in Harm Reduction invite you to consider how you can offer sanctuary. According to Erica Poellot, three principles of harm reduction spiritual care are: 1. Offer hospitality and ministry of presence; 2. Meet people where they are. 3. Do no harm. Read on for ways to think about and implement these principles in your community.

“ Maybe I don’t want you to be injecting drugs, maybe I don’t want you to risk your life, but that doesn’t mean that I can’t accept that that is what you are doing with compassion, and ask how I can be helpful to you.

- Dr. Andrew Tatarsky



Hospitality for people who use or have used drugs is...

- a moral act
- resistance
- life-giving and life-sustaining
- reciprocity
- restorative
- transformative
- deep listening
- mutual sharing of lives and stories
- openness of heart
- compassion
- generosity of time and resources
- willingness to make one's life visible to others
- welcome, rest, and promise of reception
- a personal pursuit and a collective action
- a way to transcend borders/boundaries
- essentially rooted in harm reduction
- explicitly non-judgmental
- stigma free and committed to eradicating stigma
- contextual, having different meanings in different locations (health center, community-based organization, church, etc.)
- an act of inviting people in to places they may not otherwise go
- a way to point to a different system of valuing and alternate models of relationships
- about inviting people in as well as reaching out
- about meeting people where they are
- humanizing of drug-related issues
- about universalizing the neighbor and particularizing the stranger
- a recognition of dignity as well as need
- an act of standing with and for
- the provision of physical, social and spiritual nourishment
- pragmatic
- knowledgeable about the issues people impacted by drugs face
- access to low threshold and life-saving resources
- connection
- ultimately shaped by people who use drugs
- committed to seeing the Divinity in each person
- in anticipation of God's hospitality
- a concrete expression of Love

Questions for your faith community to consider:

How does the community/how do people who use drugs know that they are welcome and wanted? (Or are they? Are there conditions?)

How can you strengthen hospitality for people who use drugs/their loved ones in your faith community, both in this moment and in your wildest dreams? What would inclusion/extravagant welcome look like?

What are the barriers to inclusion/extravagant welcome for communities with lived experience of substance use and/or sex work?

What are the challenges and opportunities for your congregation?

How can your congregation be moved around complex issues such as substance use, overdose, and racial justice?

Is it possible that congregational membership would grow with the inclusion of people who use drugs and people who do sex work?

What are steps you can take as a community to become more informed on the topics of harm reduction, substance use, overdose, and drug policy?

What can you do now, as a community or person of faith, to engage the overdose crisis and racial injustice in our communities?

What policies does your congregation have about substance use? At events? On the premises? By employees?

What pastoral care resources are available for people who disclose a history of substance use or overdose?

What education has your leadership received on substance use and resources for people at risk of overdose?

Does the leadership of your congregation reflect the community you serve?

What supports and resources are available for faith leaders with lived experience of substance use and overdose in your denomination/community?

How does your congregation support organizations or coalitions of people who use drugs in your community?

Have you engaged in workshops to reduce drug-related stigma? Have you hosted an overdose prevention workshop at your place of worship?

Sacred Texts

Faith communities' relationships to and definitions of sacred texts may differ, but at the core of any written work deemed holy are acts of storytelling, making meaning, and guiding right living. We acknowledge that some sacred texts have been used to do violence to already oppressed people over the centuries—for example, the defense of slavery using the Bible—and people who use drugs have often been the target of harmful interpretations of religious texts. As a form of resistance to these interpretations, we lift up here excerpt of sacred texts that speak to the spirit of harm reduction. We also point to other sources of wisdom and beauty, spells and poems that may not be formal religious texts but which point us to the sacred. We hope these words can be starting points for your faith community to explore new holy words and to begin to see familiar ones in a new light. May these texts and others you come across offer healing where before there was the violence of outright condemnation or silence in the face of suffering.

Spells and Poems

"Sons and Daughters" by Maya Angelou

"Manifesto: The Mad Farmer Liberation Front" by Wendell Berry

"And the Greatest of These" by John Blase

"The Bravest Thing" by John Blase

"Prophecy Poem (impermanence after Phillis)" Bright Black Broadcast #3

"Radical Gratitude Spell" by adrienne maree brown

"Spell for Grief or Letting Go" by adrienne maree brown

"Won't You Celebrate with Me?" by Lucille Clifton

"Dark Testament #8" by Pauli Murray

"Wild Geese" by Mary Oliver

"What I Have Learned So Far" by Mary Oliver

"A Litany for Those Not Ready for Healing" by Yolanda Pierce

"Blessing in a Time of Violence" by Jan Richardson

"Therapy" by nayyirah waheed

From the Hebrew & Christian Bibles

Genesis 1:26-28

1 Kings 17:17-24

Psalms 46:10

Psalms 107:19-29

Jeremiah 30:17

Ezekiel 34:4

Micah 6:8

Matthew 10:5-8

Matthew 15:1-20

Matthew 15:21-28

Matthew 22:36-40

Matthew 25:34-40

Luke 4:14-21

Luke 7:18-23

Luke 9:1-2

Luke 10:29-37

John 10:10

Acts 3:1-10

Romans 12:2

Ephesians 2:10

Revelation 21:4

Humans are created in the image of God, intended to flourish

The widow's son is raised

Be still and know that I am God

God brings healing and peace

Jesus heals those that are outcast

Israel's leaders are condemned for not healing the sick

God wants us to do justice

Jesus tells his disciples to heal the sick

What goes into someone's mouth does not defile

The Canaanite woman's daughter is healed

Love God, Love Neighbor

How we treat 'the least' is how we treat the Lord

Jesus sent to set the oppressed free

Healing is the sign the Messiah has come

Jesus commands his disciples to heal the sick

The Good Samaritan heals someone he doesn't have to

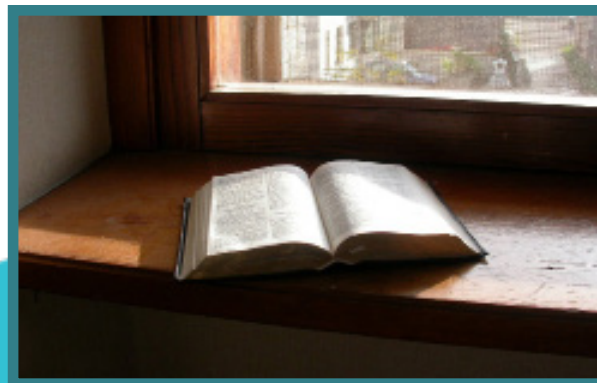
Jesus came that we might have life abundantly

Healing is more valuable than money

Do what is right not what is popular

God created us to do good

Healing is God's ultimate goal for creation



Prayers & Blessings

Prayer means different things to different people, both between and within faith traditions. Some forms of prayer offer intercessions and petitions to what is called God; some are acts of thanksgiving and gratitude; some are less about talking and more about listening; and some have little use for words and instead focus on the silent emptying of self. The prayers and blessings offered here are primarily for use in corporate worship or community spiritual services, but they may also be starting points for personal and collective reflection and for the imagination of other ritual resources.

Call to Worship

By Blyth Barnow of Femminary

One: We are called to be a resurrection people.

Many: It is not only a metaphor.

One: We are asked to come alive again.

Many: Everyday.

One: Everyday we are called to bring our heart,

Many: our spirit,

One: our community,

Many: our relationships,

One: back to life.

Many: Everyday we begin again.

One: Everyday we love someone back from the tomb of oppression.

Many: Sometimes it is us.

One: Everyday we practice resurrection.

Many: We call it our resilience.

One: We call it our resistance.

Many: We are called to be a resurrection people.

One: We are a resurrection people.

Social Action Prayer

Adapted from a prayer by Susie Kisber

May we have the strength, wisdom, and clarity of vision to use our power to work toward bringing peace and an end to oppression of all kinds.

May our rhetoric of inclusivity not be mere words. May we actively engage in dialogue and action to end discrimination and prejudice. May we work toward creating a world where no one is subject to inferior education that renders marginalized peoples and histories invisible.

May we nurture local and global economies that foster sustainable growth and end hunger, homelessness, and inadequate health care.

May our prayers find feet, leading us toward the healing our hearts long for. May our journey create a path for future generations; one of nonjudgmental compassion, hope and love.

May we strive always to reduce harm, empower others, and reach outward, while reflecting inward. May we measure success not on our own scale, but on those those who have achieved greatness in their own way, in their own time.

May we, our loved ones, and those we serve, be protected from harm and find moments to nourish and cherish one another. May we offer each other understanding and support as we travel on our sacred journey of *tikkun olam*, repairing the world.



Photo by Erica Poellot

Prayer of Confession

By Rev. Sonny Graves

One: God, before you we confess that when it comes to our own or our neighbors' use of drugs, we have allowed stigma, shame, judgment, and punishment to deny what you have taught us:

All: **That you love us just as we are and in all that we struggle with. That all people are made in your image. That we are called to love our neighbor, and ourselves, as you love us.**

[Time for silent reflection]

One: God, you know every part of our lives and our souls. You are a Creator of mercy and grace, love everlasting, and resurrection power.

All: **We know a God who calls us as a community to help each other reduce harm and injustice. To comfort the afflicted, and afflict the comfortable. We claim this purpose with our Liberating Christ.**



Photo by Elizabeth Brewington

a prayer for harm reduction family

By Erica Poellot

for all of you.

you, too.

i grew up not going to church but wanting to. wanting a place i belonged, for all of me, needing a place i was loved, for all of me. just one place, i could be all of me. i didn't find it then, with them. but with you. i could be me. i could be all of me. i was loved for all of me. with you.

thank you.

my prayer.

that this gorgeous family of ours. hold you for all of who you are. all of who we are. love you for all of who you are. all of who we are. see you for all of who you are. all of who we are. that we allow ourselves to be ripped wide open with love and awe, for all of who you are, for all of who we are. that the coming in-breaking of love touch all of you. touch all of who we are.

we are gorgeous, family.

love to you.

thank you.

from all of me.



Prayers for Justice, Love, & Liberation

By Erica Poellot, for UCC Overdose & Drug Use Ministries

God of Compassion, draw ever close to us now!

We call upon your divine justice and your fierce love to hold us.

We gather in solidarity with the community of the beloved,
those whose lives are touched by substance use and those at risk of overdose.

We know that we have not been forgotten in this time,
that your love, your healing, your power lift us up in the midst of multiple crises.

That the veil on injustice and violence against the most vulnerable among us is
being torn away.

We claim the fullness of our humanity and dignity which are our birthrights.

Strengthen us, Loving God, as we continue to dismantle white supremacy and its
many structural roots including the racist war on people who use drugs.

Sustain us when hope is hard to come by.

Unleash your Holy Spirit among us, that we can continue to mobilize justice and
love in your name and create communities of health and wholeness where all are
called by name, Beloved.

Amen.

God of Liberation, we ask for your freeing power for all who are bound by the
life-denying stigma of substance use.

During this time, when many are being asked to shelter in place, we acknowledge
that some of us experience this 'sheltering' as isolation and fear for our well-being
and for our lives.

That some of us struggle to access the healthcare and support we need to be well,
and others of us are criminalized.

