



Go Unbind Him

OPIOIDS AND HARM REDUCTION
THROUGH THE LENS OF FAITH

COMPILED BY THE NORTH
CAROLINA COUNCIL OF CHURCHES

Go Unbind Him:

Opioids and harm reduction through the lens of faith

A six week study guide on harm reduction
for People of Faith

COMPILED BY THE NORTH CAROLINA COUNCIL OF
CHURCHES
PARTNERS IN HEALTH AND WHOLENESS PROGRAM



Partners in
HEALTH
and
WHOLENESS

AN INITIATIVE OF THE
NORTH CAROLINA COUNCIL OF CHURCHES

About the North Carolina Council of Churches

The Council enables denominations, congregations and people of faith to individually and collectively impact our state on issues such as economic justice and development, human well-being, equality, compassion and peace; following the example and mission of Jesus Christ.

27 Horne St.
Raleigh, NC 27607
(919) 828-6501
www.ncchurches.org



North Carolina Council of Churches
Strength in Unity, Peace through Justice



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Preface

In 2018, six North Carolinians a day died due to an unintentional medication or drug overdose. Substance use remains a highly stigmatized topic and one that is not talked about among many faith communities. The prevalence of the opioid overdose crisis and the effect the crisis has on congregations calls people of faith to act.

The question of how faith communities can respond to the overdose crisis highlights the complicated nature of substance use. It calls us to challenge our beliefs about drug use and to ask tough questions about what we have been taught about drug use. What do our faith traditions say about harm reduction? What resources are available in our community? What is the difference between welcoming and inclusive? How has systematic racism been a part of our drug policy and responses to different crises?

For 85 years, the North Carolina Council of Churches has been fighting racism and working towards a more justice centered society. Today this work continues as we work toward a more compassionate response to the overdose crisis. We believe this study guide will help your congregation wrestle with these issues in a faithful way.

-Chris Pernell and Elizabeth Brewington

How to Use this Handbook

Throughout this resource, you will find Reflection Questions. The questions invite you to critically reflect on the ideas and your personal and community experience, alone or with others. Reflection questions are a starting point for study and dialogue. We invite you to think about and jot down your questions as you read.

- If you are a religious leader, use this resource as a study guide when preparing to deliver a sermon or facilitate a discussion related to substance use and harm reduction.
- Read this handbook to prepare to lead your community through the process of deciphering and understanding the barrage of information and misinformation about the opioid crisis.
- Organize a harm reduction study circle with your peers at your church, synagogue, mosque, or temple.
- Read one or more sections of the resource each week, and use the Reflection Questions to start the discussion.



- Work with the leadership at your place of worship to host an event, such as a roundtable discussion or day-long conference on substance use and harm reduction. In addition to reading and discussing this resource, invite speakers who can explain the overdose crisis from the perspective of lived experience.
- Read this resource with your place of worship, organization, or group of friends as you prepare to organize or take part in an action that supports harm reduction. See page 43 for ideas.

Several chapters offer additional resources under the heading “Read, Visit, Watch.” These lists are by no means exhaustive, but they should give you a good start.

Terms in bold are defined in the Glossary of Terms on page 28

Additionally the appendix has prayers and other worship resources in addition to a timeline of the war on drugs and information about how to respond to an overdose.



Danielle's Story

Danielle worked with Olive Branch Ministry (a faith based harm reduction organization) while they were doing an underground syringe exchange for several years. She was one of the people they served. She was an incredible woman and a young mother who had a three-year-old at the time.

And she rented a house for people to come in and use drugs. Danielle would send out 8 to 15 people every time Olive Branch came by and sign up for syringe exchange. She made sure that everyone had Narcan/Naloxone and that they were trained in how to use it. She even found a London-based company that made needles called "never shares," and all the barrels of the syringes had different colors so people could keep track of their own stuff. She did that because she wanted people to stay disease-free and not mix up their needles with anyone else's. Danielle cared about the people who came to her house. She tried many times to be abstinent, and she had gone through detox. It was just something that she couldn't shake, but she still cared about the people around her. So Olive Branch kept working with Danielle. She eventually got evicted because her landlord found out about what was going on at the house. Then she moved into a motel, and some people moved with her because she was the "mom" of the group. Eventually, the motel found out and kicked them all out. Danielle was forced to go to the only place she could go, which was her grandmother's house. Danielle died in the woods behind her grandmother's house from an overdose. She was alone, and the reason she was alone was that she couldn't share with anybody the fact that someone needed to be there keep an eye on her. Because she wasn't able yet to stop using, and because of stigma, she wasn't able to tell her grandmother.

People who use drugs alone are isolated and at a much higher risk of dying.

Chapter 1: Introduction

In January 2019, a new report came out from the National Safety Council that Americans are now more likely to die from an opiate overdose than a car accident. In other words in 2018, according to the CDC, 38,659 people died because of a motor vehicle accident compared to 67,367 people who died because of a drug overdose. Additionally, new information from the CDC has come out that American life expectancy has gone down in recent years due to suicides and the overdose crisis, both preventable deaths. For the past few years, the opioid overdose crisis has swept the national consciousness. Since 2008 there has been 110% increase in medication and drug overdose deaths in the state of North Carolina, and the majority of these deaths have been unintentional overdoses. While these numbers are terrifying, what is worse is the loss of someone's mother, father, brother, sister, friend, partner, which impacts communities and families.

The main focus in the media and news stories has been the role that prescription drug companies have played in manufacturing this crisis. Headlines tend to focus on “big pharma” and the number of pills that were prescribed to individuals. While that is an important story to tell, it misses many other factors that lead to the development of the overdose crisis, such as the racialized war on drugs, the history of which drugs are viewed as legal, and what ones are not, and the constantly evolving science of addiction.

So let's start at the beginning and define our terms. What is a drug? A drug is any substance that, in small amounts, produces significant changes in the brain, body, or both.

Examples of drugs:

- Coffee
- Alcohol
- Aspirin
- Marijuana
- **Opioids**

Has the opioid crisis affected your community? What stories have you heard?

Does this definition of a drug fit with your own?

What do you consider “good drugs” and what are “bad drugs”?



