PUBLIC JUSTICE REVIEW

A PUBLICATION OF THE CENTER FOR PUBLIC JUSTICE

FREEDOM TO SERVE THE VULNERABLE

Vol. 6, 2017

Hope and Healing in the Opioid Crisis

Caleb Acker

Caleb Acker is pursuing a Master of Arts in Biblical Exegesis at Wheaton College (IL). He is a Student Fellow at the Institutional Religious Freedom Alliance, a division of the Center for Public Justice.

On October 26, President Trump ordered his health secretary to declare the opioid crisis a public health emergency and promised federal resources to confront it. It is indeed an emergency--a national crisis that impacts people of all socioeconomic levels and races and ethnicities. A recent NPR piece highlighted how Native American communities experience the highest opioid-related death rates, outpacing even rural white communities. The bleak data, collected by the federal government, testifies to the widespread, imminent, and deadly nature of this crisis. Following the accelerating trends, an estimated 30,000 people will die this year of opioid overdoses—that's ninety people a day. This means, on average, that someone will die of an opioid overdose while you are reading this article.

These numbers are less surprising considering that over two million Americans are currently addicted to narcotics. Three-quarters of heroin users begin on opioids prescribed as pain medication for anything from sports injuries to post-surgery recovery to cancer. There are 250 million prescriptions for opioids written every year, many for common drugs such as Oxycontin or Vicodin.

Yet these numbers represent real people in real communities. Consider, for example, a suburban white working-class family in Michigan. The nucleus of the family is a single mom in her fifties, working two jobs, helping care for her grandchildren, helping take care of her aging parents, planning social outings for her group of friends, and constantly navigating the depths of her 27-year-old son's heroin addiction. Ten years ago, he sustained an injury playing football in high school and was given prescriptions for pain medication to address this injury. In a matter of months, this young man became addicted to opioids. He started by exhausting his own prescriptions and then helping himself to the prescriptions of friends and family. His school work suffered, and he eventually turned to

buying opioids on the street. Ten years later, he has been in repeating cycles of addiction and treatment, employment and unemployment, stability and chaos.

Or consider a Lakota family living on the Pine Ridge Reservation in South Dakota, where scarcity is expected and jobs are a luxury rather than a way of life. This family is led by a grandmother in her late seventies who struggles with diabetes and obesity. Three teenage grandsons from two different daughters live with her. Their fathers were never a meaningful part of their lives, and their uncles have all left the reservation for low-paying service work in other states. Where vocational opportunity and family stability is lacking, something else comes in to fill the void. In spite of the grandmother's efforts to reconnect the family to their cultural, linguistic and religious heritage, the two oldest youth have accessed her pain medicine, finding that it makes the limitations of their lives easier to bear. As Dr. Ron Shaw, President of the Association of American Indian Physicians, said to NPR: "Many Native American populations suffer from what is known as historical and intergenerational trauma…historical events that have afflicted Native American tribes, everything from Wounded Knee to other issues that have affected us culturally that have caused kind of a historical shame that has transmitted across generations, even to succeeding generations. [This has] been shown to be associated with increased rates of depression, drug use and drug addiction."

According to the National Institute on Drug Abuse, opioid-related deaths experienced a 2.8-fold increase between 2002 and 2015, with no signs of abating in 2016 or 2017. Fentanyl, an opioid medication over fifty times more potent than morphine, is surpassing heroin as the most lethal of the opioids; last year in Pennsylvania, fentanyl caused over half of the 4,600 deaths attributed to opioid usage in that state. So many people are dying that a new study has found that the rise in opioid-related deaths has contributed to an overall decrease in the average American life expectancy. A single cause of such a decrease is unprecedented.

In the face of such devastation, how should Christian citizens respond? A public justice approach recognizes the indispensable role of both government and civil society institutions to combat this crisis. But what does that look like? In particular, how do faith-based organizations—what we call "the sacred sector" in this series—offer distinctive care for vulnerable individuals and communities battling the scourge of this epidemic?

Faith-Based Organizations Partnering with Government

The Trump administration has been addressing the opioid crisis through the Department of Health and Human Services (HHS) with five strategic priorities:

1. Improving access to treatment and recovery services.
2. Promoting use of overdose-reversing drugs.
3. Strengthening our understanding of the epidemic through better public health surveillance.

