We can reduce the stigma, and help save lives, just by changing our language. By doing so, we can reverse harmful stereotypes about addiction and improve access to care and support for people affected by this disease.

<table>
<thead>
<tr>
<th>Words to Avoid</th>
<th>Words to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Person with alcoholic use disorder</td>
</tr>
<tr>
<td>Drug problem, drug habit</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>Drug misuse, harmful use</td>
</tr>
<tr>
<td>Drug abuser</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Not actively using, abstinent</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using</td>
</tr>
<tr>
<td>A clean drug screen</td>
<td>Testing negative for substance use</td>
</tr>
<tr>
<td>A dirty drug screen</td>
<td>Testing positive for substance use</td>
</tr>
<tr>
<td>Former/reformed addict/alcoholic</td>
<td>Person in recovery, person in long-term recovery</td>
</tr>
<tr>
<td>Opioid replacement, methadone maintenance</td>
<td>Medication assisted therapy</td>
</tr>
</tbody>
</table>
State of NC: Opioids and Overdose

In 2018 there were 1,359 confirmed opioid-related poisoning deaths. Opioid-related poisoning deaths increased by 27.6% in 2017 (2,021) compared to 2016 (1,584). According to the NC Injury and Violence Prevention Branch.*

Additionally, the National Safety Council released a report this year that the lifetime odds of dying from an overdose are more likely than those of dying in a car crash.*

In 2017, Over 6 North Carolinians died each day due to an unintentional medication or drug overdose.*

From 1999 to 2017 more than 13,000 North Carolinians died from unintentional opioid-involved poisoning deaths.

According to current CDC estimates, the cost of unintentional opioid-involved poisoning deaths in N.C. totaled $2.5 billion in 2017.

*All data comes from the Injury and Violence prevention branch: https://www.injuryfreenc.ncdhhs.gov/
Ways Congregations can get involved

- Watch your vocabulary and start to use person first language instead words that increase stigma
- Have a conversation with your congregation around the questions raised in the Hospitality for people who use drugs/have a history of drug use document
- Have a Sunday school class around substance use and the impacts on your community
- If your church has a knitting group see if they would be willing to knit bags for naloxone.
- Collect used but clean coffee containers or laundry detergent containers and donate them to local harm reduction organizations for them to safely store used syringes.
- Find out about the different groups working on substance use in your community and see how you can engage with them
- Host a MARA Group at your Church (Mara stands for Medication-Assisted Recovery Anonymous)
- Have your church do a supply drive for Local Harm reduction groups to make syringe exchange kits or wound supply kits
- Subscribe to the NC PDO News Listserv! This is the NC Division of Public Health, Injury and Violence Prevention Branch’s communication channel to share information, news, and happenings related to drug poisoning in NC and in the US.  nc-pdo-news@googlegroups.com
- Join the Faith and Harm Reduction working group. For more information https://www.faithinharmreduction.com/
- Find and meet with state legislature to talk about getting them involved.
- Get a group to go out together and pick up trash and needles in your community
- Donate to local needle exchanges or harm reduction nonprofits (See List on Next PG)
- Volunteer at needle exchanges
- Let your church be used as a meeting space for other groups (such as peer support) other than NA/AA Or use your church transportation to get people to those meetings
- Get trained and carry Naloxone with you the overdose reversal drug
- Keep Naloxone in easy to reach locations at your church
- Do a medication take back where members bring in all their old prescription pills to be turned in
- Install a box for people to safely turn in needles
- Join an Overdose Response team which goes and checks in on people after they have overdoses to see if they need anything.
- Start your own needle exchange
### HARM REDUCTION IS:
- Incorporating a spectrum of strategies including safer techniques, managed use, and abstinence
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people "where they're at" but not leaving them there

### WE USE PEOPLE FIRST LANGUAGE:
- A person is a person first, and a behavior is something that can change - terms like "drug addict" or "user" imply someone is "something" instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing our services
- People are more than their drug use and harm reduction focuses on the whole person

### HEALTH & DIGNITY
Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies

### PARTICIPANT CENTERED SERVICES
Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

### PARTICIPANT INVOLVEMENT
Ensures participants and communities impacted have a real voice in the creation of programs and policies designed to serve them

### PARTICIPANT AUTONOMY
Affirms participants as the primary agents of change, and seeks to empower participants to share information and support each other in strategies which meet their actual conditions of harm

### SOCIOCULTURAL FACTORS
Recognizes that the realities of various social inequalities affect both people's vulnerability to and capacity for effectively dealing with potential harm