As a society, we have classified some drugs as good and some drugs as bad. For some drugs, "good" versus "bad" equates with which are legal or illegal. For example, alcohol vs. cocaine. In some cases, we have categorized some drugs as good in specific settings and others as bad. For instance, Oxycontin in a hospital vs. Oxycontin bought on the street. Sometimes a classification of drugs as good or bad changes over time. For instance, during prohibition, alcohol was considered illegal, but ever since the end of prohibition it has been regulated. We have even seen an explosion of craft breweries, vineyards and local distilleries. We also see this shift in real-time with marijuana. Some states are legalizing marijuana, while others still incarcerate people on drug charges for having marijuana. There is even a hierarchy in ways we ingest drugs; for example, someone who snorts powder cocaine vs. smokes crack cocaine. Our laws often reflect these views, and people are criminalized based on these classifications. See the previous example of powder cocaine vs. smokes crack cocaine, the drug is identical and produces the same effects in the body, but there is a higher sentence for someone who possesses crack cocaine vs. someone in possession of powder cocaine.

This perception of drugs, in part, led to the increasing incarceration during the 1980s and 1990s now known as the "Crack Epidemic."

Do you agree with society's classification of good drugs and bad drugs?

Outside of drug use, what are other examples of ways society classifies things as good and bad?

During this time, crack cocaine sentences were 100 times longer than those for powdered cocaine. The increase of sentencing was due to the racial perception that black people smoked crack cocaine, and white people used powdered cocaine when research shows that both races used cocaine at the same rates. The crack epidemic was met with prison and punishment for black people, neither of which addressed the underlying root causes of why the epidemic was happening. This increase in incarceration has had an a lasting impact on communities of color. According to Healthy People.gov

The U.S. releases over 7 million people from jail and more than 600,000 people from prison each year. However, recidivism is common. Within 3 years of their release, 2 out of 3 people are rearrested and more than 50% are incarcerated again. Many people face obstacles reintegrating into society following their release, such as problems with family, employment, housing, and health, as well as difficulty adjusting to their new circumstances. Formerly incarcerated individuals often have difficulty securing employment and housing because of their criminal history. Additionally, those with certain convictions may lose state and federal benefits, including access to education assistance, public housing benefits, food stamps, and their drivers' licenses. Felon disenfranchisement laws can restrict individuals with felony convictions from participating in the political process through voting. Furthermore, formerly incarcerated individuals are at an increased risk for experiencing health issues. For example, within the 2 weeks following their release, former prisoners are 129 times more likely than the general public to die of a drug overdose.



Part of why we are now in an opiate overdose crisis is because we never learned the lessons of the crack epidemic. In the past few years states have passed laws called Drug Induced Homicide laws which allows prosecutor to charge someone with murder if they share drugs with someone and that person overdoses and dies. As we look forward to trying to address the overdose crisis, we should learn from our mistakes and look for other ways to address substance use other than incarceration.



Learn More !

Read:

- *Chasing the Scream* by Johann Hari
- *The New Jim Crow* by Michelle Alexander

Visit:

- [The Harm Reduction Coalition](https://harmreduction.org/)
 - <https://harmreduction.org/>
- [Drug Policy Alliance](http://www.drugpolicy.org/)
 - <http://www.drugpolicy.org/>

Watch:

- [Everything you know about addiction is wrong.](https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong)
 - https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong
- Ethan Nadelmann: Why we need to end the War on Drugs
 - https://www.youtube.com/watch?v=uWfLwKH_Eko

Chapter 2: What are Opioids?

According to the North Carolina Department of Health and Human Services: Opioids are a class of drugs used to reduce pain. Opioids include some prescription pain medications, synthetic 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, opioids can cause serious risks and side effects.

Common Prescription Opioids

Oxycodone
Hydrocodone
Pethidine
Hydromorphone
Fentanyl
Codeine
Morphine



Illegal Opioids



Heroin
Fentanyl
Any pain medication that an individual takes that is not prescribed to them

Opioids used to treat other opioid addictions

Methadone
Buprenorphine



What are some other opioids you have heard of?

Do any of the opioids end up on multiple lists?

Opiates have been around for thousands of years and are derived from the poppy plant. People would take the pod of the poppy plant and remove the sticky substance. According to Sam Quinones (author of the book *Dreamland*), morphine was first derived from opium in 1804. Since that time, opiates have been transformed in many different ways. Today we are in the midst of a new transformation of opiates in the illegal drug scene, synthetic opioids. A synthetic opioid is an opioid that is developed in a lab and made from a chemical that mimics a poppy plant. The best known example of a synthetic opioid is Fentanyl. Fentanyl is a powerful opioid that can be obtained illegally but can also legally be used in hospitals/prescribed to patients.



Fentanyl, along with carfentanil, are currently two of the biggest concerns for public health officials. These opioids are incredibly potent, with Fentanyl being around 50 times stronger than heroin and carfentanil being 5000 times more potent than heroin. The North Carolina Department of Health and Human Services definition of opioid mentions severe risks, if someone has consumed too many opioids; they are at risk of an 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 can not 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 later 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. To prevent an overdose, a medication called Narcan/Naloxone was created. Narcan knocks the opiates off the brain’s receptors allowing the person who has overdosed to breathe again. Narcan is nonaddictive medicine, and the distribution of Narcan has shown up to a 50% drop in OD fatalities. Narcan can not be abused, and if someone is experiencing another medical emergency other than an overdose, the medication will not have any effect on them.



Myth Busting

Fentanyl has caused a lot of hysteria and has created many myths.

- Such as a person can overdose just from touching Fentanyl on a shopping cart or a flyer. This is entirely false. Fentanyl can not go through a person's skin. It has to have entered through either a cut, or swallowed, or injected.
- There have also been several news stories about police officers overdosing after being in the same room as Fentanyl and giving themselves Narcan/Naloxone. This is also completely false. If someone is overdosing, they would not be able to administer Narcan/Naloxone on themselves.
- Finally, there is no such thing as Narcan/Naloxone-resistant Fentanyl. Fentanyl is extremely potent so it may take more doses of Narcan/Naloxone to bring some out of an overdose if they have consumed Fentanyl, but there is no such thing as Fentanyl-resistant Narcan/Naloxone.

Have you heard any of these myths?

What are some reasons people might take opioids?

What other questions do you have about opioids?

Learn More !