We understand that our worth and dignity cannot be erased or altered by any hu-
man judgment.

We also understand that none of us will be free, until we all are free.

We are lovingly bound, one to another, this caring community and connection ex-
pressions of your perfect love.

We ask you to help each of your beloved to know that they are connected to you
and your holy and healing love, that we are never alone, that we are seen, that we
are heard, that we are loved.

Hold us. Love us. Free us.

Amen.



Design and photo by Blyth Barnow

Blessing of the Naloxone

By Dr. Sharon Fennema

- One: New life is before us. I invite you to extend your hands toward these kits as we offer this blessing.
- All: Creator of resurrection and light, we come to you with grateful hearts for all the ways your love continues to rise up in our midst. We give you thanks and praise for the Holy drug, naloxone, and the new life that it can bring.**
- One: We know that we need each other to survive, so we ask you to bless these kits, and all those who will use them, and all those who will be in need of them.
- All: Make them and us instruments of resurrection, that suffering will be released, that injury will be transformed, that joy will arise, that strength will take hold, that hope will take wing, and that death will yield to new life.**
- One: Empower us to live into our vocations as people of resurrection, bringers of new life, proclaimers in word and deed of a new day rising. In the name of all that unfurls hope in our midst every moment, we pray. Amen.

A Prayer for Those Who Are Gone

By Blyth Barnow of Femminary

My love, my sibling, my parent, my friend.
Family.
You are family to me.
Your perfection is not required.
It never was.
Not to love you.
Not to grieve you.
You are, and have always been, worthy.
We know the truth of you.
Your love, your contradictions, your challenge.
We know your laughter and hurt and hope.
We carry you with us, even now.
So today we call you by your name.
It is Beloved.
Today we allow ourselves to love you fully.
Today we allow ourselves to grieve you honestly.
We miss you.
And we know that your life, was a life worth saving.
No matter your choices or your struggle.
We miss you.
And we know that your life, was a life worth saving.
No matter your choices or your struggle.
We miss you.
Because grief is born of knowing.
May your memory be a flame for the way forward.
Compelling us to act as agents of resurrection,
Proclaiming loudly that every life is worth saving
And all loss is worthy of our grief.
Amen.

Harm Reduction Prayer/Spell Cards

These cards were created by friends of Faith in Harm Reduction. Stay tuned to get copies of these prayer/spell cards for yourself and to share.

A Spell / In Order / To Live

Near the edge of things seen
Are things imagined
A life slipped between cracks

Shines like broken open coal
And a heart breaks to let light in
Hope imagines things better

When there's nothing left
Hope is always there
To hope is to survive

To survive is to hope
Hope is never easy
To survive

When it's needed most
Hope is always there
Repeat as needed

—Albert Park, #HRH413

**You are wholly loved.
You are wholly enough,
Holy, loved, and enough.**

—Erica Poellot,
Harm Reduction Coalition

You have always been,
and always will be, worthy
of love, care, and connection.
I don't need you to hide.
No part of you is unlovable.
The divine—sacred—God is
yours if you want it. You don't
have to do it alone. We are
capable of holding the truth
of your story. Complicated is
allowed. Your life/the lives of
people you love are valuable,
even if the law indicates
otherwise. You will not lose
everyone. You will help more
than you know. I will attend
to my healing so I can better
attend to yours.

—Blyth BARNOW, Farmministry

I love you just as you are
right now.

And tomorrow I will
love you just as you are
tomorrow.

You are special,
you are strong,
you are resilient,
you are beautiful.

I love you.

—Dianne Carden Glenn, Mami

**Not above me.
Not below me.
Beside me.**

—Jess Tilley,
New England User's Union

You are not alone.

**You are loved
for simply being.**

**You are free
to be you with us.**

This is safe space.

—Michelle Mathis,
Olive Branch Ministry

The War on Drugs Is Not the Answer

A Blessing for International Overdose Awareness Day

By Rev. M Barclay, Enfleshed

It's rare that war is the answer to any problem.
So many innocent casualties.
So much misplaced blame.
Hidden profits.
Secondary trauma.
Communities that will never recover.
And so often,
a less than altruistic agenda
veiled only by rhetoric and power.
The war on drugs is no exception.

They say overdose is the leading cause
of accidental death for those under 50,
but pull back the curtain,
and you'll see it's really this racist, classist war.
Decades of stigma and shame demoralize resistance.
Employing forces of white supremacy
through criminalization and policing,
whole communities are left in the wake of destruction.

The war on drugs is evil.
It only stimulates more violence
while placing blame on its victims
and those who love them.
Too much, and too many, have already been lost.

Love calls us to be conscientious objectors,
protestors, and providers,
joining the chorus of resistance chants
embodied and proclaimed:

Harm reduction is a practice of love.
Solidarity is a practice of love.
Decriminalizing drugs is a practice of love.
Creating communities that watch out for each other is a practice of love.
Disrupting every death-dealing system destroying lives and communities—
this is love.

On this International Overdose Awareness day,
we remember those we have lost.
We grieve. We long. We hope for their eternal peace.

We also celebrate those who have survived.
And give thanks for everyone still with us.

Co-laboring toward abolition of violent structures and systems,
companioning one another through the ruins and rubble of war,
we will pave paths of life together.



For an End to Violence Against Sex Workers

A prayer for the International Day to End Violence Against Sex Workers

By Rev. M Barclay, Enfleshed

God who takes on flesh of the sinned-against,
who defends those made vulnerable
by hate,
by stigma,
by unjust laws and misdirected judgment...

God who speaks softly to those treated harshly,
draw near your justice.

You companion the ones who are scorned
by those who sit on thrones of privileged judgment,
by those who have been taught to hate the spirit of eros and their own bodies,
by those who cry for an end to misogyny, transphobia, white supremacy, and poverty while passing laws that criminalize and further endanger those living at the intersections, finding ways to survive, to thrive, to build community and to make a living through sex work.

You, O God, turn your face from the proud and haughty.
You turn towards love, compassion, freedom, and collective care in all its forms.

In your embrace, may our beloveds taken by violence rest in peace eternal.

By your spirit, may those who keep watch, care for, and protect one another be strengthened and upheld.

Through the fires of your justice may victim-blaming be incinerated,
and all that excuses, encourages, or affirms violence against sex workers, in all its forms, be brought to ashes.

Benediction

From the Opioid Overdose Summit at Baltimore Hebrew Congregation, 2017

By Rev. Donna Schaper & Erica Poellot

MAY GOD BLESS AND KEEP US—

especially those who have been wounded by an epidemic of silence and inaction whose treatment consists of criminalization and condemnation, not compassion;

who can't breathe, smothered by stigma, shame, and White supremacy; whose communities of faith have yet to bring them an expansive grace.

MAY GOD ALLOW GOD'S FACE TO SHINE UPON US—

on those on the frontlines, persistently, consistently proclaiming worth and love;

on those advocating change for loved ones lost, advocating change for their own selves, demanding change for those who have suffered decades of harm that could have been ameliorated by attention and action on those of us here today in this important space;

and especially on those not here with us because they are perceived to be other, hard to organize or work with.

MAY GOD LIFT US UP—

so that our sacred spaces, our tables, these rooms, are more full, full with people with lived experience, Black people, Indigenous people, and People of Color, people whose leadership and wisdom will transform us all.

So that Your gracious and abundant mercy fall upon all of us.

So that we are lifted up into hope, hope which fosters justice and healing.

AND GRANT US PEACE,
THAT PEACE WHICH PASSES UNDERSTANDING,
A PEACE in LIBERATION and LOVE

Harm Reduction Rituals

Some faith traditions refer to the formal structure of their religious services as “liturgy.” While this word often refers to specific words, prayers, and ceremonies, and while people with special qualifications frequently are the ones leading these rites, at its Greek roots the word “liturgy” means “the work of the people.” All human life is a liturgy or a ritual—our daily routines and rhythms, the ways we soothe our fear and anxiety, the ways we engage in conversation and community, our inner dialogue and habits of mind and body—all these and more are informal liturgies. Intentional ritual is an important part of acknowledging our humanity—and the divinity in each of us—and of marking important moments in the lives of individuals and communities. The rituals we offer here are examples of formal liturgies your community can enact together to affirm one another’s belovedness, to bless your work, and to resist the ways in which violence is ritualized in our society—to reduce the harm of rituals of discrimination, oppression, and harm.

Naming Ceremony

*For Lives Lost to Overdose and to the War on People Who Use Drugs
at the U.S. Convening on Overdose, Open Society Foundation, April 10, 2018*

By Erica Poellot

Sacred Source,
The one of no names
And all names

We listen for your voice

That voice which called us together here today
in this place made holy by our presence

That voice which calls us to remember the myriad ways we belong—one to
another—
inextricably and lovingly bound

That voice which call us to our sacred charge—
to presence, to hope, to persistence for liberation.

That voice which can no longer tell its own story, calls us to testify to worth, to
value, to the possibility of resurrection—
to refuse to be silenced.

And just as we have been called together here today,
we act as the voice—the heart—the hands of another call:

The call:

To meet and walk with our beloved, exactly where and as they are

To celebrate the gift of second, third, and more chances—for life-giving

To revel in recovery and resilience, shaped by radical welcome, no matter our path.

To proclaim the memory of those who have taken their leave.

To hold accountable all those who have broken their vows, who have let us die.

call us back—again and again—to the covenant and work of justice, love, and re-
sistance.

Call us back to the work of harm reduction.

For this we are here today.

We gather to vision a collective way forward
Ours, a movement of truth telling, life affirming, of connection.

We gather to honor and learn from the many ways and wisdom with which people
who use drugs have been saving one another, loving one another back to life.

We also gather to remember
The lives of our beloved lost.

We gather to honor the living

And to remember

To remember and hold space for those who are no longer with us in body

That our remembrance of You is inspiration for our way forward.

We are witnesses in this moment.

Let this light be a symbol of our witness,

witness to the communities where those who died did their living and were cared for in their dying, witness to the communities where loss has occurred and has long been occurring—

and witness to the community we create today in our being together.

so let us remember

together.

Following a moment of silence

Please join me in keeping alive the spirit of the beloved we have lost to overdose

Calling them each by name:

[Saying of the names]

We love you.

We are witnesses to your life and the knowing that it was Divine.

Your name, your memory, they are our way forward.

A way that ignites, again and again, your living and our love for you

In all the holy names.

Amen.



Celebration of Lives Saved

*From the New York City Department of Health and Mental Hygiene
LifeSaver Awards Ceremony, October 5, 2017*

By Erica Poellot

*May the words of my mouth, and the meditation of our hearts, be acceptable in
your sight, my God. – Psalm 19:14*

I am acutely aware of the duality,
of the tension alive in this moment,
in our gathering here.

We gather to celebrate
those who have survived,
and
those who have saved the lives of others.

We also gather to remember
the lives of our beloved lost.

We gather to honor the living,
and to remember,

To remember and hold space
for those who are no longer with us

We are witnesses to this moment.

Witnesses to the union
of soulful darkness and spiritual light

To the union
of silent repose and passionate healing

To the union
of immeasurable joy and fruitful sorrow.

To the union of all that have gone before, all that are, and all that are yet to come.

