Spirit of Harm Reduction

An Abridged Toolkit for Faith Leaders

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.

Learn more at www.faithinharmreduction.org.

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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 are incorporating 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.

This toolkit was authored and designed by Rev. Sarah Howell-Miller, Rev. Erica Poellot, Hill Brown, and M Jade Kaiser in partnership with the Faith in Harm Reduction Leadership Collective. We're grateful for the work of editors Tanya Russell, Tamika Spellman, Robert Suarez, and Shannon Hicks.

Our Partners

Faith in Harm Reduction is a national collective. As a collective, we would not exist without our partners. Some of our lead partners include:

National Survivors Union | Peer Network of New York | New England Users Union | HRH413 | Harm Reduction Works | Olive Branch Ministries | The Never Alone Project I enfleshed | United Church of Christ Harm Reduction and Overdose Prevention Ministries

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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 redacted and fractured, reduced to behaviors and pathologies, dehumanized.

We are in a crisis which stigmatizes and others our most marginalized 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 evidence based 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 in solidarity with people who use drugs, with reverence for the weight of injustice that people are holding and with compassion for how it is held.

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 justice-rooted, political and spiritual movement led by people with living and lived experience of substance use and sex work.	The principles, values, and philosophies which root and guide harm reduction practices and policies.
risk reduction	
Programs and services aimed at reducing the potential risks of common human behaviors such as substance use and sex.	

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

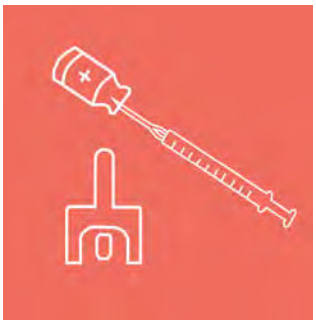
Risk Reduction Services Include...

Housing First

Syringe Access

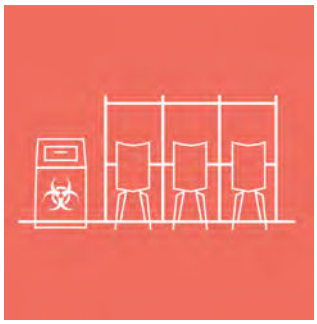
Syringe Disposal

Safer Drug Use Education



Naloxone Access

Medication for Opioid Use Disorder

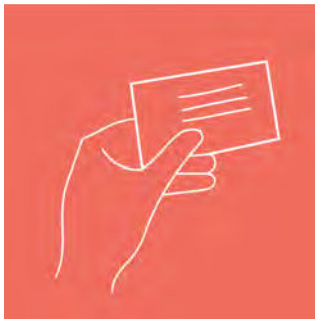


Overdose Prevention Centers

Access to Testing Equipment for Drugs

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

While many of these risk reduction services are vital, lifesaving practices, to offer these services without engaging the tenets of harm reduction philosophy and values 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 people who use drugs, treat them as whole persons, and center the lived and living experience of people most vulnerable to structural violence.



Referrals

...and more.

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 people who do sex work, and was originally established as a formal collaboration of 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 intersections 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.

Photo provided by North Carolina Council of Churches

Principles of Faith in Harm Reduction

Harm Reduction Centered

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

Challenges Stigma

Seeks to eradicate the stigmatization of people with lived and living 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.

Led by People Who Use Drugs/People Who Do Sex

Centers the dignity, humanity, and wisdom of people who use drugs/people who do sex work and amplifies their voices and leadership to achieve healing and social justice.

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.

Theologically Based

Our faith compels us to hope for what we haven't yet seen. And so we practice moral imagination. We resist submitting our dreams to the status quo. We follow the creative ways of the Spirit and seek a world of more justice, compassion, and connection. Our faith compels us to work and advocate for social change and justice that is creative, rooted in solidarity with our most marginalized neighbors, that centers community care and wellness, and pursues the abolition of all systems that harm.

Beliefs and Values

People Who Use Drugs & People Who Do Sex Work are Sacred

Inherently beloved, their lives are sacred and are always worth saving and celebrating. They embody divine wisdom that serves our collective flourishing.

Interfaith

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

Free Will

People who use drugs 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.

