



The Faith Community's Response To the Overdose Crisis

May 21, 2019
First Unitarian Church of Auburn, Maine



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And made possible by a generous grant from the Open Society Foundations

“I cried to you for help”

Psalm 30.2

The Faith Community’s Response to the Overdose Crisis

10am Welcome

Rev. Jane Field, Executive Director, Maine Council of Churches

10:15 Worship (including memorial of those whose lives have been lost)

10:35 Hearing the voices of those directly impacted – Part I

Rev. Lara Campbell, First Parish UU Church of Kennebunk

Rev. Carie Johnsen, UU Community Church of Augusta

11:00 “We can’t arrest our way out of this problem”

Harm reduction and compassionate care as effective alternatives to arrest and incarceration

Chief Bob MacKenzie, Kennebunk Police Department

Kenney Miller, Health Equity Alliance, Bangor

12:00 Lunch

12:45 Hearing the voices of those directly impacted – Part II

The Rodrigues Family

1:15 Theology of Compassionate Care

Rev. Erica Poellot, Judson Memorial Church, NYC & the national Harm Reduction Coalition

1:35 What can congregations and people of faith do?

Jesse Harvey – Church of Safe Injection

Rev. Carie Johnsen – Faith-based advocacy for systemic change

(Also see pp. 3-9 for stories from a few of Maine’s churches)

2:05 Resources

Naloxone training – Jesse Harvey

Recovery coach training – Rev. Carolyn Lambert, Woodfords Congregational Church

Worship and sermon materials (see pp. 10-13)

2:30 Questions, Answers, Discussion

3:00 Closing Prayer and Benediction

Rev. Jane Field

MAINE CHURCHES RESPONDING TO THE OVERDOSE CRISIS

BANGOR INTERFAITH SERVICE FOR HOPE & HEALING

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Maine's faith communities grapple with responding to opioid epidemic



By Judy Harrison, BDN Staff • May 13, 2019

Maine's faith communities this month are grappling with how they can and should respond to the opioid crisis that continues to claim about one life every day to an accidental overdose.

Religious leaders in Greater Bangor, along with policymakers and treatment providers, will gather Thursday at St. John Catholic Church on York Street for the Second Annual Healing Service. The first was held in April 2018.

The Bangor service will begin with an informational session at 5 p.m. in the fellowship hall of the church. It will include training in the use of naloxone, and doses of the overdose antidote will be offered.

The interfaith service will begin at 6 p.m. People who have lost loved ones will be invited to write names on a white board, place pictures or other memory items on a table, place flowers in a vase and silently remember those they have lost.

Speakers at the service will include Gordon Smith, the state's Director of Opioid Response, which is a new position in Gov. Janet Mills' administration. He said his message will emphasize hope and recovery. "Most importantly, I will be encouraging all Mainers to look at opioid addiction as a chronic disease and to recognize that individuals with substance use disorders deserve our compassion and need to have access to medical services as well as stable housing, counseling and a variety of support services," Smith said Thursday. While it is a positive sign that the number of overdose deaths was down 15 percent in 2018 from the previous year, we are still losing, on average, a person a day to an accidental overdose. We have to do better at addressing the many issues underlying these statistics, including addressing the root causes of addiction."

THE EPISCOPAL CHURCH OF ST. MARY

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Saint Mary's Presentations on the Opioid Crisis Call for Education, Compassion and Community Support

After much soul-searching to determine the role our church might play in responding to the addiction crisis in Maine, the Outreach Committee of the Episcopal Church of Saint Mary in Falmouth decided its niche was to educate the public about a disease that affects us all, directly or indirectly, with a view to reducing stigma and encouraging all to become engaged.

In March, Saint Mary's launched the first of three Spring programs for the public, "Paths that Created It, Paths That Heal." It started with a 6-minute video about a young man from Falmouth who overdosed from heroin in his bedroom with his dog by his side. It was followed by presentations by Falmouth Police Chief John Kilbride, who has a relative in recovery, and Robert Fowler, the executive director of Milestone Recovery. In April, Dr. Mark Publicker, an award-winning addiction specialist in Maine, spoke on "The Hijacked Brain: The Biology of Addiction." At each session, handouts with information about available services were displayed on a long line of tables. At their seats, guests found a list of word choices that help de-stigmatize the disorder. And, of course, there was food.



Falmouth Police Chief John Kilbride answers a question after a presentation at St. Mary's about paths that create addiction.