Read:

- *High Price* by Dr. Carl Hart
- *Pain Killer* by Barry Meier
- Why it's Not 'Enabling' to Make Drug Use Safer, Maia Szalavitz:https://www.washingtonpost.com/news/posteverything/wp/2018/03/13/why-its-not-enabling-to-make-drug-use-safer/?utm_term=.50f10f261249

Listen:

- [Crackdown Podcast](#)

Chapter 3: Harm reduction

As the overdose crisis has gained more public attention, there is a phrase that has also increased in the public sphere, harm reduction. This simple phrase often is not well explained when it's brought up. **Harm reduction is defined as a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.** Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they are,” 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. In a broader sense, harm reduction can be applied in other ways, not just to drug use. For example, wearing a seatbelt or making sure your car has airbags are both harm reduction measures. Harm reduction recognizes that every individual is different, and their journeys are different. So there has to be a range of options for making people’s lives safer and for treating people with substance use disorders. Harm reduction is not only one way of doing things but contains a spectrum of options, including abstinence-based programs.



What are other examples of risky behaviors that you can reduce the harm of?

What are other harm reduction practices you can think of?

Examples of Harm Reduction

- Stigma-reducing language
- Supply drives
- Narcan/ Naloxone access
- Medication take-backs
- Syringe exchange programs

EXAMPLES OF HARM REDUCTION IN OTHER AREAS



SUN
SCREEN



SEAT
BELTS



SPEED
LIMITS



BIRTH
CONTROL



CIGARETTE
FILTERS

Spotlight Church:

First Presbyterian Gastonia has gotten involved by supplying their local harm reduction organization Olive Branch Ministry by knitting bags with reflective yarn in them. These bags can hold Narcan/Naloxone, and the reflective yarn makes it easy to spot with a cellphone, flashlight, or moonlight. These bags can also be used to keep food or syringe exchange supplies (as seen in the photo right). If you are interested in knitting bags like this, the pattern is on page __ and can be sent to Olive Branch Ministry or your local harm reduction group.



Harm reduction was first introduced in the 1980s by drug users to help each other stay safe during the height of the AIDS epidemic. Since then, it has been adopted by many public health experts because of its evidence-based effectiveness. Research has shown that harm reduction programs such as syringe exchange programs :

- Promote the building of trusting relationships with people who use drugs. Increased availability of clean needles likely reduces HIV infection. (WHO)
- There is no evidence of negative consequences. (WHO) The programs are cost-effective.
- People who participate in syringe exchange programs are 5x more like to enter into an abstinence-based treatment program. (CDC)

In addition to the policies and programs, harm reduction is also a social justice movement. A movement for social justice built on a belief in, and respect for, the rights of people who use drugs

How Harm Reduction Connects to Our Faith

The Golden Rule: 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.

We will discuss other examples of harm reduction in the Bible in Chapter 5.

What are other ways you can connect harm reduction to your faith?

Where do harm reduction, racial justice, and faith overlap?

How do you connect faith/spirit and harm reduction?



Learn More !

Read:

- *Dopesick* by Beth Macy
- What's Really Causing the Prescription Drug Crisis, Johann Hari: <http://www.latimes.com/opinion/op-ed/la-oe-hari-prescription-drug-crisis-cause-20170112-story.html>

Visit:

- [Faith in Harm Reduction](#)
- [North Carolina Harm Reduction Coalition](#)

Watch:

- What Harm Reduction is?
 - <https://www.youtube.com/watch?v=C9HMifCoSko>
- The House I Live in
 - <https://www.youtube.com/watch?v=a0atL1HSwi8>
- The Drug Policy Alliance Matters of Substance Series
 - https://www.youtube.com/watch?v=QXMVfh_tde8&list=PLf6y9tNpg8wM6ZpYa4I-VzKSum59SD_-O
- Let's quit abusing drug users
 - <https://www.youtube.com/watch?v=C9HMifCoSko>

Chapter 4: Harm reduction practices that you can do

As we discussed in chapter 2, the philosophy of harm reduction is defined as a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. In this chapter, we will explore some of those practical strategies.

Stigma Reducing Language: 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.

Words to Avoid	Words to Use
Addict	Person with substance use disorder
Alcoholic	Person with alcoholic use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with substance use disorder
Clean	Not actively using, abstinent
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medication assisted therapy

North Carolina's 911 Good Samaritan/Naloxone Access law

- Provides protection for an individual calling 911 to seek medical help for a person who is overdosing.
- Can't be prosecuted for small amounts of drugs on the scene
- Underage drinking
- Using illegal drugs
- Breaking parole/probation/post-release
- Prescribers can prescribe and pharmacists can dispense Narcan/Naloxone (2015) through a standing order to anyone at high risk of overdose or someone who knows a person at high risk

Naloxone:

- Non-addictive prescription medication reverses opiate overdose
- Distribution is associated with up to a 50% drop in OD fatalities
- Restores breathing and consciousness
- Administer via intramuscular injection or nasal spray
- Cannot be abused nor cause overdose
- Onset: One to three minutes
- Duration: 30 to 90 minutes

Medication Take-Back:

- An event or a fixed place where people can turn in their unused medication to be safely disposed of
- This cuts down on the number of medications that are left in people's homes

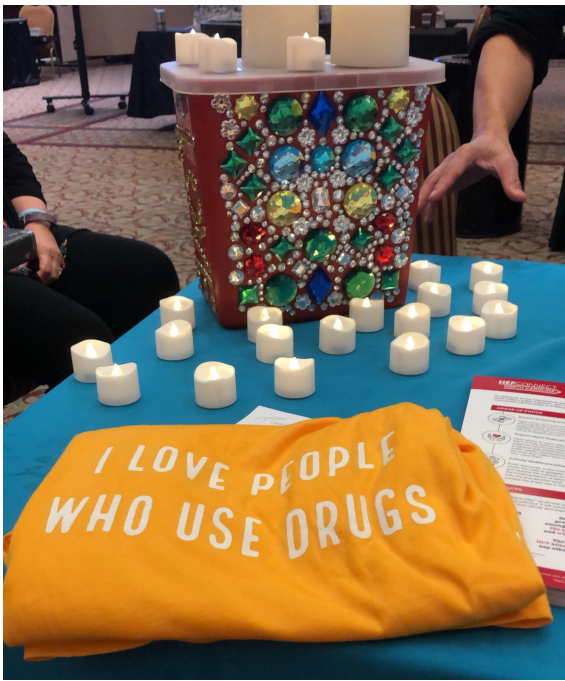


Syringe Exchange Programs:

- Legal in NC since July 11, 2016
- According to the CDC, individuals who participate in a syringe exchange program are 5 times more likely to enter treatment for substance use disorder and are more likely to reduce or stop injecting when they use an SSP.
- Each participant is given:
 - Referrals to treatment and community resources
 - Naloxone and Fentanyl test strips
 - Clean injection supplies
 - Opportunity to dispose of used supplies
 - Information on current laws surrounding reporting an overdose and participation in a legal syringe exchange program.