Love > Law

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

Community

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

Liberation

We work toward liberation from oppressive systems, love each other where we are, and co-create a new future.

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 people who use drugs. 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

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.

Fentanyl

Fentanyl is a highly potent opioid. This analgesic has been used in medical settings to treat pain since the 1960s. Studies have found that Fentanyl is 50 to 100 times more potent than the opiate morphine. Despite fentanyl's strength 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.

Housing First

Housing first programs prioritize housing a homeless individual first and then offering other services and programs to meet the person's needs after they have the security of stable housing. Homelessness housing programs that haven't adopted a housing first approach often have high barrier admission policies that may have stipulations about medication compliance for mental health diagnoses and abstinence from all criminalized substance use.

Medication for Opioid Use Disorder (MOUD)

MOUD (you may have heard it called Medication Assisted Treatment (MAT)) treats Opioid Use Disorder (OUD) with medication that attaches to opioid receptors (to reduce cravings), blocks opioid receptors, or does both. Examples of

Examples of MOUD include methadone, buprenorphine (i.e. Suboxone®), and naltrexone (i.e. Subutex®).

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 opioids respond to naloxone, including 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.

Naloxone normally carries an expiry date from 2 to 4 years depending on formulation, a recent study showed that naloxone for injection that had been expired for 30 years still contained more than 90% of active naloxone with limited degradation. (National Institutes of Health)

Opioids

Opioids are a class of drugs used to treat moderate to severe pain. Historically the term opioid was only used to refer to synthetic drugs that mimic substances found in the opium plant (ex: vicodin, oxycodone fentanyl etc.). Heroin, morphine, and codeine -all refined or extracted from opium poppies- are often now referred to as opioids as well (the technical term for drugs derived from the plant and not synthesized in the lab is opiate). All opioids, whether they are synthetic or come from the opium plant, block pain signals between the brain and the body. Opioids can make some people feel relaxed, happy, or euphoric 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.

Overamping

Overamping occurs when either too many stimulants have been ingested in a short time or a typically tolerated dose of stimulants is ingested in a scenario that the person who is using is not acclimated to. Overamping can be very distressing and painful but is rarely life-threatening. People who are overamping may experience a change in heart rate, chest pains, irregular breathing, panic attacks, hallucinations, and fainting/passing out. Unlike a person experiencing an opioid overdose, a person experiencing an overamping episode will not turn blue or gray and will remain warm to the touch. There is no reversal drug like naloxone for overamping.

Overdose Prevention Center (OPC)

Overdose Prevention Centers (OPCs) are places where people can safely use previously obtained drugs under the supervision of trained staff. OPCs reduce the risk of harms related to drug use, including fatal overdose, and provide health and wellness services, and community and connection to people who use drugs.

Psychostimulant

Psychostimulants are substances with the ability to stimulate the central nervous system. In most people mood and alertness are elevated by psychostimulants. Both illicit substances (like methamphetamine and ecstasy) and prescribed medication (like adderall and ritalin) are examples of psychostimulants.

Recovery/Pathway to Healing

SAMHSA defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." Interestingly this definition does not mention substance use or abstinence from substance use. Because the term recovery is often understood to be synonymous with abstinence from all mind-altering substances, many people choose different language to describe their personal relationship with healing and substance use.

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.

Vivitrol

Vivitrol is the brand name for naltrexone, a prescription medication that can be prescribed for persons who have been diagnosed with Alcohol Use Disorder or Opioid Use Order. Vivitrol can be taken as a pill or injection though people who use opioids are often prescribed an injectable version that is administered monthly. This long lasting formulation blocks opioid receptors in the brain (and euphoric and sedative effects associated with opioid use) until the dose wears off. Evidence shows that people who are prescribed Vivitrol for OUD are twice as likely to experience an overdose as people prescribed Suboxone for OUD. Vivitrol is the MOUD preferred by the criminal legal system.