Feel the weight of this duality in either palm,

bring them together

and we pray,

May this tension be our life force,
our way forward,

from remembering

to love

into action.

Amen.



Photo by Nigel Brunsdon

My heart is deeply moved by all that we have been able to save,
by who we have been able to resurrect.

It is also moved by whom we have been unable to save.

So let us remember
together,

make space for those no longer with us in body,
honor the lives we desperately wanted to resurrect, with a commitment to press
on,
and hold in love and comfort those among us who live with pain and with grief.

Following a moment of silence,
please join me in keeping alive the spirit of the beloved we have lost to overdose,
calling them each by name:

[Saying of the names]

We love you.

We are witnesses to your life and the knowing that it was worth saving.

Your memory will be our light for the way forward,
a way that compels us to resurrect again and again your living and our love for you.

In all the holy names, Amen.

Healing with the Healers

For a gathering of harm reductionists in Raleigh, NC, March 2020

By Erica Poellot and Dr. Orisha Bowers

Facilitators may distribute small stones for participants to use in this ritual.

Welcome/Grounding

Find a comfortable seated position, your back as straight as is comfortable, your body relaxed. Close your eyes if you are comfortable, or lower your gaze to the floor in front of you or to the stone in your hand if you are holding one.

Take 10 slow, deep breaths. With each exhale, imagine that you are breathing out all the noise and worry, all the things that want your attention in this moment. Allow yourself this short span of time to relax, to be free.

Continue to breathe slowly, deeply; concentrate on feeling your feet—see if you can feel the place where your feet meet the ground—feeling the solidity that is yours, the ground that is holding you, holding us. Continue to breathe, focusing on your hands. Notice any sensations; if you are holding a stone, notice how it feels in your hand.

Keep breathing, slowly, deeply, keeping a hovering focus on your hands, the stone, your feet, the ground. Finally, bring your attention to your whole body. Let your awareness cover your entire body at once; feel yourself breathing; take ten slow breaths.

As you are ready, allow yourselves to gently return to the space; open your eyes, look around the room, notice the others in this space; thank yourself for this practice.

Soul Questions in Triads or Dyads

What is saving your life right now?

What brings you joy?

What is breaking your heart?

What outrages you?

What is keeping you up at night?

Who are your people?

Who gives you courage?

Take the next few minutes to come up with three words for these prompts: in this moment, what need to be healed? lifted? resisted? loved? leaned into? held?

Write your words on a small sheet of paper.

Reading

Choose a poem or other sacred text appropriate to the gathering to be read aloud. Choose a line or refrain and invite the group to repeat it together. For example: "Prophecy Poem (impermanence after Phillis" Bright Black Broadcast #3; "It will not always be this way."

Sharing Our Words

Invite people one by one to speak their three words aloud. Invite the collective to respond to each person's words with a responsive phrase taken from the poem or sacred text that was read. Invite people to release their paper into the center as they share their words, if desired.

Collective Anointing with Oil

Invite people to come forward, if they wish, and have anointers make a cross, circle, or other simple shape on their forehead or hands, saying a brief blessing: for example, "You are beloved," "Your work is sacred," etc.

Sending Forth

Go in peace and know that you are deeply loved, that you are blessed by the spirit of the Entirety of Being, all that has been, and all that will be.



Photo by Nigel Brunson

Ritual Stations

The following stations were created by a working group led by Blyth Barnow for an event at the 2019 Drug Policy Alliance conference in St. Louis. These stations may be incorporated into a service or event, or they may be part of a centering ritual to open up a gathering. Participants may move among the stations as they feel led and are encouraged to respect others' needs for space and silence.

Sacred Music

Ahead of the event, we asked people what songs made them feel connected to the sacred and created a playlist. Listen to a few of these "hymns." *This station requires a tablet with downloaded playlist, headphones, and comfy seating.*

Sacred Light

Come and light a candle for gratitude, joy, anger, or grief. *This station requires electric votive candles and something beautiful to display them on.*

Sacred Emblems

What are you celebrating today? What reminder do you need today? What reminder would you like to gift somebody with? Design your own emblem to mark this moment and carry with you. *This station requires blank wooden medallions, markers, hot glue gun, paint brush, decoupage, colorful paper, paint pens.*

Sacred Messages

Paint over this card to reveal a message to you from this sacred community. *This station requires card stock, white crayons, watercolor paints, brushes, water and affirmations to write on cards (i.e. "You Are Not Alone," "We Are A Family," etc.)*

Sacred Prayers

Take a moment to read some prayers/blessings/spells, take one with you, or write your own. What are the prayers/blessings/spells that you need to hear, that you want your loved ones to hear, or that you wish your loved ones had been able to hear? *This station requires written prayers, poems, beautiful paper, beautiful pens, container in which to place the prayers or some way to display them.*

Sacred Oil

Many traditions use oil to bless the start of a journey, to heal the sick, or to mark something or someone as sacred. Come receive an anointing for whatever you need today. *This station requires oil and someone to offer words of blessing (i.e. "You are sacred; your life is a blessing," "You are a part of all that is holy," etc.).*

Sacred Water

Hold the stone close to your chest. Think of someone you love. Drop the stone in the water. Watch as that love overflows. *This station requires a container for water, a basin to put under container, stones, and water.*

Musical Resources

Music is an important part of many faith traditions and of human expression and connection. Whether it is a song or chant used in a formal worship setting or a familiar pop tune carried on the voices of a gathered crowd, music allows people to engage their minds and bodies in a unique way, often collaboratively. Musical styles, preferences, and capacities may vary widely—from old hymns to sacred drum circles to meditative instrumental music and much, much, more. We offer these musical suggestions for use in community gatherings around faith in harm reduction, recognizing that these resources will only scratch the surface and that they cannot meet the needs of every cultural and spiritual context. We hope these selections will be both a resource your community can draw on and a starting point for expanding your imagination around ways that music can support harm reduction and relationship building in the context of faith broadly defined.

<i>Song Title</i>	<i>Composer</i>	<i>Source</i>
I Need You to Survive	David Frazier	Lead Me, Guide Me (2nd ed.) #668; Zion Still Sings #214
Beautiful Things	Michael Gungor & Lisa Gungor	worshiptogether.com Songs
Now the Green Blade Rises	John M. C. Crum	Evangelical Lutheran Worship #379, Glory to God #247, etc.
Lord, Whose Love Through Humble Service	Albert F. Bayly	Gather #681, The Presbyterian Hymnal #427, etc.
Brokenness Aside	David Leonard & Leslie Leonard	All Sons and Daughters
I'm Gonna Live so God Can Use Me	African-American Spiritual	Glory to God #700, The Faith We Sing #2153, etc.

Voices of Harm Reduction

As a set of practices and as a movement, Harm Reduction puts people first. To that end, we have worked to collect essays, interviews, sermons, and more that tell some of the human stories of connecting faith and harm reduction. Some of the materials in this section dig in to sacred texts and formal theologies of harm reduction; some are memoirs of personal connections to faith and harm reduction; some are reflections on the human side of the justice issues at the heart of our work. We have chosen not to sort these voices of harm reduction by source or style, recognizing that they each are a different facet of what faith in harm reduction means and that they reflect the light most clearly as a collective. We hope you will find stories and statements that resonate with you, but we also hope you will encounter narratives that are unfamiliar and that even perhaps make you uncomfortable—but most importantly, we invite you to find your own voice, and your community’s authentic voice, when it comes to faith in harm reduction.



You Deserve This Place, You Deserve This Healing

*A sermon on Luke 14:1-14, delivered on September 1, 2019
at First Congregational United Church of Christ, Asheville, NC*

By Hillary Brown, Steady Collective

One Sabbath, when Jesus went to eat in the house of a prominent Pharisee, he was being carefully watched. There in front of him was a man suffering from abnormal swelling of his body. Jesus asked the Pharisees and experts in the law, "Is it lawful to heal on the Sabbath or not?" But they remained silent. So taking hold of the man, he healed him and sent him on his way.

Then he asked them, "If one of you has a child or an ox that falls into a well on the Sabbath day, will you not immediately pull it out?" And they had nothing to say.

When he noticed how the guests picked the places of honor at the table, he told them this parable: "When someone invites you to a wedding feast, do not take the place of honor, for a person more distinguished than you may have been invited. If so, the host who invited both of you will come and say to you, 'Give this person your seat.' Then, humiliated, you will have to take the least important place. But when you are invited, take the lowest place, so that when your host comes, he will say to you, 'Friend, move up to a better place.' Then you will be honored in the presence of all the other guests. For all those who exalt themselves will be humbled, and those who humble themselves will be exalted."

Then Jesus said to his host, "When you give a luncheon or dinner, do not invite your friends, your brothers or sisters, your relatives, or your rich neighbors; if you do, they may invite you back and so you will be repaid. But when you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous."

The lectionary reading for today is just the piece that deals with table fellowship but I felt like we had to talk about the healing. When we read these stories now, the healings Jesus performs lose some weight.

In the beginning of the book of Luke we hear about Jesus' baptism, his 40 days in the wilderness, his return to the synagogue in his hometown. Here, at the very beginning of his ministry, Jesus stands to read from the Torah:

“The Spirit of the Lord is on me,
because the Lord has anointed me
to proclaim good news to the poor.
The Lord has sent me to proclaim freedom for the prisoners
and recovery of sight for the blind,
to set the oppressed free,
to proclaim the year of the Lord’s favor.”

We read this and are animated by this prophetic word. We know that Jesus is about to disrupt everything and do radical social justice work and help realize the beloved community. And in light of this big system change message the individual physical healings that Jesus performs seem small.

The healings are nice things to do along the way towards establishing an upside-down kingdom that puts those on the margins at the center.

But I promise you that this moment when Jesus asks about the law and then flouts it in front of some of its most ardent supporters by putting his hands on a person who is sick, performing a healing, and then sitting down to a meal...this would have horrified onlookers. Physical healings like this are one of the most subversive, disruptive activities Jesus engages in (whether the healings are performed on the Sabbath or not).

During Jesus’ time illness and disability were about moral failing, either yours or your parents. And almost every illness or disability was believed to be communicable. In this equation, if you’re sick, it’s because you were bad, impure, dirty. You will make everyone around you impure, dirty. Your illness, your disability stemming from your bad behavior is also an indictment on your community because somehow a space was created where it was possible for you to do the wrong thing.

Sick people, disabled people (read: bad people) were outcasted from their communities and families. These people lived alone or with other sick people and they begged for money and food. Victims of a strict purity code, ill people were completely set aside and the wall between the clean and the dirty was often impenetrable. Jesus refuses this divide. The healings are of persons; importance for people like the man in today’s reading but they are also returning that person to the community they were ostracized from. Jesus’ healings change the make-up of communities, they restore families to wholeness. And it’s noteworthy that Jesus never seems to pick who to heal. Those in need come to him and without question he touches them and the healing happens. Jesus is showing us that this fate of total separation from community, this designation of dirty/impure/defiled is appropriate of no one. Day in day out, human by human Jesus is doing the work of abolishing this harmful purity caste system.