Safe Consumption Sites:

- According to the Drug Policy Alliance: Are provided in legally sanctioned facilities that allow people to consume pre-obtained drugs under the supervision of trained staff and are designed to reduce the health and public order issues often associated with public drug consumption. They are also called overdose prevention centers, safe or supervised injection facilities (SIFs), and drug consumption rooms (DCRs).
- There are currently 120 safe consumption sites in the world in countries such as Australia, Canada, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland.
- They are currently none in the United States but based on data from other countries they would greatly help in our effort to fight the overdose crisis because there have been no overdoses at a safe consumption site.



Learn More !

Visit:

- [INJURY FREE NC](#)
- [Points of Hope](#)
- [Urban Survivors Union](#)

Listen:

- [Narcotica podcast](#)

Watch:

- ["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

Chapter 5: Harm reduction: A Faithful Perspective

In previous chapters, we have discussed harm reduction as a philosophy and a practice. Now we are looking at how we can connect harm reduction to our faith and find parallels to harm reduction in the Bible.



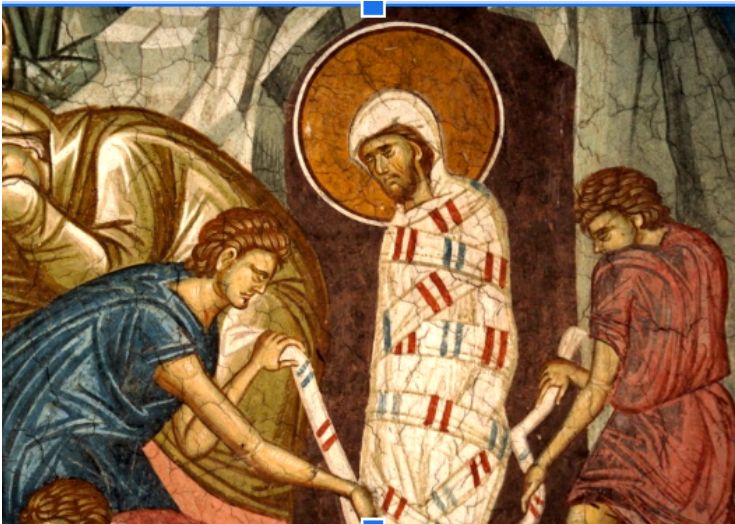
Example 1: Almost every religion has a concept similar to the Christian golden rule of “Do to others as you would have them do to you.”

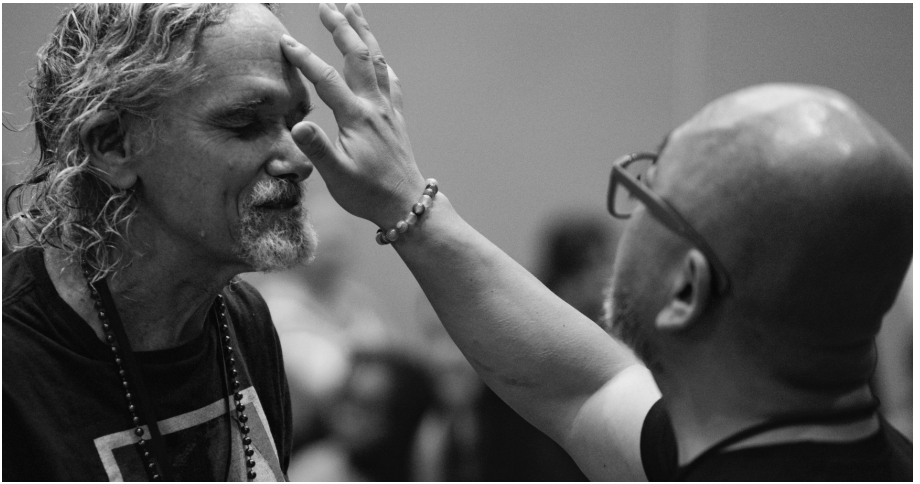
This rule commands us to see the humanity in our fellow humans and treat them with dignity and respect, which aligns with the philosophy of Harm Reduction

Example 2: Jesus in the Gospels performs many miracles, and most of them focus on healing. In these stories, Jesus always goes to where the person is and meets them where they are even if at the time society considered them outcasts.



Example 3: The story of Lazarus. Jesus hears that Lazarus is dying, and he is summoned home. However, Jesus waits four days before returning (in Jewish custom, the soul remains in the body three days after a person has died). By that time, Lazarus is already in the death clothes and the tomb. So Jesus brings him back to life and commands Lazarus to come out of the tomb. When Lazarus walks out of the tomb, he is still bound in his death clothes. So Jesus commands the people watching to unbind him. Just as in Harm Reduction, we must remove all the barriers for people to be treated with dignity. Additionally, not everyone went to unbind Lazarus. Some went to spread the good news of Lazarus returning from the dead. This is also a harm reduction message because everyone has a place in the harm reduction movement, and not everyone has to do the same job.





Learn More !

Visit:

- [Olive Branch Ministry](#)
- [Femminary Naloxone Saves](#)
 - <https://femminary.com/naloxone-saves/>

Listen:

- [Dissect and Connect Podcast](#) with Michelle Mathis

Watch:

- [“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

Chapter 6

Over the past five weeks, you have read and discussed; what harm reduction is, what are opioids, harm reduction in practice, and the Bible. The overdose crisis is currently affecting our communities, and as we have learned from history, the substance that is causing the crisis changes, but if our response does not, we are doomed to lose more beloved children of God. At this moment, can we respond to the immediate crisis while also preparing for the future to prevent another crisis?



In the short term, we need to reflect on what our place is in the harm reduction movement. How will you get involved? How will you unbind someone? It can be as simple as incorporating stigma reducing language or organizing a supply drive, or knitting bags for naloxone. All of these acts of harm reduction demonstrate love and help us tackle the overdose crisis in front of us.

In the long term, we, as a society, need to tackle stigma. There are many reasons we are in the overdose crisis we are in now, but the largest is stigma. When people use alone, they are at a high risk of overdose death because you can not revive yourself with Narcan/Naloxone. Someone else has to do it. Stigma is a barrier to treatment, to safer use, to medical care --the list goes on. If we are going to learn from our mistakes from this overdose crisis, we need to tackle stigma when a new drug comes along. We will be prepared to be more compassionate than we were this time.

Take Action!