Resource table at St. Mary's lecture series

At both programs and planned for the third program as well, people in recovery and their family members bravely told their own stories – the shame, the isolation, the desperation and finally recovery. At the Hijacked Brain program, one man who was still reconciling with his recovering brother after years of estrangement, was

moved to apologize publicly to his brother for his lack of compassion during his sibling's active years of addiction.

On June 9, the third program will be “Overcoming Obstacles In Recovery: Jobs, Housing and More,” featuring Margo Walsh, the founder and owner of MaineWorks. The company focuses on finding jobs for convicted felons, many of whom suffer from substance use disorder as well. The committee is working with the local Chamber of Commerce, Lions Club, and Rotary Club to invite local businesses. It also is distributing promotional material along the main commercial corridor to attract businesses that may be inspired to hire people in recovery.

The committee is coordinating with the Town of Falmouth, which is conducting a pilot project on the addiction crisis for municipalities belonging to the Greater Portland Council of Governments. We’ve been frustrated that parents of school children have not attended despite efforts to alert them through discussions with school officials including nurses and social workers.

FIRST UNIVERSALIST CHURCH OF AUBURN

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Work in support of harm reduction practices undertaken by the First Universalist Church of Auburn, UU

The congregation and minister have focused on harm reduction in three primary ways:

-Working to change the narrative around addiction, treatment, and the justice system

Through informal methods such as Facebook

Through formal methods such as worship, newsletter columns, and an op-ed in the local paper

By speaking with the press when asked

-Providing concrete support to the harm reduction community

By hosting a naloxone administration training offered by the Church of Safe Injection (COSI)

By offering our parking lot as a naloxone distribution and needle exchange site for COSI

-Legislative advocacy

I have testified, at the request of various organizations, in support of numerous bills at the State House in Augusta

Behind the scenes process for the above work:

Intentional theological and moral framing of addiction, the justice system, and harm reduction work

The geographic area I serve tends to take a very harsh, dehumanizing view of addiction, so carefully and intentionally framing the discussion felt critical. It's also something faith communities are uniquely positioned to do. Especially helpful- reframing the conversation away from judgment and towards compassion, highlighting that the "justice system" is unevenly applied and often used as a weapon of oppression, and emphasizing the science behind harm reduction as a counter to our mindless acceptance of rehabilitation through punishment.

Risk taking

Because we were stepping into this work rooted in the demands of our faith, my church leadership was willing to take risks- both legally and in terms of how the larger community might judge us. (Also- I, along with other church members, have been arrested several times for civil disobedience which has invited ongoing conversation about the moral obligation to protest and disobey unjust laws).

Congregational support for public ministry and justice work

My congregation understands part of my/our ministry to be public ministry and does not expect that everything I/we do will be popular. While a lack of support wouldn't have stopped me from doing the work, the presence of support makes decision making and rapid forward movement much easier.

-Rev. Dr. Jodi Cohen Hayashida

HOPEGATEWAY (UMC)

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In the front of our worship space there's a giant quilt made from about 60 squares, each one designed by a person in recovery, each representing something about the artist's recovery journey, stitched together with a square in the middle that says, "As we understood God."

This is, of course, a reference to the Twelve Steps of Alcoholics Anonymous and other 12-Step groups: "Made a decision to turn our will and our lives over to the care of God *as we understood God*."

The quilt was made during a National Recovery Month event at HopeGateWay several years ago, and it hangs in our worship space as a reminder of the life experience of many who find their way to HopeGateWay, and a reminder that recovery is possible — really, that anything is possible.

There are many pathways to recovery. As people of faith, we need to support all of them.

If we believe that every human being is a child of God – a person of sacred worth – and if we want people who are struggling with substance use disorders to get well, first we need to make sure they don't die. It's a simple fact: People who die don't recover. People who die don't get well.

So we support evidence-based harm reduction strategies, like needle exchanges and overdose prevention sites. We support every effort to de-stigmatize substance use disorder. We support good public policy. Recognizing that there are many injustices in our criminal justice system, and acknowledging that we cannot arrest our way out of this public health crisis, we must support decriminalization of drugs, as well.

We also support the spiritual pathway to recovery — because it works.

Every week, more than 300 people walk through our doors to attend recovery meetings, which we host every day of the week: AA, CA, NA, FA, SLAA. The majority of people attending these groups are in their 20s and early 30s. Many of them have come to Portland after treatment to live in sober houses, where they live in community, focus on their recovery, and rebuild their lives with a tremendous network of peer support.