After Jesus heals the man in the Pharisees house on the Sabbath he walks over to the dinner table and just starts in. This passage is laid out in a funny well-that-escalated-quickly kind of way. Jesus starts out by saying don't take the best seat and probably because you engaged in a little performative humility you'll get bumped up to a better spot at the table or you at least won't be embarrassed by being asked to give up your seat if a more popular guest shows up.

This seems doable.

Then Jesus says actually don't invite your friends or relatives or anybody with money because they might repay you.

Less fun but possible.

And finally he says you should just invite poor people and sick people to dinner. You'll be repaid at the resurrection of the righteous.

When the hell is that!? Who wants to do this?!

We know that any time Jesus talks about meals, the table and what that space and time should look he is providing a metaphor about how the community should look. Jesus is giving instructions about how to structure our lives together.

The community is supposed to center the poor and the sick. They should always be occupying places at the the table. That's the lesson. But what does this even mean for us in this time? We don't have this purity code any more. We don't believe that people who are sick got that way because they're bad, right?

In my work with Steady Collective I do outreach to people who use IV drugs. Most of our participants are homeless or precariously housed. We give people new needles and other injecting equipment to help prevent the spread of Hep-C and HIV. We do minor wound care on site, looking at and caring for injuries that happen sometimes when folks are injecting. Either I or a volunteer will clean the wound and then teach them how to care for it at home or in a tent or behind a building. Many of the folks we work with live in tents and behind buildings because they were left with no other options when they were cast out of their community.

When we don't use drugs we say we are clean so by default people who use drugs, people with substance use disorder are dirty. They have this disorder, these abscesses, this endocarditis, this hepatitis because they used drugs which is criminal/bad. They are sick because they were bad. They defiled themselves. They made themselves impure.

And it isn't just individual stigma that's done what I am outlining here. The systems around us further this harm. People who use IV drugs that end up at Mission Hospital sick, for whatever reason, are prohibited phones, their own clothes, visitors, and are assigned "sitters" to watch them around the clock because they are "high risk". People who use drugs must always be watched because they are always breaking the rules, doing something bad. Even in their need for healing, drug users are bad.

Bad people go to jail where they are separated from their communities. This is convenient if you don't want to break bread with them because they can't make it to your table anyway. Right now scholars are writing articles asking how many times it makes sense to reverse an opioid overdose with naloxone. The drug is expensive after all. Think of the cost to save these kind of people!

Friends, I am here to tell you that the system of separation between the ill and well that Jesus came to abolish has been made anew and is unfortunately thriving. Our community members who use drugs are being separated from us. The line has been drawn and stigma and oppressive systems are holding the line. People living on one side of the line are dying of treatable illness and overdose and heartbreak. Luke 14 tells us this cannot be.

There is nothing explicitly religious about Harm Reduction and its principles. Harm reductionists are required to meet people where they are, to refuse to create barriers to care, and to educate participants about how to be as safe as possible when using drugs inside of a system that at its best is ambivalent and at worst is antagonistic to drug users and their survival. We give people tools to take care of themselves and their friends and we work collectively with folks who use drugs to push through the line, the border, the purity code.

In August folks who received naloxone from Steady Collective reported doing 23 overdose reversals. There are so many folks coming to us to get supplies for friends too ashamed, too cowed by stigma to come to see us for what they need. Drug users are the ones in this hour turning to the advocates of law and order to ask "is it right to heal this person?" and not waiting for an answer before touching the person in pain.

Yesterday was International Overdose Awareness Day. We have lost so many people. We have lost so much community. Many of us in this room sit with that grief in big ways. Drug users face that grief and that fear of death in ways that are hard to even imagine.

In November of 1991, feminist theologian Carter Heyward was wrestling with the grief of the HIV/AIDS epidemic, a crisis that took so many gay folks and people who use drugs from the world too soon.

During a homily at an AIDS healing service she said this:

“All are called but not all choose to stand with one another, in vulnerability and compassion, accompanying one another through pain, fear, loss and suffering, sharing power that is sacred because it is shared.

If we are healers, nothing can separate us from the love of God because, healed and healing, calling one another to life, together we are embodying that which is fully divine- and with and through us, fully human or creaturely: God all rolled up in us and we in God. In this co-inherence we become more fully ourselves.

Greed and fear have become our national and ecclesiastic idols, and we all are hungry for healing in this historical moment of spiritual and ethical famine.”

Aren't you hungry? In the beginning of Luke, right out of the gate, Jesus tells us he has come to heal. And in our passage today he does. We are called to nothing less- to reach across the divide to heal, to accompany, to abolish the divide that stigma and capitalism and the prison system created.

The table is set. The time for healing is right.



Design by Mariyln Reyes, photo by Blyth Barnow

Love Is the Answer

*An Interview with Marilyn Reyes,
Peer Network of NY / VOCAL-NY
by Rev. Sarah S. Howell-Miller*

Marilyn Reyes left the church she grew up in because of the stigma and judgment she experienced during her years of drug use. But she never lost her faith or her connection with her understanding of God.

Marilyn grew up in a Catholic church that felt to her like it emphasized rules, shame, and guilt above all else. In Catholic school, that perception of the church was reinforced by the punitive approach taken by those educators. Despite negative experiences with religion, Marilyn felt a connection to the divine that sustained her in times of trial.



As for so many people who struggle with substance use, Marilyn began using drugs in the wake of trauma. Having experienced sexual abuse as a child, another encounter with sexual violence in young adulthood became her breaking point, and she started using heroin. Just as her family's secrecy around the childhood abuse had reinforced stigma and shame around that trauma, Marilyn experienced judgment toward her drug use in her church and family, with some pushing to send her away to a program, as if she herself were a secret problem to be solved in hiding. Marilyn left the church, but she carried her understanding of God, miraculously unsullied by the punishment and negativity she experienced in the church, with her.

God as Marilyn understands God is loving and caring, no matter what; in her words, "all [God] wants to do is to guide us on our journey." Marilyn's journey took her to prison, through divorce, to being a single mother to four children. She stopped using heroin at 1995 out of fear of losing her children, and though there were many times in the challenging years that followed where she wanted to use, she was helped through by the love and support of those around her, and by harm reduction.

During those stressful years of ending her marriage and becoming a single mom, a relative had encouraged Marilyn to get connected with a harm reduction agency. Several years after that route was first suggested, in 2009, Marilyn walked through the doors of the Harm Reduction Coalition. Through HRC and New York Harm Reduction Educators (NYHRE), Marilyn started engaging in holistic therapy, acupuncture, aromatherapy, and more.

She was intrigued by how different this approach was to wholeness, and it was that difference that pulled her to get more involved. Marilyn started volunteering wherever she could and soon was trained through the peer program at NYHRE. What really attracted her to the work of harm reduction, she says, was that there was no judgment and no stigma, and that the people at HRC and NYHRE treated her like a human being, asking her what she needed rather than telling her what she should do. This was the opposite of her experience of church growing up, but it aligned with her personal understanding of God—as she said, “Jesus came for the people who were going through something”—and in harm reduction, she saw Jesus showing up for those people and for her, and was empowered to show up for others in the same way.

Shortly after beginning her peer work, Marilyn was introduced to advocacy, first through a Ban the Box initiative seeking to remove barriers to employment for felons. Having been convicted of felonies herself, Marilyn knew the frustration of being unable to find a job despite being willing to work, and she dove into that advocacy, especially through Voices of Community Activists and Leaders (VOCAL). NYHRE and VOCAL became her first real jobs, opportunities for her to make money, to learn, and to get her life back. Out of what she has received, Marilyn has continued to give even more to others in need of love and support.

When Marilyn first learned that there were churches wanting to support harm reduction, she loved the idea—finally, an expression of faith that aligned with her vision of who God is. Marilyn believes that harm reduction concepts of everyone’s path being different, of any positive change, are deeply relevant to an expression of faith in God. As she put it, “Love is the answer”—not stigma, shame, and judgment, but mercy, grace, and love.

Marilyn believes there is a lot that churches can do to support harm reduction, from opening their doors to people in need of food and shelter, to offering social services, to distributing naloxone and other needed supplies to protect the lives and health of people who use drugs. If people hadn’t opened their doors to her and embraced her in a time of need, she says, she wouldn’t be where she was today—and communities of faith can offer that love and a safe space. What she hopes to see from churches as they embrace harm reduction is a simple message in word and action: “Come and be loved.” For love is the answer.

Iowa Harm Reduction Coalition Overdose Awareness Day

By Rev. M Barclay, enfleshed / Iowa Harm Reduction Coalition

Good afternoon,

My name is Rev. M Barclay, my pronouns are they/them.

I am the director of an organization called enfleshed, where we believe that all that is Sacred manifests through our flesh—all of our flesh—our bodies, the body of the earth, and in the ways we show up together. To fight for each other's flourishing. To resist all forms of evil and injustice. To love one another well—which includes grieving together, supporting one another wherever life takes us, providing access to risk reduction, community, medical care, and policies that build a culture of health, and equity, and equality for everyone.

That's how we love each other. That's how we survive.
There is so much of that kind of love present here today.
This gathering is a Sacred gathering.
We have heard Sacred truths.

We have held grief that is intimate and personal and also echoes across generations and populations. We have remembered. Beloveds. Their stories. Their struggles. Their love. Their loss.

And in these ways we've been invited to be present—to all of it—to all of ourselves and our own stories—to whatever this day brings up for each of us, to the joy and challenges of being alive, to the dreams we share for our collective futures, and to the grief of futures taken from others.

Thank you to all who have shared in vulnerability and power today by sharing your stories with us. Thank you to all who engage in the sacred labors of harm reduction in its many forms. Thank you for being here. For not giving up on you, on us, on what we can do together.

If you have been told or treated as if your life is not valuable,
that you do not deserve to thrive—or even survive,
that your presence is not desired in the community,
or that you should feel shame because you use or once used,

Let this gathering be a reminder that those messages are lies.

If you have lost a loved one to opioid overdose and have been subject to the judgment of others, to blame against you or your beloved, or to having your grief compounded by social stigma,

Let this gathering be a reminder that those messages are lies.

Your beloveds are held in the eternal arms of love,
the same love that delighted in their creation,
the same love that embraced them in their complexity,
the same love that grieved the ways the world failed them.

No shame, no stigma, no ignorance or unjust policies can separate them from the eternal embrace of love that holds us all together.

If you have been convinced that there's nothing that can be done, that we have no power to change the policies and culture that do our communities harm, or that loving one another well, showing up for each other, and telling the truths that are vulnerable and brave are not worth their sweat...

Let this gathering be a reminder that those messages are lies.

This work has saved lives. You have saved each others lives. There are so many lives yet that will benefit from this work—of your hands, and your labor, and your effort. You who watch over your friends, you who provide naloxone, you who educate and advocate, you who fight for the rights of your own communities—you are embodied hope. And today we remember that truth.

I'm a minister in the Christian tradition, a tradition the claims that collective efforts of love and justice can lead to great reversals of power and stigma.

Those who are powerful and oppressive will be brought down from power—while those who suffer will one day rise and thrive without fear.

In my tradition, we recognize that so often...
The arrogant are those who know the least.

The ones who condemn are often the ones in need of transformation.

And those who think they have the power to decide who does and does not deserve love and compassion, are the ones who are most distant from both.