4. Providing support for cutting-edge research on pain and addiction.
5. Advancing better practices for pain management.

Alongside these government efforts, many faith-based organizations play a vital role as well in educating, preventing and treating the opioid crisis in highly particularized and diverse communities, at a very local level. The Billy Graham Center at Wheaton College founded the Rural Matters Institute to empower faith communities to address the particularized needs of rural populations. This new institute recently held a conference in rural Texas that largely focused on the opioid crisis in rural communities and the role local churches can play.

As Ed Stetzer noted in the Washington Post, it became clear to him at the Rural Matters conference in Texas how deeply enmeshed the opioid crisis is in these rural communities. He highlighted the theological imperative for repentance among white Christians who had responded with "lock them up" to the crack epidemic in the 80s. Stetzer noted: "Repentance involves a change of mind and posture. I've changed mine. And let me say that I'm glad the nation is responding with compassion and treatment to the addicted today. I just wish we had also done so when it was happening to what many called 'blacks in the cities' and not just whites in the country."

Other religious groups are also stepping up to address the unique challenges faced by growing opioid abuse within their own communities. Opioid deaths are up in the Orthodox Jewish community, as Rabbi Zvi Gluck, director of Amudim, which deals with crisis intervention told the Jewish Press. Our Place is an organization specifically dedicated to serving Jewish young people who are struggling with challenges such as substance abuse: "[we] employ a multi-faceted approach to counseling, rehabilitating and guiding troubled Jewish youth in their return to mainstream society… Our Place provides troubled youth with a second chance; an opportunity to serve as a source of everlasting pride to their family, community and Jewish heritage."

In a September 27th panel entitled "Recovery, Prevention, & Hope: National Experts on Opioids Equip Faith and Community Leaders," organized by the HHS Center for Faith-Based and Neighborhood Partnerships, government officials discussed ways in which faith and community leaders could address the opioid crisis. As Dr. Christopher Jones stated, "No one should die because stigma stopped them from seeking treatment." The sacred sector has the unique opportunity to repent of past wrongs in perpetuating the shame of addiction and to use faith-based perspectives to help remove stigmas associated with addiction. Dr. Elinore F. McCance-Katz of SAMHSA covered the three steps of treatment: clinical care, social intervention, and social support. She argued that the third step is vital to staying clean and that the sacred sector has a powerful potential to give social support and fight addiction.

Vice Admiral Jerome M. Adams, the U.S. Surgeon General, discussed the importance of prevention in fighting the opioid crisis. Faith-based organizations can help prevent addiction in particular by caring for at-risk children and working to decrease Adverse Childhood Experiences (ACE) such as abuse and

neglect. Each ACE can add up to a 400 percent chance of turning to drugs, so faith-based organizations concerned with addressing the addiction crisis can aid prevention by caring for children. The Surgeon General concluded by stating his notable motto: “Better health through better partnerships.”

Because the government is logistically unable to comprehensively and effectively confront the epidemic on the local and community levels at which faith-based organizations do their chosen work, HHS rightly devotes federal government resources to the crisis by empowering organizations in the sacred sector. As well, those sacred sector institutions cannot thrive and best fulfill their missions without some assistance from and/or partnership with the government. Local communities know best what they need, but they also often lack necessary resources to act. The federal government has the means to provide these resources.

Faith-based organizations already receive, through grants, a large portion of the social safety net’s federal money. Moreover, the Bush Administration made vouchers available through Access to Recovery, a program that allowed clients to choose faith-based programs on their path to recovery. Currently, the federal government is making more grants available to state and local governments and community organizations under the Comprehensive Addiction and Recovery Act (CARA). Some of the CARA grants will support organizations working on addiction recovery efforts.

While many faith-based efforts to prevent and treat opioid addiction operate without government funds, they can benefit from some new federal government resources that may be helpful in addressing the opioid crisis in their communities. In particular, the HHS Center for Faith-Based and Neighborhood Partnerships has an Opioid Epidemic Practical Toolkit, designed to equip faith and community leaders to “bring hope and healing to our communities.” This toolkit provides vital information and suggestions for how faith leaders can help their communities, from providing space for 12-step program meetings to family coaching to other forms of assistance.