### PRAGMATISM & REALISM
Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use or other risk behaviors

---

**WHY HARM REDUCTION WORKS**

- Provides a space for people to be open about their drug use and sexual behavior so it's not hidden, perpetuating feelings of isolation
- Values people and their expertise so they feel empowered to determine and voice their own hierarchy of need and next steps are clear between provider and participants
- It is rooted in evidence-based practices that have shown decreases in health and social harms
- Keeps individuals engaged in care if they relapse and at any stage in their drug use
**HARM REDUCTION INTERVENTIONS**

**Arm(Re)duction:**
A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence.

**Risk reduction:**
Tools and services to reduce potential harm.

---

**CASE STUDY: JESSICA**
Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.

---

**RISK**
- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

**SET**
- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

**SETTING**
- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

For more resources, visit harmreduction.org
Terms and Definitions

Opioids
Opioids are a class of drugs used to reduce pain. Opioids include some prescription pain medications, synthetic (made in a lab) fentanyl and heroin. All opioids have a similar effect on the brain, they reduce the intensity of pain signals reaching the brain and affect the brain areas controlling emotion and breathing. Depending on how much you take and how you take them, if your body has more opioids than it can handle, there can be serious risks and side effects.

Examples of Opioids:
- Morphine (MS Contin®)
- Oxycodone (Percocet®, OxyContin®)
- Fentanyl (Duragesic®)
- Heroin

Naloxone/Narcan
Naloxone (also known as Narcan®) is a prescription medicine that reverses an opioid overdose, which can be caused by prescription analgesics (e.g., Percocet, OxyContin), and heroin. Naloxone will only reverse an opioid overdose, it does not prevent deaths caused by other drugs. However, naloxone may also be effective for polysubstance overdoses such as a combined opioid and alcohol overdose. It cannot be used to get high and is not addictive. Naloxone is safe and effective; emergency medical professionals have used it for decades.

Overdose
Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to stimulation and/or breathing is inadequate. This happens because opioids fit into specific receptors that also affect the drive to breathe. If someone cannot breathe or is not breathing enough, the oxygen levels in the blood decrease and the lips and fingers turn blue—this is called cyanosis. This oxygen starvation eventually stops other vital organs like the heart, then the brain. This leads to unconsciousness, coma, and then death. Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death. With opioid overdoses, surviving or dying wholly depends on breathing and oxygen. Fortunately, this process is rarely instantaneous; people slowly stop breathing which usually happens minutes to hours after the drug was used. While people have been “found dead with a needle in their arm,” more often there is time to intervene between when an overdose starts and before a victim dies.
**Good Samaritan law (Good Sam Law)**
A law in North Carolina that gives immunity to someone who has drug paraphernalia and a small amount of drugs from prosecution if they call 911 while someone is overdosing. It also applies to underage drinking.

**Harm Reduction**
Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they're at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

**Fentanyl**
Fentanyl is a synthetic (manmade) opioid that is similar to morphine; however, the National Institute on Drug Abuse (NIDA) warns that it is 50-100 times more potent than morphine. The chemical structure of fentanyl is slightly different from that of heroin.

**Death by Distribution/Drug Induced Homicide**
A bill just passed by the NC General Assembly that would create a new charge equal to homicide for someone who delivers drugs to someone who overdoses and dies. The intent of the law is to be able to prosecute drug dealers, however (in other states where this law has passed) friends, and family members have been the ones who have been charged under this new law.

**Syringe Exchange**
Syringe exchange programs distribute unused sterile syringes and provide safe disposal methods for used syringes. All syringe exchanges in North Carolina also provide connections to treatment programs, medication-assisted treatment (MAT), and other medical and social services; opioid overdose prevention resources, including naloxone and educational materials, including HIV (Human Immunodeficiency Virus) prevention and treatment, hepatitis prevention and treatment and mental health care. These services are provided free of charge.

**Medication Assisted Treatment (MAT)**
A way to treat a substance use disorder (SUD) and curve cravings associated with an SUD with a non-addictive opioid. Examples are Methadone, Buprenorphine, Naltrexone.
Books

- High Price by Carl Hart
- Chasing the Scream by Johann Hari
- Dopesick by Beth Macy
- Dreamland, the True Tale of America's Opiate Epidemic by Sam Quinones,

Newspaper Articles

- What Science Says to do if Your Loved One Has an Opioid Addiction, Maia Szalavitz: https://fivethirtyeight.com/features/what-science-says-to-do-if-your-loved-one-has-an-opioid-addiction/

Ted Talks/ Youtube Videos

Ted talk by Carl Hart “Let's quit abusing drug users”
https://www.youtube.com/watch?v=C9HMifCoSko

Everything you know about addiction is wrong
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

What Harm Reduction is
https://www.youtube.com/watch?v=C9HMifCoSko
How Harm Reduction Connects to Our Faith

Almost every religion has a concept similar to the Christian golden rule of “Do to others as you would have them do to you.” This rule commands us to see the humanity in our fellow humans and treat them with dignity and respect which aligns with the philosophy of Harm Reduction.