Meanwhile, the ones who are outcast. The ones who bear the weights of injustice, oppression, stigma and shame. The ones whose radical politics aren't tolerated—among those folks—my tradition says, God is most near.

All the lies of systems and stigmas that destroy lives are revealed as false and those who suffer at the hands of those lies are revealed as bearers of truth. When we work together for a more just society, this becomes so.

In 1971, president Richard Nixon named drug use as “public enemy number one.” But any brief and honest look into the history of the criminalization of drug use reveals a different story with a different enemy.

There is no greater enemy to the health and wellness of our communities, the flourishing of our collective lives, the potential to support each other through whatever challenges life brings us, than white supremacy and the culture and criminal legal system it created.

Since the 1870s, anti-drug use laws have been targeting communities of color, leading to the launch of the war on drugs, skyrocketing incarceration rates of black men beyond the number of those enslaved in 1850, and taking with it casualties of all races and classes. Our friends and family and community members.

Those in power have been working for ages to harden the hearts of the masses against those who use—painting pictures solely of violence, crime, and destruction of life. They point their fingers and make their profit...when all along, they are the ones doing the violence, creating crime, and destroying lives.

Forcing people into unsafe and isolating situations, creating communities of poverty, encouraging judgment and shame and stigma, criminalizing and punishing instead of supporting and providing access to what is needed for survival and flourishing.

May this day be our reminder that through the work of harm reduction, of advocating for just policies and an end to stigma against people who use drugs and those who love them, of supporting one another in struggles and celebrations, we can bring about the great reversal.

Turning the tables, countering the lies of those in power, and revealing what's true: That the war on drugs is a lie. That criminalization of drugs is a system of violence. That people who use drugs deserve safety, community, support, compassion, and most of all survival. And that it doesn't have to be this way. We don't have to keep losing lives to overdose.

Living and proclaiming and enacting these truths is how we love each other.
And in doing so, we honor those we have lost.

In closing, I offer a short poem of gratitude by adrienne maree brown for you who are survivors. Of overdose. Of loss. Of stigma. Of white supremacy. Of classism.

And for you who are laboring for change. And taking care of each other. And continuing live and to love despite your grief. And dreaming of a world where everyone is able to flourish.

you are a miracle walking
i greet you with wonder
in a world which seeks to own
your joy and your imagination
you have chosen to be free,
every day, as a practice.

i can never know
the struggles you went through to get here,
but i know you have swum upstream
and at times it has been lonely

i want you to know
i honor the choices you made in solitude
and i honor the work you have done to belong

i honor your commitment to that which is larger than yourself
and your journey

to love the particular container of life
that is you

you are enough
your work is enough
you are needed
your work is sacred
you are here
and i am grateful

Thanks be for the courage and love and compassion in each of you and may blessings of honest joy meet you in the midst of this Sacred labor we share.

the lament comes hidden in plain sight

By Albie Park, Harm Reduction Works - HRW

the lament comes in pieces
breadcrumbs lead somewhere

happily ever after
is a promise broken

when what is real
is happiness built

from nothing given
take what you like and leave

the rest will be picked
over and over again

from nothing
given nothing taken

a way of life
the fruit's strange

swinging
in trees

ripened
by sun

picked at the peak of freshness
to make other men rich

someone has to pay
for the grace of god

to be twisted into things
i cannot change

the wisdom to know
the difference

between right and wrong
is a gray scale

from light to dark
from dark to light

of genteel days
forced labor in the fields

makes cold the sweet
tea sipped on verandas

quiet laughter
as spirits break

to make a way
of life bought and sold

the matter of goods
that never belong

to those owned
by heritage not hate

is a life of heritage
owned by hate

from sea to shining
see the light cracks

open the heart of the matter
is a broken open thing

what happens in the end
of days gone by

is the camel
through the eye of the needle

tasty morsels
passed one by one

flesh made small
as coins pressed

hard in the hands so tight
blood trickles down

affects nothing but air
we can't breathe

Blessed, Black, and Beloved

Excerpts of Loving Letters to My Sacred Self

By Dr. Orisha Bowers

If my black body could talk, it would say, "I see you. All the things that others have found to be repulsive are what make you uniquely you. Fearfully and wonderfully made. Your bone of ancestral bones giving infrastructure to nations. Breasts, dripping life source to be suckled by the multitudes. Your body, commodified, co-opted, and curated for the benefits of others. Both the menu and on the menu to be devoured." If my black body could talk, it would say, "Thank you for saving me, loving me, protecting me, restoring me, in spite of those who slay me." Wrapping my arms around me to embrace every scar and stretch mark. Holding myself tightly to feel my breath rise and fall. Seeing the fear fall away. Inhaling love and exhaling fear I begin to re-member myself. Placing back the parts of me that I had severed and disconnected in order to make myself acceptable to others.

* * *

Somebody lied to me several times. Senselessly, told me that I was nothing. They said I was a nobody. Somewhere between the nothing and the nobody, I believed them. I trusted what they said more than I trusted what the most High God said concerning me. Who are they? Why would I believe them? They are not the absolute truth. So, I must forgive myself for believing lies about myself. No more days shall come where I believe their report over God's.

* * *

I deserve love because God created me. I was created in God's image and if that's true then I have a birthright for greatness. I invest in the greatness of others through simple things. I love God and I love God's people. This is the way of harm reduction.



Spirit of Harm Reduction

*A sermon delivered on April 23, 2017
at Judson Memorial Church, New York City, NY*

By Erica Poellot

*Come to me, all you that are weary and are carrying heavy burdens,
and I will give you rest. – Matthew 11:28*

My call came on Thursday January 2, 2003.

It began with a knock on the door, a reluctant shuffle, a wrestling match between
dope sick hands and a doorknob, the eventual recognition that my present hope lay
with the womxn who stood on my stoop.

Sidnee

Sidnee, deep dark brown and doe eyed, Sidnee,
ever-generous smile, wrapping all in her warm
Sidnee the beauty, clutching a box full of items she had long borrowed from me

Still Sidnee the beauty, and now, in a process of healing Sidnee

I hadn't seen Sidnee in years,
a parting of friendship, like scores of others,
crafted by incarceration, disappearings called treatment,
by overdose, by death

To be honest, I had forgotten about Sidnee.

I had forgotten a lot.
It was a purposeful forgetting
It was my escape.

Escape from pain, from rape, from trauma, from the shame of supporting myself by
whatever means necessary.

Escape from self. Especially escape from self.

Forgetting was my escape and dope was my forgetting.

I had forgotten Sidnee
Sidnee had not forgotten me.

Sidnee spoke

Sidnee spoke in a voice both frightening and foreign. She spoke of dope, of sick, of pain she called her own

She also spoke of hope, of healing

She spoke, her broken body up against mine, sister to sister she spoke...I will be with you.

Sidnee spoke

I went to my first meeting that Friday night

I went to my first meeting because I was out of dope

I went to my first meeting because I was tired of doing what I did to get by and to get off

I went to my first meeting because Sidnee had gone before

I went to that first meeting on that Friday night because the fear in me and of me outsized the hope I had in the world

I went to that first gathering because Sidnee went with me.

When I first delivered the fuller sermon detailing my call, I debated at some length whether I would begin this message in this way.

Not because I imagined my story is one that people had not heard and/or experienced,

Nor because I had regrets or shame about the many selves I have moved through and into up until that point.

Nor because I am apologetic about the incredibly resourceful ways I crafted and employed to move myself through trauma to surviving, but simply because it is stigmatized.

Drug use. Being a person who uses drugs or is in a process of negotiating their relationship with drug use, is stigmatized.

Hiding one's whole self, the inability to truth tell, in church, in community, in relationship with the Divine, is an incredible pain, is exhausting.

Come to me, all you who are weary and carrying heavy burdens and I will give you rest.

Come to me. Come to me with all of you.

This is an invitation into relationship.
This is an invitation to connection.
This is an invitation to the inclusion of you in the all.

For people who use drugs and the people who love them, this connection, this inclusion, this invitation shaped by compassion and loving regard for the fullness of one another's humanity is the embodiment of harm reduction...

is the expression of loving welcome,
the welcoming of all stories and paths;
it calls people by name, and attends to and cherishes the particularities.

It is a hospitality that seeks people out, meets them where they are at and invites them into loving community.

Harm reduction says come to me, all you. Come as you are.

The myriad ways in which people carry burdens that are beyond our ability to understand or relate to, are deeply stigmatized.

Stigma is a heavy burden.

This stigma can seem insurmountable, an opaque barrier to community and connection –

obscures any vision of healing,
movement towards wholeness.

Stigma is both placed on and taken in,

Stigma shapeshifts.

Whole people created in the image of the most Divine are redacted and fractured, reduced to behaviors, pathologies, and criminality, projected upon with fear, anger, and misunderstanding....

are made other.

Stigma permeates every cell, threatens to rupture the increasingly fragile tissue of life – relationships with family, friends, health care providers and communities of faith.

While a great number of expectations are placed on people who use drugs to change their behaviors,
the social context that creates and reinforces drug-related stigma,
that reinforces relations of power and control,

that leads to status loss and discrimination
is rarely explored,
or further – challenged.

Come to me, all you that are weary and are carrying heavy burdens and I will give
you rest.

Come to me, all you.

Stigma renders the 'you' invisible.
Stigma does not allow for the recognition of self or You in All.
Stigma dehumanizes and it wounds, profoundly.

The powerful manifestation of this wound limits access to opportunities and rights,
to stable and healthy housing,
it ensures under and unemployment,
it fuels an industry of exclusion and deportation,
it limits elevation through education.

Stigma limits access to health care
to adequate funding for harm reduction services, syringe exchange programs, over-
dose prevention programs, and safer consumption sites.

In a vicious cycle, stigma drives people underground, deepens the harm.

I acknowledge a very significant level of privilege in my story...as a White woman, as
a White woman with an (at times more robust than others) bank account, network of
friends and family, employers, educational opportunities and a US passport.... with
access to services and spaces that saw people who looked like me, places where I
recognized my self...

I was able to pass, to move through the world beyond the gaze which 'others', which
is murderously suspicious of Black and Brown People,

Which criminalizes the conditions which contribute to problematic substance use,
poverty, homelessness, mental health issues,

and which incarcerates People of Color who use drugs at disproportionate and vio-
lent rates.

My privilege afforded me a safety beyond the reach of the state which polices what
substances pregnant and parenting people can put in their own body, which ques-
tions their very personhood.

Come to me, all you.
I always saw reflections of me, of this you, in representations of the all.
An incredible privilege.

I knew that I was welcome.
Sidnee welcomed me,
she welcomed me through story, through her own vulnerability,
she spoke her broken body up against mine,
sister to sister she spoke,
Come to me, I will be with you.

Sidnee went first.

In this way, it is our obligation to make intentional space, in our pulpits, in our relationships,
to make sacred space which invites people,
all people,
people who find themselves at the many margins, people who are creatively, desperately, intently, and faithfully struggling to find ways to carry their burdens...

It is our obligation to make space for people to tell their stories, be their stories, and to tell and be their whole stories,
to show up with their whole selves...

to make intentional space, foreground, the wisdom and expertise of our leaders most affected by racialized drug policy...