Our goal has been to support the spiritual pathway for all who find it life-giving, and to offer a welcoming, inclusive, affirming space for persons in recovery — or, for that matter, for persons who are actively using.

Primarily we offer a recovery-positive space, where authentic relationships can be formed, where our common humanity is celebrated and the lines between person in recovery and ally are blurred.

We often say, “Recovery language is spoken here.” It’s not uncommon for someone to share their recovery milestone during our community prayer time in worship: “Today I’m celebrating four months (or two weeks, or ten years) of sobriety!” These celebrations are greeted with applause, celebrated and affirmed, and these expressions of vulnerability and authenticity encourage everyone to go deeper in their own sharing and deeper in naming their truths.

We are intentional about hosting Twelve-Step meetings not in a dark and dismal basement room (it helps that we don’t have a basement!), and not in a far-away corner, but in our prime space, our most sought-after space, the same room where we gather for worship, in prime time. Those who attend Twelve-Step meetings at HopeGateWay say that this matters — that they notice — that they appreciate the welcoming, colorful, inviting space — that it helps to create an environment where deep and powerful sharing can happen.

Over the years we have organized and hosted many different events and programs to assist people on their journey of recovery: things like recovery yoga, meditation circles, open mic nights, art nights, kirtan (sacred call-and-response) musical events, workshops and retreats, and recovery community meals. We once hosted a Narcan & CPR training specifically for persons in recovery and recovery allies, with almost 100 people attending. We offer space for meetings of sober house managers. We have a small prayer room that is sometimes used by sponsors who need a quiet, private space to meet with their sponsees.

We’ve also tried to incorporate recovery language and concepts into the life of our worshiping congregation so there’s a heightened awareness and a common vocabulary. For example, one year we had a six-week worship / sermon series called “A Power Greater” that introduced the Twelve Steps and explored possibilities for applying them — for those in recovery and allies alike — as basic spiritual principles. Another time we took all of our key leaders on an overnight retreat, during which a leader in recovery (from within our congregation) gave a crash course on *The Big Book of Alcoholics Anonymous*.

It may be true that the spiritual pathway doesn’t work for everyone, but that’s okay, because it works for many. What we witness every day is life transformation — young adults who have experienced incredible hardship and trauma, whose lives have been deeply impacted by substance use disorders, who have found healing and hope, and who draw strength from each other in deeply authentic, prayerful, hopeful community. At our best, this is what faith communities offer! Most people who attend Twelve Step meetings in your space will never join your worshiping community, but that’s not the goal. There are so many ways to provide welcoming, supportive space and to extend the walls and boundaries of your community. It begins with relationships, and relationships begin when we work to break down the *us-and-them* wall that often divides faith communities from the recovery communities that meet in their spaces.

Bottom line: Let’s honor the sacred worth of every human being and support all of the pathways to recovery — harm reduction approaches, good public policy, intentional de-stigmatization, and the spiritual pathway, too. Let’s not discount any pathway that works. Recovery is possible. Anything is possible.

WOODFORDS CONGREGATIONAL CHURCH (UCC)

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The people of Woodfords Church – like so many in Maine – have for many years warmly and compassionately opened both doors and hearts to folks who participate in 12-step programs. On almost every day of the week, women and men of all ages, ethnicities, professions join together in AA, Al-Anon, OA meetings. Bikers, walkers, bus-takers, Mercedes-owners, gay, straight, dark skinned, light-skinned – all are welcome, and all come to support each other and learn strategies for healthy living. After all, these are our parents, friends, siblings, children, members of our faith communities and we recognize that Alcohol Use Disorder (AUD) – diagnosed in the DSM 5 – is a

chronic, progressive disease similar in definition to diabetes, arthritis and cardiovascular disease.

And yet in most of our cultural and societal circles – including faith communities – drug use disorder is seen not as a health disorder or medical diagnosis but as a moral failure. Those who misuse prescription drugs or use illicit drugs are seen as “other”, people “not like us”, those who come “from the other side of the tracks”; after all, “good” people don’t misuse drugs.

But as people of faith, our work is to overturn barriers that separate us, to recognize that there is no “us” and “them” – and that means recognizing, welcoming and supporting all who are caught in the spiral of any kind of Substance Use Disorder. And the first step is to recognize that people with SUD are **all** our friends, our family members, our neighbors.