There are many things that you can do to help with the overdose crisis and to support harm reduction. Here are some ideas:

Education

- Preach a sermon on harm reduction
- Have a naming ceremony to lift up the names of those who have been affected by substance use
- Teach a Sunday school class or small group on harm reduction
- Host an event on substance use and harm reduction at your house of worship
- Offer a resource table at your house of worship about local resources for substance use

Service/Ministry

- Form a congregational partnership with your local harm reduction group or similar organization
- Attend worship at a congregation or other organization that has a syringe exchange or drug users union
- Host a community meal at your house of worship that include people who use drugs and make sure its a space where all are welcome to share
- Visit a syringe exchange to learn more about practical harm reduction strategies

Political/Public Action

- Contact local district attorneys and attorney generals to see where they stand about prosecuting overdose cases
- Meet with members of state and local governments to express support for harm reduction policies such as Good Samaritan Laws, expanding Medicaid, and "Ban the Box"
- Contact your local law enforcement to see if they carry Narcan/Naloxone

Glossary of Terms

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

Harm Reduction: Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Naloxone (or Narcan®): is a prescription medicine that reverses an opioid overdose, which can be caused by legally or illegal opiates. Naloxone will only reverse an opioid overdose, it does not prevent deaths caused by other drugs. It cannot be used to get high and is not addictive. Naloxone is safe and effective; emergency medical professionals have used it for decades.

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.

Good Samaritan Law(Good Sam Law): 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

Standing order: A broad, general prescription that allows naloxone to be distributed to people at risk for an overdose or to anyone who may be at the scene of an overdose. This differs from the traditional prescription named specifically for individuals

Appendix: Historical Chronology Changes in US Drug Policy and Evolution of the Overdose Crisis

People have used mind altering substances for a millenia this timeline is a brief overview of changes in Drug Policy and the Overdose Crisis in the US

1804: Morphine is distilled from opium for the first time.

1853: The hypodermic syringe invented.

Late 1800's: In the late 1800s, many drugs, including heroin and cocaine, were available in common products and medicines. Heroin was used to treat whooping cough and bronchitis.

1875: San Francisco outlawed the smoking of opium, a Chinese habit, making this the first anti-drug law passed at the local level.

Early 1900s: heroin was used as a morphine replacement treatment for individuals with morphine use disorder. Cocaine was used as a topical anesthetic and stimulant, and was used to treat hay fever, headaches, anxiety/nervousness, toothaches, muscle, stomach, and heart aches, hemorrhoids, indigestion, appetite suppression, and fatigue.

1906: Federal drug regulation started with the Pure Food and Drug Act, which established the Food and Drug Administration.

1909: Congress made opium a federal offense by enacting the Anti-Opium Act (created exceptions for drinking and injecting tinctures of opiates that were popular among white Americans).

1914: US Congress passes the Harrison Narcotics Tax Act.

Early 1920s: Marijuana prohibition was beginning. It was believed, particularly in towns near the southwest border of the U.S., that marijuana gave Mexicans superhuman strength to commit acts of violence.

1930: The Federal Bureau of Narcotics was established and led by anti-marijuana zealot Harry J Anslinger.

1937: Marijuana Tax Act, effectively making marijuana illegal. This act targeted Latinx people (mostly Mexican) and black people, who were perceived to be the primary users of marijuana at the time and portrayed in a dehumanizing light.

The Modern Drug War

1970: Federal Controlled Substances Act of 1970, also known as the CSA. The CSA empowers the Food and Drug Administration to categorize drugs based on impact and abuse potential, and the Drug Enforcement Agency (DEA, formerly the Federal Bureau of Narcotics) to enforce penalties. It also increased control of distribution and dispensing of pharmaceutical drugs, as well as legal penalties for unauthorized users.

1971: President Richard Nixon declared the War on Drugs. President Nixon dramatically increased the size and presence of federal drug control agencies, and pushed through measures such as mandatory sentencing and no-knock warrants, which are warrants issued by a judge that allow law enforcement officers to enter a property without immediate prior notification of the residents, such as by knocking or ringing a doorbell.

Early 80s: There was a federal ban on funding for syringe exchange programs that was only recently lifted in 2016. The lift was a result of rising opioid and heroin use and rising rates of HIV and hepatitis c.

1980-1997: incarceration rates for nonviolent drug law offenses increased by 800%.

1983: Drug Abuse Resistance Education (or DARE) Program was created. DARE is currently being taught in nearly 75% of schools across the country, but sadly, no evidence suggests that this program is deterring young folks from using drugs.

1984: Perdue Pharma releases MS Contin, a time-released morphine painkiller.

1980s-1990s: Crack use was widely reported to be a crisis or epidemic. It was perceived as a black problem, even though white people used it at much higher rates. Crack users were vilified, criminalized, had their kids taken away from them and severely punished.

1989: Pain is added as the fifth vital sign and alters how doctors and prescribers treat pain.

1996: Perdue Pharma releases OxyContin.

2010: Unintentional and intentional medication and drug overdoses overtook motor vehicle crashes to become the leading cause of injury death.

2013: North Carolina passes a Good Samaritan Law to encourage people to call 911 in case of emergency and grant limited immunity to those involved.

2016: Syringe exchange programs are legalized in North Carolina and expanded the Good Samaritan Law.

2019: The Death by Distribution Law is passed which creates a new charge for people to be prosecuted with if they share drugs with someone who then overdoses and dies.

How To Recognize and Respond to an Opiate Overdose

ONE: Naloxone, which is also called Narcan, is a medication that blocks the effects of opiates like vicodin, oxycontin, heroin, and fentanyl. It's ability to block opiates means that it can be used to stop or reverse an opiate overdose. All opiates respond to naloxone, including fentanyl and carfentanil.

TWO: Naloxone saves lives. It's easy to use, low risk, and comes in 3 forms. You can get it as an injection, a nasal spray, and most recently an auto injector, which has a voice recording that walks you through all the necessary steps. Today we will be distributing the nasal.

ONE: Across the country fentanyl, a very strong opiate, has shown up in the supply of non-opiate drugs like cocaine, meth, and crack. If you use any drugs besides marijuana, you want to be sure to have some naloxone on hand just in case. But it is important to know that fentanyl cannot be absorbed through the skin. So please don't let fear of fentanyl keep you from responding to an overdose.

TWO: 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 tone turns bluish purple, for darker skinned people, it turns grayish. Fingernails and lips turn blue or purplish black. The person's body may be limp and unresponsive.