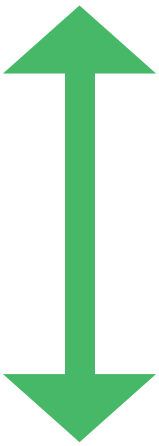
Xylazine

Xylazine is a non-opioid sedative that is not approved in the US for use in humans. Because xylazine is not an opioid it does not respond to naloxone. It is recommended that persons experiencing an overdose that may involve xylazine still be given naloxone (because xylazine is commonly mixed with opioids) and that rescue breaths be administered (because like an opioid, xylazine can cause breathing difficulties). The presence of xylazine in illicit drugs tested in labs increased in every region of the United States from 2020-2021, with the largest increase in the South.

Substance Use Spectrum

Substance use occurs on a spectrum, from no use to substance use disorder 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) while navigating substance use disorder.

Non-Use (abstinence)
Experimentation
Occasional Use
Social/Beneficial Use
Higher Risk Use
Chaotic Use (self-defined)
Substance Use Disorder



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 wellness, 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 (substance use is complex and often people can use some substances occasionally even if they are dependent on other substances). 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.

Note: Faith in Harm Reduction chooses not to use the terms 'addiction' or 'addicted' to describe substance use at any point along the continuum of substance use. These terms often elicit negative connotations about people who use drugs and do not address the complex biopsychosocial and spiritual factors which influence an individual's relationship with substance use.

Opioids & Opioid Overdose

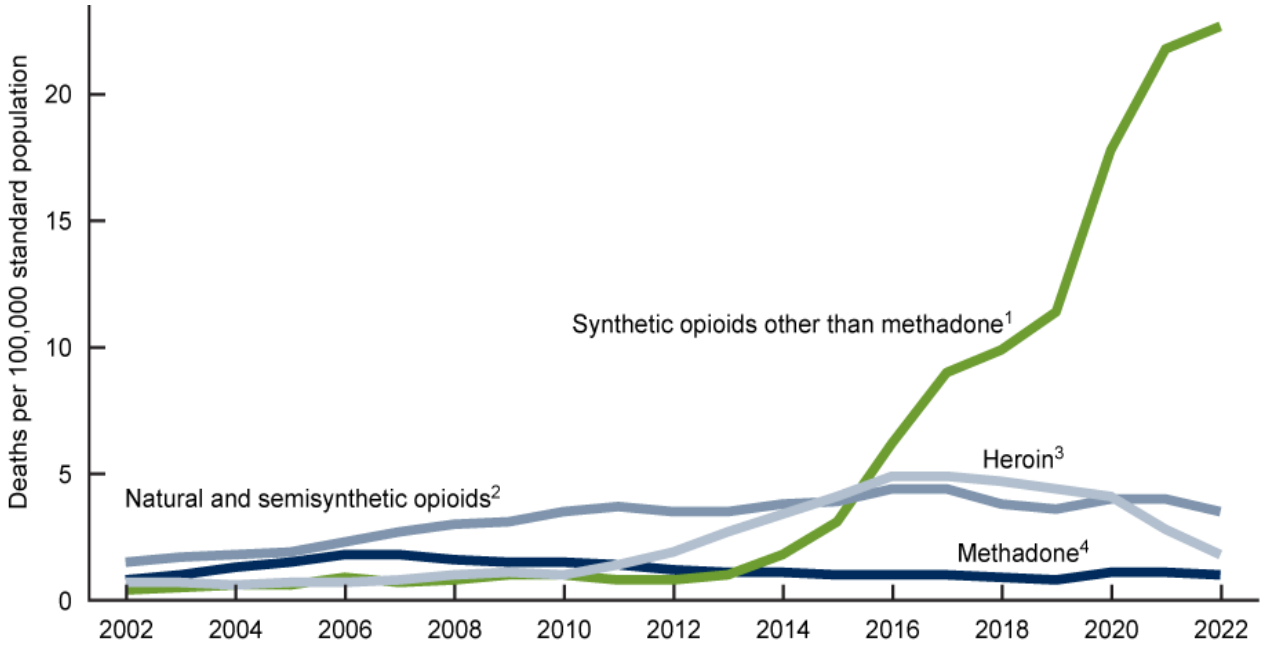
Over a million people have died of an overdose since 1999. In 2022 alone 107,942 people experienced a fatal overdose.

Fentanyl-related deaths have increased every year since 2012, with 73,654 overdose fatalities from fentanyl in 2022.