It is my obligation to acknowledge the whole and the at times very complex and hard to hold to the light threads of my own story,
that more people have an opportunity to see reflections of themselves in all of our communities and sacred places,
to ensure that all, see themselves reflected in this divine whole we call community.

Harm reduction says come to me, all you. Come as you are.

Harm reduction is love that stands with people and the burdens that they carry, rather than with judgment at how they get through.

It is the divine invitation to
Come, all you, that are weary and are carrying heavy burdens and I will give you rest.
Come just as you are.
You are right, loved and wholly enough.
Holy and enough.

Where Do You Stand?

An Interview with Terrell Jones, Peer Network of New York /
New York Harm Reduction Educators

by Rev. Sarah S. Howell-Miller

One day, while doing harm reduction outreach and naloxone distribution outside a church, Terrell Jones had a rude awakening. When he engaged with a person leaving the building about the work he was doing to help people who use drugs, the churchgoer surprised him with this response:

“Let the motherf***ers die.”

Terrell was stunned by this callous attitude, especially coming from someone who claimed to follow Jesus. This person had just come from speaking and singing about a God who brings new life, whose son came to serve the marginalized, and yet had no regard for the lives of the most vulnerable.

Little did this person know, they also had expressed a disregard for the life of the person they were speaking to. Terrell came to harm reduction after being released from prison, having, in his words, become “a victim of the so-called ‘War on Drugs.’” Upon his release, he felt sure there was another way to address and manage his own drug use, but he didn’t know where to start.

Fortunately, he came across a man who worked at NYHRE (New York Harm Reduction Educators) and who told Terrell about their work in the city. Terrell got involved as a volunteer; within 6 months he was on staff. At the time, he was still wrestling with what harm reduction really meant and struggling to understand how what they were doing wasn’t just enabling people to get high; but through his continued work with NYHRE, he came to see the importance of keeping people safe while they were using as he himself had.

Terrell now works as the Outreach and Advocacy Program Manager at NYHRE, where he has been for 15 years. He helped developed their peer program, having come into that position when they were looking for someone with lived experience.

Terrell also has become passionate about reducing harm through changing language, combatting stigma, and making systemic change. Which brings him back to that interaction outside the church.

Terrell is concerned that many churches have gotten away from their main purpose: to minister to people who are sick and suffering. Faith communities, he believes, exist not to moralize people who are struggling but to help lift them up.

Unfortunately, he sees some churches doing more tearing down than lifting up, even within their own communities. Terrell worries that some churches' moral codes blame individuals instead of seeing the oppressive system that's bringing everybody, not just people who use drugs, down with it.

On the flip side of Terrell's concerns about faith in harm reduction, however, is a deep hope—a recognition that churches have power, that people listen to faith leaders, and most importantly, that at the core of religious belief (in this case, Christianity) is a call to reach out to people on the margins without judgment. To the person who stunned him with their heartlessness on the steps of that church—and to all Christians who preach a gospel of love within the walls of their churches—Terrell asks, “Where do you stand as far as following in the footsteps of your Savior?”

Jesus' ministry was about going to people who are vulnerable and oppressed, people deemed “unclean” by the dominant culture and the religious establishment, people whose lives are at risk. Terrell believes that for the church today, this means being in solidarity with and ministry to people who use drugs—not to change them, but to support them while working against systemic oppression that penalizes them and makes it harder for them to make choices. Harm reduction, Terrell knows, offers people the opportunity to make positive change whether or not they're currently using, and that faith communities need to meet people where they're at.

Terrell is hopeful that small churches may be a good place to start. He recognizes that while larger churches have more power, that power often has financial and political entanglements that may make them risk-averse—and harm reduction has always been grassroots work focused on marginalized individuals and communities. He is hopeful that if little churches can embrace the gospel of harm reduction, that good news can spread.



Harm Reduction and the Old Gods

By Jes Cochran, The Never Alone Project

Keepers of the old gods aren't a monolith. Much like the followers of Abrahamic religions, pagans and heathens are a mixed bag, and I'm under no delusion that the ways that I keep are reflective of the totality of what is modern pantheism. I do think that there are some real commonalities amongst those of us who take our spiritual guidance from the same place as our ancestors. One is that, by and large, we recognize that although there are deities (which some of us believe are real and tangible and some of us don't) the world plays out the way it does because of the initiative and action of human beings. Almost across the board our gods aren't the ones who come in during times of crisis and do things for us. They are gods who offer guidance, support, and accentuation of what we humans bring to the table. But superheroes they are not. It's really a powerful thing to understand the world this way; there is no help but yourself and your community so there's no point in sitting on the sidelines and waiting around for someone to save the day.

The other big commonality that a lot of our traditions have in common is that there is a lack of the concept of sin. There is an understanding that there is actually a time and place for all things, and that without opposite ends of any spectrum being equally represented the whole world threatens to fall apart. Death is not feared for it is understood to be unavoidable. Intoxication is often used to lead to clearer thinking later. Lean times balance out feast days. And chaos is held in place by stability. Those things which restore balance are good things. Those things which unnecessarily unbalance the world are not. And those two overarching concepts dovetail together to give most polytheists a moral compass, at least a beginning scaffolding of one. We accept that we won't always like where we are at, and our responsibility for initiative and action leads us to create the place we'd like to be. There is no shame in failure; in fact most of our gods have failed time and again. Instead shame comes from an abdication of action and initiative. And this personal responsibility to share in the creation and re-creation of our world also dictates that personal behaviors (like sex, or drugs, or rock n roll) are not appropriate fields for outside regulation.

And that's all harm reduction is, in a nut shell. It's all of us recognizing that the chaotic and messy is part of reality. More so, it's recognizing that the chaotic and the messy are often the first sign of growth and sustainability. It's understanding that troubled times fall on all of us and that sometimes we (really our chaotic lives/use/behaviors) are engaged in a process for which chaos is the gatekeeper. It's accepting risk and risky behaviors without assigning a moral value. It's allowing people to do what they do without hoping that someone with more power than we have will prohibit or regulate personal behaviors.

So when I first sat down to think about this I'll admit I was a little baffled about how to begin writing something for a faith in harm reduction manual about the old ways and the old gods and how those of us who follow them reconcile our morality and spiritual practice with the tenants of harm reduction. The truth is that a lot of those tenants of harm reduction match pretty perfectly with those values that are passed to us through old ways and the gods that represent them. And I realize that this can be confusing to monotheists, particularly because we practice spirituality that has existed prior to the invention of sin and spiritual redemption. And often the discussion about spiritual reasons for acting center around concepts that are not present in many of the old ways; things like unconditional love and altruism and redemption don't really resonate with most of us who don't follow Abrahamic traditions. But for what it's worth, our stories have existed for so long because they hold a lot of powerful lessons...the most salient of which (at least when one is thinking about change and the process by which it comes about) is that change is an unavoidable part of existence. Oftentimes chaos is the harbinger of change. One can run from chaos, or label it bad or wrong, but truth is that every now and again things need a little shaking up. Embrace the chaos, roll with the punches, allow unrest to teach about how to handle calmer times. The end of the world, at least in Nordic traditions, happens because everyone is content and lazy and off their guard. The mischief bringer will be subdued, the wars will have all been fought, and the complacency born of contentment will see the earth and stars consumed. Hope it's a helpful thought... changing the relationship between PWUD and the Church is going to be uncomfortable, and it's going to look chaotic, and it's going to be messy af. Lean into it. The chaos will bring such a harvest of growth.



One Hand Clapping

By Albie Park, Harm Reduction Works - HRW

when the earth stood still
anger turned inward

comes the fruit
from seeds planted long ago

the way water springs through
what's left when the bottom falls

to those who died alone
who will be found

does it make a sound
when one is never found

as if to find a way
out of this world

cells divided
to make a greater whole

out of nowhere
hope springs eternal

to be counted
if a tree falls in a forest

dies alone
who cares



What Comes Out: A Heart for Ending Overdose and Anti-Blackness

Delivered at the Preach-In/Teach-In at the National Weekend of Action: Mobilizing Faith to End Overdose and Anti-Blackness, August 22, 2020

By Rev. Sarah S. Howell-Miller

In the book of Matthew chapter 15 in the Christian Bible, we hear one of many stories of Jesus of Nazareth clashing with the religious leaders of his time. At issue is the question of adherence to certain purity laws and why Jesus' disciples insist on breaking them, especially when it comes to regulations about ritual cleanliness.

To their critics' hand-wringing, Jesus replies, "Listen and understand: What goes into someone's mouth does not defile them, but what comes out of their mouth, that is what defiles them" (Matthew 15:10-11).

As a white person who has never identified as a drug user, I was raised in a system that conditioned me to condemn people for the substances they put in their bodies. I was raised in a system that implies that people are dirty when it insists that they "get clean." I was raised in a system that condemns itself with the shame, blame, and discrimination that comes out of it.

Jesus breaks things down: "Don't you see that whatever enters the mouth goes into the stomach and then goes out into the sewer? But the things that come out of a person's mouth come from the heart, and these defile them" (Matthew 15:17-18).

What comes out is what defiles; and what is in the heart determines what comes out. We would all do well to examine what is in our hearts when it comes to overdose and anti-blackness.

But here's what I'm not going to say: I am not going to say that overdose and anti-blackness are heart problems in an individual sense. I am not going to reduce the deadly problems of overdose and anti-blackness to personal attitudes.

Yes, all of us, whether we use drugs or not, whether we are Black or not, need to examine what is in our hearts and what comes out when it comes to stigma and white supremacy and performative allyship. But we can do so only if we also examine—and change—what is in the heart of our institutions—from our churches to our medical establishments, from our drug policies to our criminal "justice" system, from social services to drug treatment to housing and more. What is in the heart of these institutions determines what comes out, and what comes out has long been deadly to people who use drugs and to Black people in this country.

At a recent Faith in Harm Reduction webinar, Alexis Pleus of Truth Pharm gave us a metaphor from her experience as a licensed engineer: she said when you have a

building with a foundation problem, it doesn't matter how much you fix up the other parts of the house; if you don't address the issue with the foundation, the situation will never improve. And Alexis is clear that the foundation of the War on Drugs is racism. This is the heart of the multi-faceted institution of American drug policy: racism, xenophobia, and anti-blackness—that is to say, white supremacy.

For too long we as a nation have claimed that the change of heart that needs to happen is in the individual drug user or Black person experiencing harm, and always to the standards of the dominant culture. But if conversion is needed on the part of these intersecting and oppressed groups, it is a conversion from oppression to liberation.

Brett McCarty is a seminary classmate of mine now doing research at the intersection of theological ethics and population health. He works with churches in the southeast who want to address overdose and substance use in the area. Through the story of one former drug user, McCarty demonstrates the need for people who use drugs to be converted, not necessarily to sobriety—though that can be part of the picture—but to embodied agency. On this person's journey, a local church supported her, and McCarty observed that the church, too, was converted—from stigma to solidarity.

What might it look like for our faith communities to be converted to solidarity with people who use drugs and victims of anti-blackness? It looks like a change of heart that gets down to the racist foundations on which our institutions are built.