A year ago, I invited Bob McKenzie, the Chief of Kennebunk where I’ve served as a Police Chaplain 2011, and Katie Rodriguez, who is in recovery, to lead worship at Woodfords. Bob has made SUD a prime focus of his professional work as a first responder, as well as a local Rotarian. He’s brought message to people all over Maine in order to help understand what SUD is and how it impacts individuals, families and communities, and he the truth that we will “never arrest our way out of burgeoning crisis.” Katie, who is beautiful and amazing and hardworking, educated young woman, shared her personal journey through SUD in a profound and personal way. It was my hope that by making SUD personal, the members of Woodfords could become part of the response to this chronic and often deadly disease. With 418 figures hung around the sanctuary – the number of Mainers who died of overdoses in 2017 – Bob and Katie preached a message of passion, possibility and hope.



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In my many years of ministry, I’ve learned that the first step in responding to any issue/crisis is to name it and make it personal. Bob and Katie did both. People who still thought that SUD was a moral failing learned differently, and those who are impacted because of SUD have been given a voice. How grateful I am for both Bob and Katie!

After all, what’s immoral isn’t drug use, it’s letting people die.

WORSHIP AND SERMON RESOURCES

Episcopal Church (Diocese of New Hampshire):

Prayers, hymns and eucharistic liturgies (can be easily adapted for use in other traditions):

<https://www.nhepiscopal.org/recovery>

Evangelical Lutheran Church in America (ELCA) – Delaware-Maryland Synod

Opioid and Addiction Sunday Worship Resource:

<https://demdsynod.org/wp-content/uploads/sites/57/2018/09/Opioid-and-Addiction-Sunday-Worship-Resource.pdf>

“Naloxone Saves” - a sermon by harm reduction chaplain Rev. Blyth Barnow:

http://ccc-ucc.org/sermons/2018-04-15_Naloxone_Saves.mp3

New Hampshire Council of Churches

Worship resources list and links:

<http://nhchurches.org/august-31-international-overdose-awareness-day/>

Presbyterian Church (PCUSA)

Worship Resources for Addiction Awareness Services:

https://www.presbyterianmission.org/wp-content/uploads/paa-addiction_awareness_worship_service.pdf

Unitarian Universalist Association

Statement of Conscience – Alternatives to the War on Drugs:

<https://www.uua.org/action/statements/alternatives-war-drugs>

United Church of Christ

MindBodySpirit – November/December 2018, “The Opioid Epidemic and the Role of Your Church”

http://www.ucc.org/nurses_enews_2018_11-12_nov-dec

Overdose Awareness Sunday Service of Worship:

www.uccfiles.com/rtf/InternationalOverdoseAwarenessDay.rtf

United Methodist Church

Worship Template and Sermon Helps for National Recovery Month:

<https://www.umcjustice.org/documents/61>

SAMPLE SERMON

Easter People In A Good Friday World

Acts 9:36-43

Rev. Jane Field, May 12, 2019

Tabitha was a disciple who was kind to the widows in her town—women who had no one to look out for them. She made beautiful clothes for them and they adored her. One day, very suddenly, Tabitha got sick and died. Those who loved her were devastated by the loss and sent for Peter, one of the apostles who had known Jesus personally. They told Peter it was urgent and to come quickly. So Peter rushed right over and when he arrived, they took him to the room upstairs where they had laid Tabitha's body. All the widows stood beside him, weeping. One after another held out a scarf, the hem of a tunic, the neatly stitched cuff of a sleeve, saying to Peter through their tears, "She made this for me. When no one else cared whether I lived or died, she made beautiful things for me and restored my dignity. How can we live without her?" Peter gently ushered them out of the room and when he was alone with Tabitha's body, he knelt down and prayed. Then he turned to the body and said, "Tabitha, get up." She opened her eyes, looked at Peter, and sat up! He gave her his hand and helped her up. He called everyone back in to the room so they could see that Tabitha was alive. Word of this miracle travelled quickly around the small town and as it did, more and more people began to put their trust in following Jesus' way. Meanwhile Peter stayed in the town for quite a while as a guest at the home of Simon the tanner.