In 2021, nearly 88% of opioid overdose deaths involved a synthetic opioid (versus 67% in 2018).

Centers for Disease Control and Prevention

Figure 3. Age-adjusted drug overdose death rates involving opioids, by type of opioid: United States, 2002-2022

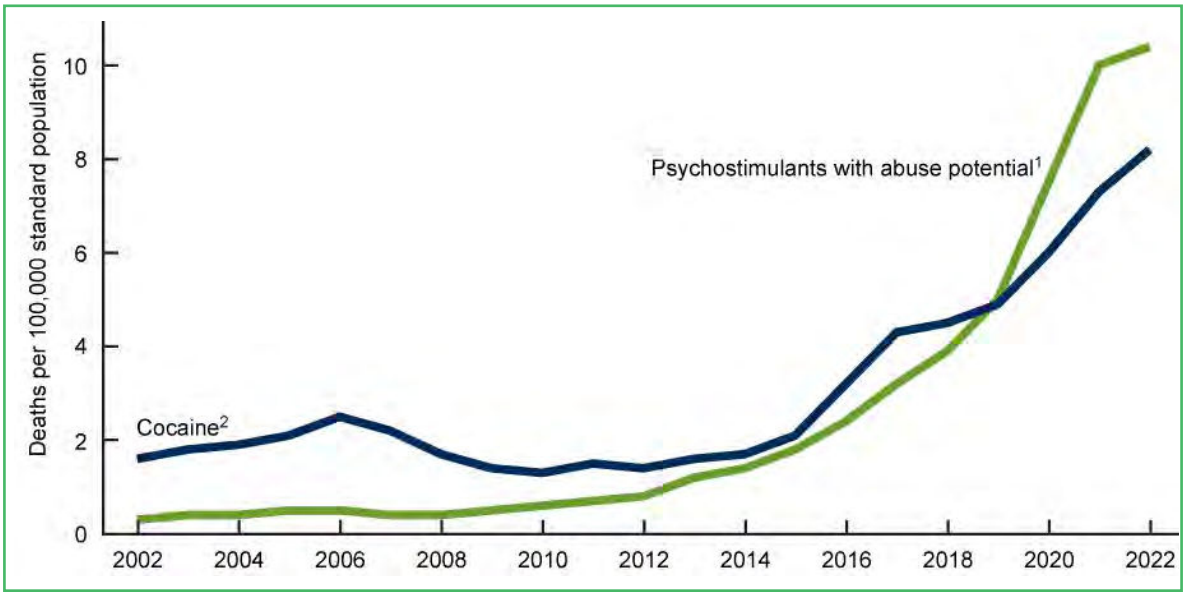


For every drug overdose that results in death, there are many more nonfatal overdoses, and people who have at least one overdose are likely to have another. (CDC.gov)

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. In 2021, rates of fatal overdoses involving cocaine jumped again with 24,000 recorded deaths A similar pattern has been seen in overdose deaths attributed to psychostimulants. Almost 33,000 people died of an overdose involving psychostimulants in 2021. In just one year (2020 to 2021), the rate of overdose deaths involving psychostimulants increased 37%. (CDC.gov)

Figure 3. Age-adjusted drug overdose death rates involving opioids, by type of stimulant: United States, 2002-2022



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 to reduce drug-related harm for people who use stimulants overlap some with the needs of people who use opioids, but specific needs for risk reduction and treatment vary. More and more harm reduction programs have begun distributing smoking and snorting supplies to better support stimulant users (in many areas of the US people who use stimulants are more likely to choose a route of administration other than injecting). Harm reduction programs and advocates concerned with drug policy reform are also talking more about the need to decriminalize or legalize the possession of smoking equipment.

Prevention & Education

Rick 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.