In that interaction between Jesus and the religious leaders, we are seeing an argument over what today we might call law and order. Jesus calls these visibly religious people to convert—not to a different religion, but to a more humane observation of their own. Jesus calls them to attend to the heart of the law, to the spirit of the law, embodying what 2 Corinthians 3:6 says: “for the letter kills, but the spirit gives life.”

In my tradition, we often metaphorically equate spirit with breath. In a country when Black people continue to cry out, “I can't breathe”; in a world where overdose stops the breath of too many of our beloveds; in a year when COVID-19 ravages respiratory systems and disproportionately claims our Black and brown siblings; in this time and place, we need the breath of a spirit that converts individuals to embodied agency and institutions to justice and solidarity.

We need to repent of a status quo that makes drug involvement coupled with Blackness probable cause for a knee on a neck in Minneapolis and a no-knock warrant in Louisville. We need a change of heart when our beloveds are charged with depraved-heart murder under death by distribution laws, or denied a heart valve when suffering from endocarditis, or depicted as diseased at heart by those who stand on a rotten and racist foundation.

Friends, let's commit today to getting to the heart of things, so that what comes out might be justice and liberation and love, for and from and through all of us. Let us be led by a spirit of harm reduction, so that all people might breathe freely. Amen.

Redeeming Faith Communities' Outreach to Sex Workers

An Interview with Caty Simon, Urban Survivors Union /
Whose Corner Is It Anyway

by Rev. Sarah S. Howell-Miller

What Caty Simon wants faith leaders and faith communities to know about sex workers is this: they don't need abstract love or moral approval. They need equal treatment and material support.

Caty is sex worker liaison for and board member of the Urban Survivors Union; co-founder of Whose Corner Is It Anyway, a mutual aid harm reduction, political education, and organizing group by and for low-income sex workers who use or have used drugs and/or experience housing insecurity; and co-editor of Tits and Sass, a media site by and for sex workers that has been cited in many major publications and studies. Caty identifies herself as a drug user and low-income sex worker and has for almost 20 years.

Caty's personal connection to faith has taken a circuitous route throughout her life, and she says that it is only intersectionality that prevented her from becoming what she calls "one of the worst sorts of atheists"—i.e. Richard Dawkins. Caty's parents emigrated from the Soviet Union the year she was born, and her mother identified strongly with the Orthodox Jewish tradition. Caty became, in her words, "a poor Russian Jewish scholarship kid trying to catch up" in the Orthodox Jewish parochial school that she experienced as being very insular and very punitive. Despite feeling alienated at the school, she found intellectual satisfaction in study of the Torah and Talmud.

Although Caty was pushed out of that school (ostensibly for smoking cigarettes, though she suspects more for her heterodox beliefs and mental health), she is still culturally Jewish and loves the tradition of activism and Marxism in some expressions of Judaism. She says it was only intersectionality that kept her from becoming what she called "one of the worst sorts of atheists" (think Richard Dawkins)—realizing that as a white Ashkenazi Jewish girl, it wasn't her place to judge the role that religion and spirituality play in other communities. That realization has helped her hold space for forms of religion that she can respect for their work even if they aren't communities she would choose to join herself.

But there are many other communities that Caty has felt drawn to and part of over the years. She cut her teeth as an activist in low-income rights group and later in the sex worker rights movement. She has always had a harm reduction approach, and when it came to sex worker rights, she felt like it was her role to be a bridge from

that world to the world of harm reduction and drug user rights. Caty notes that within the sex worker rights movement, there have at times been efforts at gaining mainstream acceptance of sex work as work in the form of putting higher-wealth, non-drug-using sex workers at the forefront as mythbusting examples—but Caty feels this treads into the waters of respectability politics, offering a narrow vision of liberation that leaves out low-income sex workers who use drugs, especially LGTBQIA+ sex workers and BIPOC who do sex work, and reinforcing stigma against drug use and survival sex work. Now that her work centers more in the harm reduction movement, Caty says her work of being a bridge now goes in the opposite direction, bringing cultural competency around sex work to the world of drug user advocacy. Caty wants to push the harm reduction movement to de-center the white male drug user and include BIPOC, LGBTQIA+, and low-income PWUD who are more likely to use sex work as a survival mechanism.

Caty sees harm reduction as just that—survival, mutual aid, and the support of personal agency. Unfortunately, her experience has been that many faith communities either offer no support to sex workers, or their support rests on problematic assumptions and ideas. Caty talks about what she calls the “Magdalenization” of sex workers—a reference to Mary Magdalene, friend of Jesus of Nazareth, who has been characterized as a prostitute despite there being little evidence in the Bible that this was her profession. For Caty, “Magdalenization” is about defining a person’s experience of sex work for them, usually either casting them as purely a victim of trafficking and/or as a person in a process of repentance and redemption. What she sees as this attachment to a model of redemption rather than actual aid to and dignity for the marginalized causes harm to sex workers. Sex workers are not sinners whose souls need saving—they are people who need to secure fundamental rights and meet basic needs. Caty observes that many faith communities struggle with a materialist analysis due to the over-spiritualization of their practice, and she hopes that congregations and people of faith can learn that material support is the call, not the bait on the hook of an evangelical fishing expedition.

As for what Caty would like to see faith communities do to support sex workers, she notes that the sex worker rights movement is one of the most underfunded movements in the United States. Material support to sex worker organizers might include the provision of services that meet the community’s basic needs, and if a faith community offers or hosts harm reduction services, keeping sex workers in mind by providing items needed for sexual health and hygiene alongside supplies for safer drug use can signal to the sex workers already accessing those services that their needs are valued. Confidential, free spaces to meet are vital for safe and effective organizing, and many churches could easily offer such an asset. However, faith communities shouldn’t assume they know what is needed in a given context—Caty reminds us that even in places where sex workers are not formally organizing, they are likely doing mutual aid and keeping one another safe—so start by asking what they need to strengthen their internal support structures, give them the resources to do what they know they need to do, and then get out of their way. Whereas many

faith communities are willing to talk about trafficking and the need to rescue people they view as victims, such an approach erases the complex relationship among voluntary sex work, abuse, domestic violence, and trafficking—and much anti-trafficking legislation ends up harming both sex workers and survivors. Caty wants faith communities to stop with the religiously coercive services to survivors and instead battle harmful legislation and seek justice on systemic issues that cause harm to PWUD and sex workers.

This brings us back to Caty’s assertion that sex workers don’t need love in the abstract, but concrete support—it’s not that love is wrong, but that it can be sentimentalized and patronizing if not rooted in actual relationships and tangible support. Even still, Caty says that she would love to see faith communities lifting up what she calls “the heroic whores” in sacred texts like the Bible—Rahab, Tamar, and Ruth are all women who either explicitly or implicitly engaged in sex work and played important roles in the history of Israel and later Christianity. She also says that she would love to see faith leaders develop a rapport with sex workers, not as people who need their counsel or guidance, but as people who do a job that is similar to theirs; both leading a congregation and doing sex work require emotional labor, and Caty suggests that faith leaders and sex workers could find mutually surprising and enriching peer relationships. Above all, Caty wants faith communities to view sex workers as equals, as whole humans with agency, and not simply as objects of charity or potential conversion. When it comes to understanding and supporting sex workers, especially low-income sex workers who use drugs, more often than not it is the faith community that is in need of conversion and redemption.



We Will Keep Showing Up

Remarks from the Drug Policy Alliance Conference in St. Louis, Mo in 2019

by Erica Poellot

In thinking about what my initial remarks might be today, I reviewed the description we quickly drafted for this session, as well as reflected back on the words of my colleague Sarah from Iowa following a similar event in Iowa a few weeks back.

Sarah said, and I paraphrase, "I feel like a lot of what has been said here today is overly rosy and nice...but really, what can we do to move churches and people of faith to respond to the fact that our people are dying...they do not f***ing care."

In the description for this session, we state that faith communities are natural harm reduction advocates given the overlap in values between harm reduction and religious philosophies, and I think I have to call bullshit. We have caused and continue to cause exquisite harm to many people and we continue to promote dangerous theologies and misuse our power—it is putting our people at extreme risk, it is killing our people.

I spent last night like many other nights over the last number of years, sitting with a loved one who had experienced an overdose, sitting with other loved ones who had loved this person back to life after they went out.

Sitting in the presence of kindness, compassion, selfless love, of showing up and sticking around even when it is really scary and heartbreaking. Of showing up over and over, no questions asked. Of showing up because our lives and loves are sacred.

These people are our spiritual leaders. Their values are the values I ascribe to.

In my tradition, stoles are reserved for clergy ordained to the office of minister of word and sacrament, and there is voluminous opposition to those of us not yet ordained (or those of us a couple months away from ordination in a church for whom people who use drugs cannot work unless they pass a drug test, but I digress)... we are forbidden from wearing these items...as I understand it, the stole is worn as a reminder and symbol of the call to be of service, indicating where righteousness and justice stand, reminiscent of the fabric that Jesus used to wash his disciples' feet...

I am very clear of my call, and I am very clear that I have been ordained by my community, by my God, to participate in this beautiful ministry of showing up with and for people who use drugs.

So I will wear this stole. I made this stole. I have worn this stole to marry people I love, to bury people I love, I wore this stole for the memorial service I presided over

for the over 1700 New Yorkers who died from an accidental overdose or drug poisoning in one year alone. And I am surely going to wear it to give voice to the people I love in the spaces I have access to, and I am not going to wait until I am called to do one more funeral to insist that we are treated with the dignity and divinity that is our birthright.

One of the places I have access to as a leader in the institutional church is the pulpit, is the media, is the front of rooms like this. And with this comes responsibility, and that responsibility as I have come to understand it is to claim my dignity and the dignity of my communities by showing up in these spaces with my whole self and by challenging lethal messages and theologies which say otherwise.....

I make it clear that I am a person with lived experience of substance use. I am also a person who used to do sex work. I am also the mother of a magical six-year old girl, and I am a minister at one of the most fabulous churches in the whole of NYC (some would argue in the whole of the country but I imagine they are biased). I am a gifted minister and mother not despite my drug use and my history, but precisely because of my drug use and my history.

I make these additions for a number of reasons, one—because one of my most trusted colleagues and teachers, Louise asked me to, to use my place in the pulpit, in the front of rooms like these,

to challenge the morality driven narratives around drugs and the people who use them,

because the faith spaces I circulate in and have a leadership role in are a powerful author of these damaging narratives and have caused an incredible amount of trauma and harm,

In sitting on the bed with folx last night, getting some love in, it became ever clear, and I have said it before,

it is not naloxone that will save us...harm reduction will not save us,
people who use drugs will save us, people who do sex work will save us,
people who use drugs and people who do sex work have long been saving us, saving one another.

We will keep saving us, until the time that our communities of faith and others f*ing show up.**



Resisting the Harm of Reductionism

An Interview

with Dimitri Mugianis

by Rev. Sarah S. Howell-Miller

Dimitri Mugianis says that harm reduction, psychedelics, and the 12 Steps saved his life. What he doesn't say explicitly, but which is clear in listening to him speak about his work as a holistic health counselor, is that he in turn has saved countless other lives.