In confronting the opioid epidemic, we need an all-hands-on-deck approach. Such an approach recognizes that to address such a multi-faceted and systemic epidemic as the opioid crisis, government, faith-based nonprofits, neighborhood groups and secular social services providers all have a distinctive and vital role to play. Government’s role comes not only in the form of grants and resources to address prevention and treatment, but also through the roles of DOJ, DEA and local law enforcement to reduce the volume of opioids in circulation.

The Distinctive Care of Faith-Based Organizations

In order for government to partner well with faith-based organizations who provide this particularized care, it must respect the structural pluralism of our society, upholding the diverse range of faith-based and other organizations and giving them the protected space to do their unique work. Sacred sector organizations work at the local level and engage in the diverse communities out of

which they have arisen, addressing the opioid crisis with their own distinctive and uncommon strategies. Native American, Muslim, Jewish, and Christian rehabilitation centers have unique spiritual resources to extend to those who come to be treated at those institutions. Spiritual support can be integral to recovery. The path of the sacred can be both preventive (young adults involved in religion are less likely to become of addicted to drugs), and restorative (addicts in faith-focused programs like the 12-step lower their risk of relapse).

The work of emerging initiatives like Rural Matters, for example, has a powerful role in changing the dialogue among Christians for how we love our suffering neighbors as ourselves. A scientific approach to treatment, grounded in compassion and human dignity, rather than moral failure and punishment, is essential to equipping rural churches to address the challenges of their communities.

A recent *Christianity Today* article, Hope for America's Opioid Epidemic is Grace in a Syringe: Why addiction ministry can include fellowship, the gospel and Narcan, highlights this approach. Narcan is an overdose reversal medication--known as Naloxone--that can save a life. In her CT article, Lindsay Stokes uses distinctively Gospel-centric language to describe Narcan's spiritual and physical benefit for Christian addiction ministries: "Resurrected…The dead live. A sin is forgiven… many Christian organizations—desperate to heal the wounds of their communities—have begun to augment their recovery outreach and relational ministries with Narcan distribution and training. Narcan has become the new compassion ministry."

One Native American Christian nonprofit called Wiconi International provides a distinctively Native American *and* distinctively Christian voice in empowering Native American families with the cultural, contextual, and spiritual tools to understand and address systemic issues such as the opioid crisis in their communities. Wiconi's mission is "to empower and serve Native people to experience a desired quality of life and a hope-filled future through authentic relationships and culturally supportive programs… as we follow the ways of Jesus-- affirming, respecting and embracing the God-given cultural realities of Native American and Indigenous people, not rejecting or demonizing these sacred cultural ways."

At this ministry's Mni Wicnoi Wacipi (Living Waters Family Camp), families learn through interactive dialogue, including "skit[s] showing how historical trauma has affected individual lives in our communities…and youth group [presentations] on how lives in a community are interwoven. When one life is lost, the entire community is affected."

Government at all levels can learn from faith-based approaches such as these, both in prevention and recovery, and it should ensure that faith-based organizations and services recipients have their religious freedom protected. For religious providers, this means that government should continue to protect their ability to hire staff in accordance with their religious conviction, maintain an explicitly religious organizational identity, and have the ability to provide privately funded, explicitly faith-based programs even while partnering with government for other programs. For services recipients,

this means that government should continue to enforce a referral requirement for beneficiaries who may object to the religious status of a provider.

These organizations must be free to serve the hurting and addicted in their own religion-specific ways. A structured pluralistic approach, harnessing a robust partnership between government and faith-based organizations, can address the many different causes and symptoms of the opioid crisis.

The opioid crisis is our American emergency, a shared pall over our country. Christian citizens across the political spectrum must think about how to confront the epidemic in our increasingly diverse and pluralistic society. We must abandon baseless stigmas that stagnate recovery, hurt relationships, and isolate the addicted, and we all must strive to recognize the dignity that all bearers of the image of God share, including those whose lives have been shattered by opioid addiction. To pursue justice in this context requires not only our recognition of the unique and uncommon goods that sacred sector organizations provide, but also our advocacy for a government that effectively equips these organizations and partners with them to face the opioid crisis.