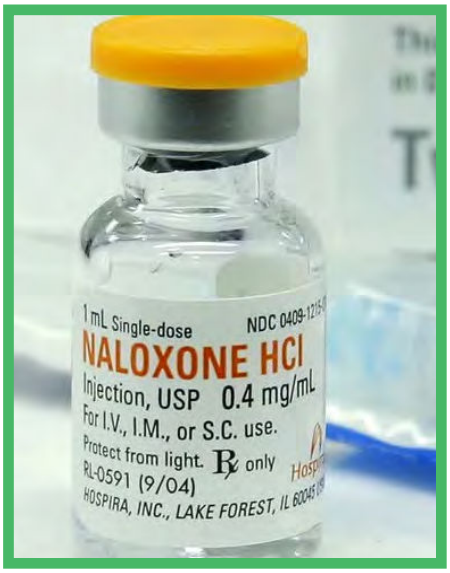
Strategies to Reduce the Risk of Overdose

- **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.
- **Enhance Wellness** 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. Xylazine test strips are also now available in many places and can alert you to the presence of this non-opioid sedative.
- **Check your Drugs.** In some communities, drug-checking machines are available so people who use drugs can test substances for an even wider variety of adulterants than fentanyl and xylazine. Contact your local harm reduction group to find out if a machine is available where you live.

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 over-the-counter in certain formulations throughout the US. Harm reduction programs and health departments in some states offer naloxone free to people who use drugs and those close to them.



Though naloxone was created in 1961, it was not used outside of emergency medical settings until Dan Bigg, co-founder and director of Chicago Recovery Alliance, began distributing naloxone at syringe service programs in 1996. Widespread naloxone availability is the result of the diligent work of a dedicated harm reductionist. Thanks Dan!! (History – Remedy Alliance / For The People (remedyallianceftp.org)

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 Opioid 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."
- **Move** the person to the ground and lay them on their back. Check their airway to make sure nothing is blocking it.
- **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).
- **Perform rescue breathing** by tilting their head back, pinching their nose closed, and giving one slow breath every 5 seconds for 2 minutes. a second dose and continue rescue breaths.

If the person is still unresponsive after a dose of naloxone and 2 minutes of rescue breathing, administer a second dose and continue rescue breaths.

- **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.

Note: A number of high-dose (8mg) formulations of intranasal naloxone have come on the market. According to a paper published by CDC, no benefits to administration of 8-mg intranasal naloxone compared with 4-mg products were found. In fact, people who received the 8mg intranasal naloxone had no greater chance of survival than those who received the 4mg intranasal naloxone, but did have a significantly higher incidence of opioid withdrawal signs and symptoms.

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 on-site. 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 or in front of/behind the building. 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 where naloxone is being stored and 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.

For more information about how to respond to overamping, we recommend OnPoint NYC's Overamp Safety Guide. Remember that even though overamping is typically not fatal it should be treated as a medical event. If you don't feel equipped to respond to someone having an unexpected or adverse reaction to stimulants contact your nearest harm reduction organization and/or emergency medical services. https://onpointnyc.org/overamp-safety-guide/

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 restrictive 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 Program (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.

Community Based Support Groups

Community is vital for anyone trying to change their relationship with a substance. Groups such as MARA (Medication Assisted Recovery Anonymous) for people on MAT and groups like Any Positive Change/Harm Reduction Works provide community based support for people who use drugs seeking more stability in their drug use and in their lives.

Harm Reduction Oriented Psychotherapies

Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), and other techniques address underlying trauma. Harm Reduction Psychotherapy (HRP) is an innovative treatment for people interested in renegotiating their relationship with substance use. HRP uses a biopsychosocial approach to understand the complexities of drug use and mental health.

Medication for Opioid Use Disorder (MOUD)

Medication for Opioid Use Disorder (MOUD) is helpful to many people diagnosed with opioid use disorder (OUD); a partial or full opioid agonist like buprenorphine or methadone (or sometimes an opioid blocker like naltrexone) helps curb cravings and prevent overdose.

Medication for Opioid Use Disorder (MOUD) (formerly called Medication Assisted Treatment (MAT)) 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 actually functions to stabilize a person's brain chemistry, relieve craving, and, in some cases, block the effects of other drugs—making it another form of opioid overdose prevention. MOUD may be used temporarily to stabilize a person after stopping the use of a particular drug, or it may be a long-term form of recovery.

Note: Some treatment programs and housing providers do not allow the use of MOUD by program participants, considering it substituting one substance for another, while others only support particular medications such as Vivitrol (as one effect of the medication is blocking the euphoric effects of other substances, such as opioids). Failing to provide evidence based treatment options increases the risk of overdose for people who use opioids. There have been conversations in recent years about how the denial of MOUD for people who have an opioid use disorder may violate the Americans With Disabilities Act.