In the early 1990s through the early 2000s, Dimitri used IV drugs and came face-to-face with the HIV/AIDS epidemic in the lower east side of New York City. He says people were dying everywhere, and although there was a spot people could go to buy syringes, sometimes you'd notice a little water would come out when you opened the package, because people were resealing and reselling syringes—so scarce and in demand were they.

Dimitri remembers coming across organizers from ACT UP (AIDS Coalition To Unleash Power) who set up a table one day in the neighborhood to distribute safe supplies. As they handed Dimitri a sterile syringe, they told him, "we just want you to be safe." Dimitri was "completely blown away" by a complete stranger telling him in words and action that they cared about him. It's that care and the infusion of humanity and spirituality that Dimitri is passionate about centering in harm reduction.

Dimitri's approach to substance use and recovery (broadly defined) has long been infused with the spiritual, with ritual, with a multi-dimensional view of what it means to be human. Dimitri spent a lot of time in central African learning about traditional healing ceremonies, and eventually he became known for facilitating underground ibogaine treatments for people seeking alternative means of healing from trauma and substance dependence.

After being arrested for these actions, Dimitri found his way back into harm reduction and began bringing more holistic health practices into his work with drug counseling and support groups. Drums, rattles, sage, incense, and face paint are commonplace in the spaces he creates for people who use drugs, as are praying, dancing, and singing. Dimitri calls this a "leaderless movement" where he supplies the tools and framework and everyone present has a role. He observes that the drug user is often characterized as the ultimate consumer, constantly identified by what they are buying and putting in their body, and his work encourages a shift from that

consumerism to real ownership and creativity that becomes a foundation for making real change. Dimitri notes that this is a shift from the usual dynamic between PWUD and healthcare providers, where the person accessing services is a “patient” or “client”—with *We Are the Medicine*, everyone is a participant and has full agency to pursue their own healing.

Another way in which Dimitri’s work shifts the usual dynamic of substance use treatment is in pushing back against the reductionism that often results from the science validating the efficacy of harm reduction. Dimitri notes that when it comes to harm reduction, the argument has been won when it comes to numbers and science—but he says that once it was won, the numbers and the science took over, and he worries that we are moving toward inflicting what he calls “the harm of reductionism.”

Dimitri remembers a harm reduction program he once frequented where, once a week, local hairdressers would close down for a half day and come do people’s hair and makeup. That’s not about numbers or science, Dimitri says; that’s about dignity. Services like haircuts, or programs that engage as holistically as *We Are the Medicine*, include elements that seem extraneous to the numbers and therefore, to some, unnecessary—but Dimitri says that when a capitalist system reduces everything to numbers, we lose the humanity and dignity of the people being served. Harm reduction is about evidence-based treatment, yes; but if the assertion that there is no one-size-fits-all form of recovery, then we must take more than numbers and science into account.

The healing resources that Dimitri and his network offer include the use of acupuncture, yoga, reiki, tai chi, breath work, nature walks, sound meditation, bodywork, gardening with medicinal herbs, and more. What he wants is to see people as full people. This leads him to offer a wide range of holistic health treatments, and it means that he almost never has a conversation with participants about drug use. This is another piece of resisting “the harm of reductionism,” recognizing that people’s drug use too often becomes the beginning and end of what others see in them, including (and sometimes especially) healthcare providers. Dimitri wants to co-create spaces for people who don’t have space, noting that if you’re “on the margin,” you’re literally getting ready to be pushed off the page. *We Are the Medicine* makes room for people to explore other options and to take leadership in their own journey to greater mental, physical, emotional, and spiritual health.

When asked how he defined health, Dimitri said that health is being fully alive in a balanced way—spiritually, in the body, and to the inevitability that you won’t do it right. For Dimitri, health is the freedom to explore body and spirit and to make choices for yourself about how to care for both. He refers to the almost priestly cult of healthcare providers and argues for what a Christian might recognize as a priesthood of all—instead of looking up the ladder of hierarchy for help and direction (that’s capitalism, he says), we should look inward to our own souls and outward to the spirit that connects and animates all of humanity, all of life.

Responding in Action: Next Steps

Ways to Get Involved

Here are some starting points for getting your faith community involved in harm reduction. Faith in Harm Reduction is available to make connections with providers in your area and to provide training, capacity building, technical assistance, and more—don't hesitate to reach out!

Hospitality

- Uplift the presence and humanity of people with lived experience of drug use and sex work in the congregation through full inclusion in church life including leadership, liturgy, outreach, and events.
- Challenge the stigmatization of substance use by engaging people with lived experience to preach, teach, and share their expertise and wisdom. Provide mentorship, coaching, & compensation as requested.
- Invite people out of the shadows through inclusive and non-stigmatizing language, extending a specific welcome to people with lived experience in the liturgy. Keep the subject of substance use and overdose in the open, and normalize holistic health, including mental health.
- Integrate stories on the impact of racialized drug policy, criminalization of drug use, drug related stigma, challenges in access to healthcare, and the impact on overdose in your weekly sermon.
- Provide subsidized meeting and organizing space for unions of people who use drugs, people who do sex work, harm reduction organizations, and allied groups.
- Post information about overdose prevention, harm reduction, and other resources that uplift the dignity of people who use drugs prominently throughout public spaces in your place of worship.
- Provide space for self-help groups who provide a range of different support options including Harm Reduction Works, SMART Recovery, Moderation Management, etc.
- Make your worship space available to people who use drugs to hold their own service when not in use by your congregation (i.e. the monthly Harm Reduction Family Love Feast at Judson Memorial Church).

Community Building

- Connect to the broader movement to end overdose by participating in a campaign to expand support for harm reduction policies & practices.
- Host an overdose listening session to learn about the experience your community has had with overdose, substance use, and the impact of criminalization on people who use drugs.
- Train the congregation and its leadership on overdose response, and make naloxone kits available for people who need them and in the case of an overdose. Host public overdose prevention and response trainings in partnership with a local harm reduction organization.
- Invite local harm reduction and other allied organizations to hold an educational event at your place of worship. Invite local harm reduction organizations to educate the congregation on harm reduction and harm reduction strategies for health and justice promotion.
- Host a Naloxone Saves service (<https://feminary.com/naloxone-saves/>).
- Join the Faith in Harm Reduction National Working Group (contact poellot@harmreduction.org)
- Join the Faith in Harm Reduction mailing list for regional and national updates and events, community calendars, cameos on faith in harm reduction initiatives throughout the country, the harm reduction devotional, and other pertinent news and musings
- Attend the National Harm Reduction Conference to learn more about harm reduction, drug policy, and opportunities to engage harm reductionists in intersectional movements.
- Invite Faith in Harm Reduction partners to consult with you and your congregation on strategies for expanding health and wholeness opportunities for people who use drugs in your community.

Compassionate Care

- Establish a plan for overdose response in your place of worship.
- Host harm reduction safer injection, safer sex, or overdose prevention kit assembly events in partnership with a local harm reduction organization.
- Celebrate/memorialize the lives of people we have lost to overdose.
- Ritualize and celebrate the life-saving work that harm reduction organizations and people who use drugs are doing (i.e LifeSavers Ceremony).
- Explore opportunities to become a registered overdose prevention program or naloxone distribution site.
- Knit/crochet a prayer blanket or bags to store naloxone and other safer injection supplies and donate to a local harm reduction organization (as done through Olive Branch Ministry).
- Host a fundraiser or supply drive for a harm reduction organization in your community. Ask harm reduction programs what supplies or support would be most helpful.
- Host naloxone trainings and distribution events in partnership with local harm reduction programs.
- Partner with local harm reduction organizations and unions of people who use drugs to develop a unique harm reduction worship service for your community.
- Provide safer injection supplies at your place of worship in partnership with a local department of health, harm reduction organization, or union of people who use drugs.
- Ensure there are syringe disposal containers visible and available throughout your place of worship for all visitors and employees who use syringes.
- Provide space on your property/parking lot for mobile harm reduction providers to deliver services to community members.

Advocacy

- Lend your voice and influence to press conferences/releases, write op-eds, and create proactive media/social media on issues impacting people who use drugs and racial justice, in partnership with people who use drugs.
- Reach out to Faith in Harm Reduction/National Harm Reduction Coalition and drug policy organizations to ask what advocacy issues need your support.
- Support the establishment of overdose prevention centers by building community support, conducting public education, and supporting policy advocacy efforts.
- Educate yourself on medication assisted therapies including buprenorphine and methadone
- Participate in the annual national weekend of overdose awareness and justice the second to last Saturday and Sunday in August.
- Learn about upcoming legislation in your local and state government that may affect PWUD and work with organizers to support efforts to raise awareness, call representatives, etc.

Remember always to center the voices and needs of directly impacted people and to engage with your local harm reduction organizations. People who use drugs and people who do sex work are the subject matter experts; it's our job to follow their lead!

Resource List

Books

The New Jim Crow by Michelle Alexander
Beyond Addiction by Jeffrey Foote et al
Chasing the Scream by Johann Hari
High Price by Carl Hart
Memoirs of an Addicted Brain by Marc Lewis
The Biology of Desire by Marc Lewis
In the Realm of Hungry Ghosts by Gabor Mate
The Big Fix by Tracey Helton Mitchell
Getting Wrecked by Kimberly Sue
Unbroken Brain by Maia Szalavitz
The Body Keeps the Score by Bessel Van Der Kolk

Podcasts

American Diagnosis – Season 2
Crackdown
Drugs and Stuff
Narcotica
Prohibited

Websites

www.faithinharmreduction.com
www.harmreduction.org
www.drugpolicy.org
www.samhsa.gov
www.cdc.gov/drugoverdose

Events

The National Harm Reduction Conference (Harm Reduction Coalition)
International Drug Policy Reform Conference (Drug Policy Alliance)
Other state, regional, and virtual conferences by area/topic

Videos

"The War on Drugs: From Prohibition to Gold Rush" Jay Z:
<https://www.youtube.com/watch?v=eI5mE5PBGJg>
"Everything you think you know about addiction is wrong" Johann Hari:
<https://www.youtube.com/watch?v=PY9DcIMGxMs>
"Harm Reduction 101" Harm Reduction Action Center, Denver:
<https://www.youtube.com/watch?v=W7epsLmN604>

Find a Harm Reduction Resource near you:
<https://harmreduction.org/connect-locally/>

Glossary

AIDS	Acquired Immunodeficiency Syndrome
BIPOC	Black Indigenous People of Color
CBT	Cognitive Behavioral Therapy
DBT	Dialectical Behavioral Therapy
DPA	Drug Policy Alliance
DSM	Diagnostic and Statistical Manual of Mental Disorders
HIV	Human Immunodeficiency Virus
HRC	Harm Reduction Coalition
IOP	Intensive Outpatient Program
IV	Intravenous
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer
LGB/TGNC+	Lesbian, Gay, Bisexual, Transgender and Gender
Non-Conforming	
MAT	Medication Assisted Treatment
NYHRE	New York Harm Reduction Educators
OUD	Opioid Use Disorder
POC	People of Color
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SEP	Syringe Exchange Program
SSP	Syringe Service Program
SUD	Substance Use Disorder
UCC	United Church of Christ
USU	Urban Survivors Union