This story of resuscitation, bringing someone back to life after they have died, is one of ten such stories in the bible (both in Hebrew and Christian scriptures), though this story about Tabitha is not very well known. Nearly everyone knows the most famous resurrection story of all in the bible: Jesus, and most know about his friend Lazarus, who had been lying dead in his tomb for three days before Jesus called him to come out. But there are others, including the son of the widow of Zarephath—Elijah brought him back to life; there's the Shunnamite woman's son (brought back by Elisha); the man raised out of Elisha's grave; the widow of Nain's son and Jairus' daughter (both of whom Jesus raised), and Eutychus, who fell asleep during one of Paul's sermons and then fell out a third-story window (Paul brought him back from the dead). And then there's the story we heard today, of Tabitha, whom the apostle Peter resuscitated.

Whenever we encounter miracle stories like these in the bible, someone inevitably says, "Why aren't there miracles like that in our day and age?" Theologians have offered lots of different theories when answering that basic question. But I wonder if it's the wrong question to be asking in the first place. Maybe the question shouldn't be "why aren't there miracles today?" Maybe it should be "where are there miracles like that today?" Because as Easter people living in a Good Friday world, we Christians are called to look for resurrections, for places where the power of death is overcome by the power of resurrected life. Those are the places where we will see the power of God alive and at work in the world today.

One such place is among those suffering from substance use disorder, who often teeter on the edge between life and death, with the threat of an overdose always looming over them and over those who love them. Today marks the beginning of National Prevention Week, and the Windham Area Clergy Association has designated this Sunday "A Day of Abundant Hope." In partnership with the "Be The Influence" program, pastors in many of the pulpits in town today will be talking about substance use disorder, harm reduction, compassionate care, and addiction prevention.

Were you aware that we lose one Mainer a day to an overdose death? That more people in the United States die from overdose every year than from car crashes? Sadly, for many years, this reality has been hidden from most of us by systemic racism—as long as the people who were dying were people of color, the wider community didn't pay much attention. With the recent rise in prescription opioid misuse, more white folks are suffering

and overdosing, so now, it's finally frontpage news, the subject of lawsuits against manufacturers, and we're all paying much more attention.

But through it all, no matter who was suffering and dying, no matter how many billions of dollars were being spent on the so-called "War on Drugs," the rates of addiction and overdose remained distressingly steady. There is a shocking graph showing dollars spent in arresting and incarcerating people as part of the "War on Drugs." The line spikes dramatically upward, showing more and more money being spent each decade. There's a second line on the graph that runs along below—and it's nearly perfectly flat. It represents the number of people per capita addicted or dying of overdose over the same period of time. *That number doesn't respond at all* to the money being spent or to the number of people being locked up in prisons. Our own Steve Palmer, who once lived on the front lines in this decades-long battle is fond of saying about this disturbing truth, "If we've been fighting a war for 30 years and are still losing, wouldn't you think it's time to try something different?!" Yes, Steve. It is time. And every law enforcement official I've spoken to here in Maine, especially chiefs of police, would agree with Steve, too. Over and over I've heard them say to anyone who will listen, "We cannot arrest our way out of this problem."

But what does all this have to do with resurrection, with bringing people back to life the way Peter brought Tabitha back in that upper room in Joppa? For starters, there are *literal* resurrections occurring every day here in Maine and across the country, when people who have stopped breathing and are nearly dead from a drug overdose are suddenly—dare I say, *miraculously*?—brought back to life by someone administering Naloxone (also known as Narcan) to them. This is a simple-to-use medication designed to rapidly reverse opioid overdose. Anyone can have it on hand—you don't need a prescription. It comes in 3 forms: as a nasal spray, as an epi-pen type injector, or in a tiny bottle that you use to fill a syringe before injecting the person who is overdosing. It will bring someone back to life who has stopped breathing, whose lips and skin are blue, who—like Tabitha—appear dead. Within seconds of receiving the medicine the person will begin breathing, can sit up and will be able to speak. If that isn't a resurrection story, I don't know what is. Dr. Lindsay Stokes, a Christian and an ER physician in Massachusetts, describes it this way: "A spray up the nose, a shot in the thigh, or a push through an IV and within seconds: a miracle. The dead live. A sin is forgiven. The hopeless receive hope. For a Christian doctor, Narcan looks like grace in a syringe." ([Christianity Today](#), August 15, 2017) And while Naloxone doesn't cure someone of their addiction, it keeps them alive and that gives them a chance to seek treatment. Where there is life, there is hope. A Baptist pastor and clinical social worker who is interviewed in a recent article in [Christianity Today](#) said he explains keeping Narcan in his church this way: "A [person who is addicted] cannot recover if they die first. For a church that feeds the hungry, houses the homeless, and clothes the needy, giving Narcan to the opioid-addicted is a natural next step." To those who fear that having Naloxone available sends the wrong message by somehow condoning (or even encouraging) drug use, Pastor Stoecker says this: "Narcan is like a fire extinguisher. I don't have a fire extinguisher in my house because I want it to [catch on fire], but I do have it there just in case." Furthermore, repeated scientific studies have proven that having Narcan available and nearby does not increase risk-taking behavior in opioid users. (David Stoecker, August 15, 2017)