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 or Subutex, 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 shown to:

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

(SAMHSA.gov, adapted)

Harm Reduction is an Intersectional Issue

Harm Reduction was born as an intersectional movement, fostered by queer, trans, Black, and Brown people facing the early HIV/AIDS epidemic. Today, we cannot meaningfully discuss drug use and sex work without addressing inequities related to race, (trans) 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.

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 always been inseparable from racism. From their origins which targeted immigrants and other people of color, to the launch of the War on People Who Use Drugs which has significantly targeted Black communities, to the global impact on neighboring countries and cultures, racism is woven through.

Despite the fact that people of all races use drugs at roughly the same rates, people of color, particularly Black people, are disproportionately affected by policing, arrest, and incarceration. Because of this racial targeting, Black communities experienced the highest death rate for overdoses involving cocaine in 2019. In 2020, the overdose death rate among Black males 65 years and older was nearly seven times that of white males 65 years and older. (CDC.gov) One of the many injustices of the War on People Who Use Drugs is preventable overdose. Black men are now the demographic group mostly likely to die of an accidental overdose in the United States (pewresearch.org). This is a direct consequence of anti-Black racism in drug policy.

Though the War on People Who Use Drugs harms everyone, selective compassion granted to predominantly white families and communities - particularly of a certain class - suffering impacts of the opioid overdose crisis reveals the underlying cultural and structural racism embedded within it.

Fostering an intersectional approach requires us to stay rooted in a Harm Reduction movement that remembers how it was born and prioritizes those most impacted by structural inequalities.

*portions of this page are adapted from National Harm Reduction Coalition

There is no such thing as a single-issue struggle, because we do not live single-issue lives.
– Audre Lorde

Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on People Who Use Drugs. – Michelle Alexander, The New Jim Crow

Drug-Related Stigma

Stigma is a social process linked to power and control which creates stereotypes and assigns labels to those who considered deviant from the norm. Stigma creates the social conditions that make people who use drugs 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 for acceptance and access to resources.

How we stigmatize people who use drugs

Pathologizing & Patronizing

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

Blaming & Imposing Moral Judgments

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

Criminalizing

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

Creating Fear That Isolates

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 people who use drugs are capable, trustworthy, and caring.
- Share resources and education that may help people who use drugs 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.

(National Harm Reduction Coalition, adapted)

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.

photo credit: nigelbrunsdon.com

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.

Instead of...	Try this...
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 programs
Clean	Not actively using, abstinent; (re: supplies) sterile, unused
Opioid Replacement Therapy	Medication for Opioid Use Disorder (MOUD)
Prostitute, whore, hooker	Person who does sex work
Relapse, On a bender	Return to use, Currently using drugs
Enabling	Supporting, helping, overdose prevention
Dirty/clean urine	Positive/negative drug screen

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

photo credit: nigelbrunsdon.com

Questions for your faith community to consider:

How do people who use drugs know that they are welcome and wanted? (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 extravagant welcome look like?

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

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?

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

What justice issues and/or wellness issues is your faith community already focusing on that intersect with the Harm Reduction movement?

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 excerpts 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 Scriptures

Genesis 1:26-28	Humans created in the image of God, intended to flourish
1 Kings 17:17-24	The widow's son is raised
Psalm 46:10	Be still and know that I am God
Psalm 107:19-29	God brings healing and peace
Jeremiah 30:17	Jesus heals those that are outcast
Ezekiel 34:4	Israel's leaders are condemned for not healing the sick
Micah 6:8	God wants us to do justice
Matthew 9:13	I desire mercy not sacrifice
Matthew 10:5-8	Jesus tells his disciples to heal the sick
Matthew 15:1-20	What goes into someone's mouth does not defile
Matthew 15:21-28	The Canaanite woman's daughter is healed
Matthew 22:36-40	Love God, Love Neighbor
Matthew 25:34-40	How we treat 'the least' is how we treat the Lord
Mark 12:17	Give to Caesar what is Caesar's and to God what is God's.
Luke 4:14-21	Jesus sent to set the oppressed free
Luke 7:18-23	Healing is the sign the Messiah has come
Luke 9:1-2	Jesus commands his disciples to heal the sick
Luke 10:29-37	The Good Samaritan heals someone he doesn't have to
John 10:10	Jesus came that we might have life abundantly
Acts 3:1-10	Healing is more valuable than money
Romans 12:2	Do what is right not what is popular
Ephesians 2:10	God created us to do good
Revelation 21:4	Healing is God's ultimate goal for creation

Prayers and 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 Minister 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 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.