Continued...

 feminary

 feminary

feminary.com

feminary@gmail.com

510-901-1262

How To Recognize and Respond to an Opiate Overdose, page 2 of 3

ONE: The first thing you want to do is see if you can get the to come to. Shout their name and try to wake them up. If they do not respond then do a sternum rub. To do this you rub your knuckles up and down the middle of their chest. If they don't respond then proceed as if they have overdosed.

TWO: Next you will administer the naloxone. Naloxone is an extremely safe medication. If you make a mistake and the person is not actually overdosing the naloxone will not hurt them. If you aren't sure, just go ahead and give them naloxone.

ONE: To administer the nasal Narcan, tilt the person's head back and insert the tip of the nozzle into one nostril until your fingers are against the bottom of the person's nose, then press the plunger firmly.

TWO: Do not press the plunger before the nozzle is in the nostril as it will dispense all the medication all at once.

ONE: If the person does not respond then another dose of Narcan may be given every 2 to 3 minutes. The kit we are giving out today has 2 doses in each box.

Continued...

 femminary

 femminary

femminary.com

femminary@gmail.com

510-901-1262

How To Recognize and Respond to an Opiate Overdose, page 3 of 3

TWO: Once the naloxone has been administered you may want to call for medical help. If you have to leave the person for any reason be sure you put the person in the rescue position. You do this by laying them on their side, moving their top hand under their head, and moving the top knee forward so they can't roll onto their stomach.

ONE: Naloxone only lasts about 90 minutes, while the effects of opioids may last much longer. It is possible that after the naloxone wears off the overdose could recur. It is very important that someone stay with the person and wait out the risk period just in case another dose of naloxone is necessary.

TWO: Also, naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain. Sometimes people want to use again immediately to stop the withdrawal feelings. This could result in another overdose. Try to support the person during this time period and encourage him or her not to use for a couple of hours.

 feminary

 feminary

feminary.com

feminary@gmail.com

510-901-1262

Recommended Reading

Books

- *High Price* by Carl Hart
- *Chasing the Scream* by Johann Hari
- *Dopesick* by Beth Macy
- *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic* by Barry Meier

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/>
- What's Really Causing the Prescription Drug Crisis, Johann Hari: <http://www.latimes.com/opinion/op-ed/la-oe-hari-prescription-drug-crisis-cause-20170112-story.html>
- Why Social Capital Could be the Key to Solving America's Overdose Epidemic: Maia Szalavitz: <https://www.theguardian.com/us-news/2017/aug/16/social-capital-us-opioid-epidemic-drugs-overdose> (This article profiles Louise Vincent!)
- The Real Opioid Emergency, Carl Hart: <https://www.nytimes.com/2017/08/18/opinion/sunday/opioids-drugs-race-treatment.html>
- Why it's Not 'Enabling' to Make Drug Use Safer, Maia Szalavitz: https://www.washingtonpost.com/news/posteverything/wp/2018/03/13/why-its-not-enabling-to-make-drug-use-safer/?utm_term=.50f10f261249

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>

Appendix: Worship Resources

Scripture: Matthew, 10:5-8

A reading from the Gospel of Matthew, Chapter 10 verses 5-8.

"5 These twelve Jesus sent out with the following instructions: "Go nowhere among the Gentiles, and enter no town of the Samaritans,

6 but go rather to the lost sheep of the house of Israel.

7 As you go, proclaim the good news, 'The kingdom of heaven has come near.'

8 Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment; give without payment."



PRAYER OF ASSURANCE

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 disturb the comfortable. We claim this purpose with our Liberating Christ.

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.

 femminary

 femminary
femminary.com

femminary@gmail.com

510-901-1262

written by:
Dr. Sharon Fennema

 femminary

 femminary

femminary.com

femminary@gmail.com

510-901-1262

Blessing of the Naloxone

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.



**FAITH IN
HARM REDUCTION**
www.faithinharmreduction.org

Naming Ceremony for Lives Lost to Overdose and War on People Who Use Drugs: US Convening on Overdose, Open Society Foundations, April 10, 2018, 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 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.



FAITH
in harm reduction

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 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, *Feminary*

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, *Mom*

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

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

—Jess Tilley,
New England User's Union

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

—Erica Poellot,
Harm Reduction Coalition

**There is more than
enough love.
You are worthy of love.
You have agency.
You matter, and you
have something to offer.**

—Reverend Sarah
Howell-Miller



Pattern for Bags

Here is the pattern for the needle exchange bags
Finished cloth is 10"x10."

Fold over once, sew shut on two sides. Drawstring goes at top. The larger the bag, the more supplies that can fit in. Cotton yarn is good for reusing as a washcloth. Acrylic blend is better for stretchiness.

Pattern: Row 1: Chain 33. Single crochet back along the chain. (32 stitches total)

Row 2- 36: Chain 1. Single crochet across. (32 stitches in each row)

At the end of row 36, cut your yarn and weave in your ends. I did not make a border on this dishcloth, but you may add one if you like.

Menu of Local Actions to Prevent Opioid Overdose in NC

The following *Menu of Local Actions to Prevent Opioid Overdose in North Carolina* provides an overview of various impactful activities that can be done at the local level by partners like community organizations, government agencies, and others interested in this work. This list of local actions is intended to be dynamic and updated as additional ideas and recommendations arise. Refer to the [NC Opioid Action Plan](#) for statewide recommendations for priority strategies to address the opioid crisis.

1. Build a Strong Local Coalition

- a. **Build and sustain a local coalition** to convene stakeholders and coordinate activities. Ensure there is a broad group of stakeholders “at the table,” such as: affected individuals and families, including people who use drugs; local government; local health department; healthcare providers, e.g., substance use treatment providers, pain treatment providers, pharmacists; healthcare institutions, e.g., hospitals, substance use treatment facilities; law enforcement; first responders; court system, e.g., judges, district attorney; social services; schools; youth-serving organizations; institutions of higher education, e.g., community college, university; religious organizations; civic and volunteer groups; local employers; media.
- b. Connect local efforts to state-level efforts through participation in the [NC Opioid and Prescription Drug Abuse Advisory Committee \(OPDAAC\)](#).
- c. Create an action plan that is informed by local data, evidence, and the [NC Opioid Action Plan](#).

