

When the opioid crisis shows up at our church's doorstep

Dealing with our community's real issues

by [Rochelle A. Stackhouse](#) in the [November 6, 2019](#) issue



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When I entered parish ministry three decades ago, it never occurred to me that I should take a course in how to save someone's life from a drug overdose. I understood the need for training in CPR and how to use an AED—medical emergencies happen. But I didn't expect the drug crisis to appear on the church's doorstep.

One morning some months ago, members of our church staff arrived at the church's fellowship house to find all kinds of bodily fluids, including blood, in front of the door. We knew a man named Jim had been sleeping on the porch for weeks. Neighbors told us an ambulance had arrived in the middle of the night and taken Jim to the hospital. As far as they could tell, he had overdosed.

As a downtown church with a ministry to our neighbors on the streets, including a Sunday dinner and an outreach center, we knew many people who could end up in

Jim's situation. We occasionally found needles and empty drug packets in the bathrooms. From time to time our outreach team needed to ask someone to leave the building, and once they had called an ambulance.

Jim was someone we had helped in the past. Our outreach director and other staff had tried to convince him to get help and to get in line for a bed at a shelter. He refused. Like many people who use drugs, he didn't want to be caught using drugs in the shelter, and he feared his drugs would be stolen there.

None of us on staff was qualified as a social worker or drug counselor. We saw ourselves as a triage team, trying to connect people with social services—if they were willing to be connected. As the number of accidental opioid overdoses rose in the state, the staff decided we needed to be able to respond immediately in a drug-related emergency. The outreach director and I each took a course on how to identify signs of opioid overdose and how to use Narcan to treat it. As part of the course, we received two doses of Narcan, a medication that blocks the effects of opioids.

We learned that if we found someone unconscious on our porch, we should look for drug paraphernalia and try to get information on what had happened from anyone in the vicinity. We should then check for a pulse and try to wake the person. If they didn't wake, we should call 911 and then begin rescue breathing—breathing oxygen into their lungs by mouth—while sending someone to get the Narcan, which is dispensed through an inhaler. We should administer the medication and continue the rescue breathing until they regained consciousness or help arrived. We learned that if the episode was not related to opioids, the use of Narcan would not cause any harm.

The incarnation of God in Christ is God's confirmation that the bodies of all people are holy. As Paul wrote, they are temples. Our congregation seeks to minister to people in a holistic way, in body, mind, and soul, by providing food and clothes as well as through community organizing, worship, and faith formation.

The challenge for all of us in this ministry comes in taking seriously Jesus' model of reaching out to people we might fear to touch. People who are addicted to drugs certainly fit the category of modern lepers. It did give me pause during my training to learn that rescue breathing was part of the emergency response, and that if I did not use a rescue breathing mask or barrier mask, I would be at risk of absorbing

some of the residue of the drugs.

Our Sunday morning worship services include people who live on the street. Our members are divided about whether or not that is a good thing. For various security reasons, police have recommended that we restrict entrance to people known to be part of the congregation. I can't imagine doing that. It would be giving in to fear and effectively profiling those who come and worship with us. We choose not to lock our doors to keep anyone out.

Am I afraid that someone might come in and harm us? I'd be lying if I said I was not. We've seen people become belligerent at our Sunday dinners, often under the influence of drugs. News reports regularly remind us that the worship hour of any faith is not guaranteed to be sanctuary. Our goal is to be as prepared as we can be, and at the same time as emotionally, spiritually, and physically open as we can be—for all our neighbors. Christ calls us to operate more out of preposterous love than destructive fear. Jim or someone like him will come back one of these nights. We want to be ready to help.

A version of this article appears in the print edition under the title "Trained to care."