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.

By Minister Blyth Barnow of Femminary

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.

Responding in Action: Next Steps

Ways to Get Involved

by Erica Poellot

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 and living 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 and living 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 and living 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 in your state..
- 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.
- Conduct a harm reduction based worship service on Harm Reduction Justice Sunday (third Sunday in August) using the resource kit from UCC's Harm Reduction and Overdose Prevention Ministries.
- Host a Naloxone Saves service (https://femminary.com/naloxone-saves/).
- Join the Faith in Harm Reduction National Working Group (contact erica@faithinharmreduction.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
- Invite Faith in Harm Reduction and UCC Harm Reduction and Overdose Prevention Ministry partners to consult with you and your congregation on strategies for expanding health and wellness 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 partner with local or state health departments to become a 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 overdose prevention training and distribution events in partnership with local harm reduction programs or unions of people who use drugs.
- 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 and drug policy/harm reduction organizations to ask what advocacy issues need your support.
- Support the establishment of community based syringe access programs and overdose prevention centers by building community support, conducting public education, and supporting policy advocacy efforts.
- Educate yourself on medication for opioid use disorder 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 the differences between policy reforms that strengthen carceral systems and abolitionist measures that reduce imprisonment and envision other strategies for individual and communal wellbeing. The Harm Reduction movement promotes liberation for people who use drugs which necessitates dismantling the systems that cause harm to people who use drugs such as criminalization of drug use, drug courts, and coercive treatment systems. See resource list for educational resources on abolition and ending the war on people who use drugs.

Remember to always center the voices and needs of directly impacted people and to engage with your local harm reduction organizations. People who use drugs 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 and Undoing Drugs by Maia Szalavitz*
- *The Body Keeps the Score by Bessel Van Der Kolk*
- *Coming to Harm Reduction Kicking and Screaming: Looking for Harm Reduction in a Twelve Step World by DeeDee Stout*
- *Saving Our Own Lives : A Liberatory Practice of Harm Reduction by Shira Hassan*
- *The Harm Reduction Gap by Sheila P. Vakharia*
- *Prison By Any Other Name: The Harmful Consequences of Popular Reforms by Maya Schenwar and Victoria Law*
- *Abolition and Spirituality edited by Ashon Crawley and Roberto Sirvent*
- *Healing Justice Lineages: Dreaming at the Crossroads of Liberation, Collective Care, and Safety by Cara Page and Erica Woodland*
- *Practicing New Worlds: Abolition and Emergent Strategies by Andrea Ritchie*

Podcasts

- American Diagnosis – Season 2
- Blindspot: The Plague in the Shadows
- Crackdown
- Drugs and Stuff
- Narcotica
- Prohibited

Websites

- www.faithinharmreduction.org
- www.naloxoneforall.org
- www.harmreductioncoalition.org
- www.drugpolicy.org
- www.samhsa.gov

Events

- The National Harm Reduction Conference (Harm Reduction Coalition)
- International Drug Policy Reform Conference (Drug Policy Alliance)
- International Overdose Awareness Day (overdoseday.com)
- 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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Find a Harm Reduction Resource Near You:
https:/harmreduction.org/connect-locally

Glossary

AIDS	Acquired Immunodeficiency Syndrome
BIPOC	Black, Indigenous, and 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
IOP	Intensive Outpatient Program
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
LGB/TGNC+	Lesbian, Gay, Bisexual, Transgender and Gender Non-Conforming
MOUD	Medication for Opioid Use Disorder
NSU	National Survivors Union
OUD	Opioid Use Disorder
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Syringe Access Program
SSP	Syringe Service Program
SUD	Substance Use Disorder
UCC	United Church of Christ