2. Use Data to Inform Actions

- a. Use data at the county and local level to understand the burden, evaluate ongoing programs, and inform future decision-making. Please contact us at SubstanceUseData@dhhs.nc.gov with any questions. Helpful links to data resources include:
 - i. The [NC Opioid Data Dashboard](#) displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
 - ii. The [IVPB Poisoning Data](#) page for monthly surveillance reports, county-level overdose slide sets, as well as data tables on overdose deaths, hospitalizations, and emergency department visits.
 - iii. Use the [North Carolina Communicable Disease Data Dashboard](#) to track infections such as hepatitis C that can spread through unsafe drug use practices. Consider local disease burden, trends, and prevention when planning programs and events.
 - iv. Additional data can be found on the [NC DHHS Opioid Data webpage](#).
- b. Partner with your Local Health Department or healthcare system that can access [NC DETECT](#). NC DETECT tracks statewide Emergency Department (ED) and Emergency Medical Services (EMS) data and is used primarily by public health. County level data are made available through partners with authorized access.
- c. Be familiar with and consider working with local law enforcement agencies to implement HIDTA's [ODMAPs](#), which provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts.
- d. Partner with other local agencies (law enforcement, EMS, social services, etc.) that may be able to share additional data that would better enable local stakeholders to take more timely action.

3. Map Treatment Resources

- a. Develop an inventory of treatment and recovery options in the local area to inform referrals and to inform policy work around increasing treatment capacity where needed. Consider working with local social workers or health navigators as they may already have these types of lists available for their own work.

4. Improve Naloxone Access

- a. Conduct an inventory of who is distributing naloxone and how much; and match this information with data regarding need for naloxone; e.g., where overdoses are occurring.

- b. Implement distribution standing orders in the local health department and community-based organizations and distribute naloxone to persons at risk of overdose. <https://tinyurl.com/NaloxoneToolkit>
- c. Check that local pharmacies are stocking naloxone and are prepared to talk with customers about naloxone in a supportive manner. <https://www.safeproject.us/article/saving-lives-learn-about-naloxone/>
- d. Promote [NaloxoneSaves.org](#) and materials provided. Direct public to get naloxone from pharmacies in NC, especially if they have insurance.
- e. Educate local communities about the importance of naloxone for people who use opioid medications prescribed by a healthcare provider. Use the Prescription Drug Overdose Prevention Messaging and Marketing Toolkit (www.tinyurl.com/PDOToolkit) to engage acute and chronic pain patients and their support systems in overdose prevention.
- f. Send any questions to naloxonesaves@gmail.com.

Support Syringe Exchange Programs

- a. Create or expand syringe exchange programs (SEPs). SEPs can be run independently by or through partnership between local health departments, public agencies, faith communities, non-profits, pharmacies, clinics, treatment centers, and community organizations.
 - i. Work to build a referral network with SEPs, including naloxone access, low-barrier primary healthcare, and treatment services.
 - ii. Find program information and resources at the [NC Safer Syringe Initiative website](#), or contact SyringeExchangeNC@dhhs.nc.gov.
- b. Encourage pharmacies to sell syringes universally without judgment. Share [NC Board of Pharmacy guidance](#) on over-the-counter syringe sales. If there is a program in your community, [provide SEP contact information](#) to local pharmacies for referrals to syringe access and secure syringe disposal.
- c. Install biohazard collection receptacles in community and the local health department. Educate the public on safe ways to dispose of syringes, lancets, and other medical supplies. Partner with local SEPs for community clean-up and syringe disposal events.
- d. Coordinate services between SEPs, local health departments, and other medical providers. Offer flu vaccines, wound care, and other visiting health services at the SEP.
- e. Connect with healthcare providers, pharmacy staff, social service providers, and others to discuss SEP services and provide referral information. Include harm reduction services in standard referral information on local health services distributed by health systems and healthcare providers.
- f. Hold supply drives for local SEPs. In addition to syringes and injection supplies, SEPs distribute wound care kits, hygiene supplies, clothing, food, and other goods. SEPs also provide a lot of printed information—offering to print educational materials can be an enormous help to programs.

Develop Post-Overdose Response Teams

- a. Establish post-overdose reversal response teams to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, treatment, and recovery supports. Teams should include a medical professional (e.g., EMS) and a person with lived experience (peer support). <http://www.nchrc.org/programs-and-services/post-overdose-follow-up>. For guidance on developing a post-overdose response team, contact Colin Miller at colin.miller@dhhs.nc.gov.

Engage Law Enforcement

- a. Work with NC Harm Reduction Coalition (NCHRC) and local EMS to train all law enforcement agencies in the county to carry and administer naloxone in the event of an overdose. <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>
- b. Ensure all officers and district attorney offices are aware of Good Samaritan, naloxone access, and syringe exchange laws and associated protections.
- c. Facilitate relationships between law enforcement and any syringe exchange programs (SEPs) operating in your community. Agencies can partner with SEPs on community clean-up, identifying locations for program outreach, and ensuring that program participants and staff receive the limited immunity provided by NC's SEP law. Find a list of all active North Carolina SEPs here: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north>.

- d. Establish or expand existing pre-arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD]) <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>
- e. Conduct crisis intervention training (CIT) with law enforcement personnel.

Support Justice-Involved Populations

- a. Establish or expand existing post-arrest diversion programs (e.g., recovery courts).
- b. Connect justice-involved persons to harm reduction, treatment, and recovery supports.
 - i. Establish pre-release harm reduction health education programs in county jails.
 - ii. Provide naloxone kits directly to people leaving incarceration, and include referrals for additional kits and services, including SEPs.
 - iii. Help individuals establish a medical care relationship for continued primary and mental health care once released.
- c. Engage criminal justice system professionals (prosecutors, defense attorneys, judges, jail and prison staff) in coalition work and public education on identifying and responding to overdose, harm reduction, drug users' experiences accessing and receiving medical and social services, and medication-assisted treatment (MAT).

Support Families Impacted

- a. Work with your local DSS field office to establish and support case management and linkages to treatment and other needed services for DSS involved families with SUD. Use evidence-based models, such as the [START](#) model implemented in Ohio, [Kentucky](#), and Buncombe County NC.
- b. Improve coordination between your regional LME-MCOs and your local DSS field office to ensure that DSS-involved families have transportation to treatment appointments.

Provide Transportation

- a. Explore options to provide transportation assistance to individuals seeking treatment.
- b. Identify which, if any, social and medical service providers are accessible through public transportation. Explore how providers might collaborate to incorporate services at locations accessible through public transportation (e.g., if the local health department is on a bus route, can an SEP provide mobile services at the health department once a week?).