Jesus in the Gospels preforms many miracles and most of them focus on healing. In these stories Jesus always goes to where the person was and meets them where they are even if at the time society considered them outcasts.

In the story of Lazarus, Jesus goes to Lazarus tomb after he had been dead for 4 days and Jesus goes to the tomb and raises Lazarus from the dead and then commands all his followers to unbind Lazarus and take off all of his death clothes. Just as in Harm Reduction we must remove all the barriers for people to be treated with dignity.
A Prayer for Those Who Are Gone

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.
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.
A Prayer for Harm Reduction Family For All That We Are
-Erica Poellot, November 2019

a message to two loved ones early this evening. my heart ripped wide open, I said
pretty much my every day, I joked. but especially this day. honestly, my every day.
my heart ripped wide open with love and awe, for you two.
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.
Creator of Life and Love

We ask you to bless this naloxone

That it bring healing and life to those who need it

We ask you to bless the individuals who will use this naloxone to save a life that

they know that their act of love is also an act of justice.

We ask you to bless the people who need this medication to live

That the breath of life and the reach of love restore them to wellness.

In the spirit of life and love, we ask these blessings

Amen
Hospitality for people who use drugs/have a history of drug use is...

* a moral act
* is a concrete expression of Love
* 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
* has different meanings in different locations (health center, CBO, church, etc.)
* invites people in to places they may not otherwise go
* points to a different system of valuing and alternate models of relationships
* invites people in as well as outreaches
* meets people where they are at
* humanizes the drugs issue
* universalizes the neighbor and particularizes the stranger
* recognizes dignity as well as a need
* stands with and for
* provides physical, social and spiritual nourishment
* is pragmatic
* is knowledgeable about the issues people impacted by drugs face
* is access to low threshold and life-saving resources
* is connection
* is ultimately shaped by people who use drugs
* sees the Divinity in each person
* anticipates God’s hospitality
Questions/Topics for Discussion... Inspired from Judson Memorial Church

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 we strengthen hospitality for people who use drugs/their loved ones here? in this moment? in our wildest dreams? what would inclusion look like?

What are the barriers to growing hospitality offerings for communities impacted by drug use? sex work? in a congregational setting

What are the challenges and opportunities for the congregation?

How can congregations be moved around complex issues such as substance use? sex work?

What are the next steps to becoming more informed on the topic of drug/drug policy related harm?

What can we do now, as a community or person of faith, to engage the overdose crisis in our communities/my communities?

“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.” – Andrew Tatarsky
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 room 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 resistance.

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.

Contact Faith in Harm Reduction Director, Erica Poellot at poellot@harmreduction.org
Items To Donate To Your Harm Reduction Organization

- Sterile Water Ampoules
- Premoistened Washcloths
- Fentanyl Test Panel
- Epsom Salts (Bulk)
- Laundry Detergent Powder
- Wrap Bandages (Plastic Crepe)
- Tourniquets
- Large Bandages (3.6" X 4")
- Triple Antibiotic Ointment (Packets)
- Neosporin Antibiotic Cream
- Brown Paper Bags (#5)
- Hand Sanitizer Minibottles
- Spf Lip Balm
- Latex Gloves (Large)
- Aloe Lotion Minibottles
- Medihoney Wound Dressing (2" X 2")
- Tampax Tampons
- Stayfree Maxipads
- Vitamin C Powder Packets (500 Mg/ Packet)
- Alcohol Wipes
- External (Male) Condoms (Assorted Colors)
- Quart Biohazard Container
- Gallon Biohazard Container
- Unflavored Dental Dams
- Flavored Dental Dams
- Lubricant (Packets, Un/Flavored Mix)
- Internal (Female) Condoms
- Fitpack Portable Biohazard Container (Black)
- Personal Safety Alarm And Light
- 9V Standard Battery (For Safety Alarm)
- Copper Scrubbing Pad (Chore Boy)
- Spark Plug Covers
- Pedigree Dog Food (Dry, 3.5 Lb.)
- Clif Energy Bars (Chocolate Chip)
- Ramen Cup Noodles (Beef Flavor)
- Cottons (Size 4 Cotton Pellets)
- Foam Squeeze/Stress Ball (Smiley Face)