An addicted person cannot get treatment and recover if they die first. Which brings me to another place in this Good Friday world where we Easter people can find resurrections happening, places where the power of death is overcome by the power of resurrected life, places where the power of God is alive and at work in the world today: and that is in treatment centers, rehab hospitals, recovery programs, and 12-step groups like Narcotics Anonymous. People *do* seek treatment and *do* recover, and they will tell you it is like being reborn, getting a second chance, coming back to life, experiencing resurrection. But they can't get there if they die first from an overdose.

And they may not be able to get there if we in the faith community continue harboring theologically toxic attitudes toward people who use drugs—using the language of shame and sin to perpetuate stigma,

dehumanizing our most vulnerable neighbors by calling them “addicts” or “junkies,” defining them solely by a behavior or a pathology or a disease, rather than as a beloved child of God. A person is always more than their drug use, and distilling someone down to just that one thing is a violation of their humanity. When we Christians do this, we fail to see God in them; we fail to see the face of Christ in their faces. As UCC pastor and harm reduction chaplain Blyth Barnow says,

Shame is never the work of the Gospel because it is death-dealing and not life-giving. ... We [in the church] make it harder [for suffering people] when we attach shame, stigma, and yes, sin, to issues of drug use and addiction. We make it harder when we suggest that connection to God requires our purity. We make it harder when we treat people who use drugs like the “other,” instead of like a child of God and a part of our family. We make it harder when we draw distinctions between the saved and the lost. As if we aren’t always both. And we make it harder when we allow people to use words like ‘junkie’ without objection because we know that God does not make junk.

[God demands that we Christians learn how to say to people struggling with addiction,] ‘We know that your life was a life worth saving. No matter your choices or your struggle.’ [God compels us] to act as agents of resurrection, proclaiming loudly that every life is worth saving and all loss is worthy of our grief.

Which brings me back to the very end of that story from Acts about Peter raising Tabitha from the dead. You may have wondered about the peculiar way Luke ends that account of a resurrection. He includes a detail that seems completely irrelevant and unimportant: after raising Tabitha from the dead, Peter stayed in that town for some time and he chose to stay—where? At the house of Simon the tanner. Why on earth does it matter whose house he stayed at? And why does the job of his host matter?

Luke’s first listeners would have been shocked at that detail that seems so insignificant to us—shocked that Peter would stay with a *tanner*. You see, tanners worked with dead animals. The filth and stench were awful. This would have made Simon a social and religious outcast, forced to live on the margins of society. He would have been literally “unclean,” and ritually impure according to the laws of his people. Almost everyone would have felt superior to him. But Simon had joined the Jesus movement and found loving acceptance there that society never gave him. Ritual purity laws caused the larger community to exclude Simon as someone who was contaminated, polluted, a “dirty” sinner. But the new community that Jesus announced was characterized by compassion for everyone; they practiced mercy, treating everyone equally, welcoming and including everyone. As author Garry Wills put it in his book What Jesus Meant, “No outcasts were cast out far enough in Jesus’ world to make him shun them. Not Roman collaborators, not lepers, not prostitutes, not the crazed, not the possessed.” Not Simon the tanner. And not people who use drugs.

Today is Mother’s Day. In honor of mothers everywhere, and most especially in honor of mothers who have lost children to drug use or overdose, let us commit to being a church where every child of God is called by name, where we extend hospitality to all, where we meet those struggling with substance misuse where they are and pledge not to leave them there. Let’s commit to being a church who loves as we have been loved by God, a church who stands with people in awe and compassion for the hardships they carry, rather than in judgment for *how* they carry those hardships. For when we become that kind of church, we will be part of the solution that ensures no more mothers have to learn that their child could have been saved—could have been brought back from death to new life—if only the right intervention had come sooner. May it be so. Amen.