Develop Supportive Housing

- a. Identify any emergency placement shelters present in your community. Develop a referral system between shelters and social and medical services, including SEPs and SUD treatment providers.
- b. Train shelter and housing staff on identifying and responding to opioid overdoses with naloxone. Make naloxone available at local shelters.
- c. Train emergency housing providers on how to best work with people who use drugs (PWUD) and align their practices with "housing first" principles.
- d. Connect with any local Continuums of Care (CoCs, <https://www.nceh.org/coc/>) or Balance of State CoC regional committees (<https://www.nceh.org/bos/>) to identify housing opportunities and support networks for people experiencing homelessness.

Expand Employment

- a. Advocate for the adoption of Fair Chance Hiring Policies in counties and municipalities as well as among private employers to increase access to employment and lower the recidivism rate. <http://www.nchrc.org/fair-chance-hiring/>
- b. Coordinate with local social and medical service providers to hold job fairs with public and private employers that have adopted Fair Chance hiring policies. Provide resume review, interview coaching, professional clothing collection, and other services for people seeking employment.
- c. Work with public and private employers to develop workplace policies that support PWUD (including flexibility for external appointments and leave policies that cover SUD treatment).

Expand Drug Takeback Programs

- a. Increase the number of permanent drug disposal drop boxes (including in pharmacies)
- b. Expand drug takebacks events (e.g. [Operation Medicine Drop](#))

14. Promote Public Education Campaigns

- a. Promote state or national public education campaigns on topics such as the risks of opioid misuse, safe storage of medication, disposing of unused medications, where to find substance use disorder treatment, and encouraging bystanders to call 911 in the case of an overdose (the Good Samaritan law). Contact Sara Smith, Communication Consultant at the NC Division of Public Health, at sara.j.smith@dhhs.nc.gov, for information on current campaigns you can help promote.

15. Engage Youth in Primary Prevention Activities

- a. Identify whether your community has a [substance use/behavioral health prevention coalition](#) focusing on the prevention of opioid misuse. Support the work of the coalition and consider engaging youth in the planning and implementation of coalition initiatives. Contact Jessica Dicken, Interim Section Chief for Community Wellness, Prevention and Health Integration at the DMHDDSAS (Jessica.dicken@dhhs.nc.gov) for more information on prevention strategies that may be supported by your community coalition.
- b. Develop [trauma-informed schools and community systems](#) to respond to adverse childhood experiences and promote resilience among children and within the community.
- c. Develop strategies and implement practices and policies to prevent youth and young adult initiation of drug use and misuse (e.g., primary prevention education in schools, colleges, and the community). Contact Jessica Dicken at jessica.dicken@dhhs.nc.gov for more information.

Links Referenced:

1.b. NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC):

<https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/nc-opioid-and-prescription-drug-abuse-advisory>

1.c. NC Opioid Action Plan: <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolina-opioid-action-plan>

2.a.i. NC Opioid Data Dashboard: <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

2.a.ii. The IVPB Poisoning Data: <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

2.a.iii. North Carolina Communicable Disease Data Dashboard:

<https://public.tableau.com/profile/nc.cdb#!/vizhome/NorthCarolinaDiseaseStatistics/DiseaseMapsandTrends>

2.a.iv. NC DHHS Opioid Data webpage: <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-data>

2.b. NC DETECT: <https://ncdetect.org>

2.c. ODMAPs: <http://www.hidta.org/odmap/>

5.a. NC Safer Syringe Initiative webpage: <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>; additional links: <http://www.ncbop.org/faqs/FAQsNonPrescriptionSyringeSalesNC.pdf> and

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north>

9.a. START model: <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>

9.a. Kentucky example: <https://www.ncsc.org/~media/81A5C7BAD5B54160886D2ED9D0E5CE63.ashx>

13.b. Operation Medicine Drop: [http://www.ncdoi.com/osfm/safekids/Operation Medicine Drop.aspx?sec=omd](http://www.ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd)

About the North Carolina Council of Churches

From efforts on behalf of farmworkers to encouraging the protection of God's earth to exposing racism within the criminal justice system, the North Carolina Council of Churches is at the forefront of progressive social issues that go to the heart of whom God would have us to be.

By drawing together members of eighteen Christian denominations in this work, the Council also serves our other key focus, Christian unity.

While the Council is itself overtly Christian, many of the committees and task groups are interfaith, including members from nonChristian faith communities. Several committees also include members of Christian denominations which are not part of the Council of Churches. Through this work, we live our motto:

Strength in Unity, Peace through Justice.

Our members include twenty-three judicatories of the following eighteen denominations, as well as eight individual congregations:

- African Methodist Episcopal Church
- African Methodist Episcopal Zion Church
- Alliance of Baptists
- Christian Church (Disciples of Christ)
- Christian Methodist Episcopal Church
- Episcopal Church
- Evangelical Lutheran Church in America
- General Baptist State Convention
- Metropolitan Community Churches
- Moravian Church in America
- Mennonite Church USA
- Presbyterian Church (U.S.A.)
- Reformed Church in America
- Reformed Churches of God in Christ International
- Religious Society of Friends
- Unity Fellowship Church Movement
- United Church of Christ
- United Methodist Church

The North Carolina Council of Churches and the Opioid Crisis

Since its inception 85 years ago, the Council has been actively pursuing a platform of peace and social justice across the state. Ten years ago the Council started the Partners in Health and Wholeness program designed to bridge issues of faith, health, and justice. In order to live out the example of Jesus Christ – someone who dedicated his life to healing the sick, guiding the lost, comforting the downcast, and even raising the dead – this initiative seeks to provide people of faith with the tools necessary to lead healthier, more fulfilling lives. By improving the health and well-being of people of faith, we hope to impact the larger community and ultimately reduce the health care burden on our state.

Through the Partners in Health and Wholeness (PHW) program congregations are surveyed every year about the barriers they are seeing to meeting their health goals. In 2016, three main areas were identified; the first was lack of access to health care, the second was flooding in eastern North Carolina, and third was the overdose crisis.

In 2017, Partners in Health and Wholeness started its program The Opioid Crisis: The Faith Community Responds. The goal of this program is to provide to faith leaders and communities of faith across the state accurate information accessible resources, and to dispel the many myths about the opioid crisis and those affected by it so that everyone can work toward compassionate rather than punitive and coercive responses.

Since then we have had 21 clergy breakfasts attended by over 400 people, conducted two listening tour surveys which had over 220 responses, and have heard back from clergy about the actions they have taken.