Cultivating Compassion

A Faith-Based Approach to Harm Reduction.

A Workbook for Churches

ANOINTED ASHES

LIFE WHERE OTHERS SEE DEATH

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Introduction:

This four-part workbook is designed to guide individuals and faith communities in understanding, embodying, and practicing harm reduction through a lens of compassion, dignity, and belonging. Grounded in the core principles of cultivating understanding, reducing stigma, and fostering proactive, supportive environments, this resource equips churches to offer non-judgmental, tangible support to people who use substances. Through education, community engagement, pastoral care, and practical church-based applications, this workbook empowers Christians to restore dignity, build belonging, and embody Christ-like love to those too often marginalized.

About Us:

Anointed Ashes is dedicated to equipping church leaders and communities with better ways to serve those who struggle with substance use and addiction. We build our foundation on the love of God, the ministry of Jesus, and implement the most up-to-date scientific research around substance use, so that you can be a resource for those in your commuinity.

Questions?

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Section 1:

What is Harm Reduction?

“To stigmatize others is to forget that the grace of God meets all of us in our place of need.”
- Greg Boyd

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Understanding Harm Reduction From A Faith Perspective

Harm reduction is a **public health approach** that seeks to **minimize the negative consequences** associated with substance use without necessarily requiring abstinence. It is **grounded in compassion, pragmatism, and respect for human dignity**. Rather than viewing substance use as merely a moral failing to be corrected, harm reduction treats it as a complex health and social issue requiring **empathy, evidence-based care, and community support.** Core strategies include needle exchange programs, supervised consumption sites, overdose prevention education, and access to naloxone (Wodak & Maher, 2010).

From a theological standpoint, harm reduction aligns closely with the biblical pattern of **God meeting people where they are**—physically, emotionally, and spiritually. Scripture offers numerous examples of divine compassion that does not wait for people to be "cleaned up" before offering love and healing.

Scripture: Luke 10:25-37

One of the clearest examples is the story of the Good Samaritan (Luke 10:25–37). When a man is left for dead on the side of the road, religious leaders pass him by. It is the Samaritan—socially despised and religiously "unclean"—who stops, binds the man's wounds, and pays for his continued care. The Samaritan does not demand repentance, doctrinal agreement, or a pledge of sobriety. He responds to immediate suffering. This parallels harm reduction's nonjudgmental approach: recognizing that people in crisis deserve care now, not after they meet certain moral standards.

Understanding Harm Reduction From A Faith Perspective

Similarly, Jesus' healing ministry often began with **meeting physical needs before addressing spiritual concerns.** In Mark 2, Jesus heals a paralyzed man after first forgiving his sins, challenging the religious assumption that illness was punishment for sin. In John 4, Jesus meets the Samaritan woman at the well. He initiates conversation with her despite cultural taboos and her troubled relational history. **Rather than condemning her, Jesus offers "living water"**—a symbol of spiritual renewal—**demonstrating that divine love flows freely to those the world deems unworthy**.

Harm reduction echoes this ethic by **offering care without preconditions.** It reflects what theologian Greg Boyd describes as a "cross-centered" model of ministry—one that assumes **God's solidarity with human brokenness rather than distance from it** (Boyd, 2005). The incarnation itself—God taking on flesh and entering into the mess of human life—is perhaps the ultimate example of divine harm reduction: **God does not wait for humanity to ascend, but descends to heal us from within.**

In this light, **harm reduction** is not just a medical strategy; **it is a form of Christ-like accompaniment**. It takes seriously the pain of those suffering, listens without condemnation, and seeks to reduce harm even when change is slow or incomplete. **By modeling such love, faith communities have the opportunity to reclaim their role as safe havens of grace—not gatekeepers of purity, but agents of healing.**

While Jesus was having dinner at Levi's house, many tax collectors and sinners were eating with him and his disciples, for there were many who followed him. When the teachers of the law who were Pharisees saw him eating with the sinners and tax collectors, they asked his disciples: "Why does he eat with tax collectors and sinners?" On hearing this, Jesus said to them, "It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners."

Mark 2:15-17

Reflection: How has God's grace met us where we are?

Understanding Harm Reduction From A Faith Perspective

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Root Causes: Trauma, Poverty, and Despair

Understanding substance use and addiction requires more than focusing on individual behavior—it necessitates a **broader view of the social determinants** of health, which are the **economic and social conditions** that influence individual and community well-being. According to the World Health Organization (WHO), these determinants include factors such as **poverty, education, housing, trauma, employment, and access to healthcare** (WHO, 2022). Substance use is not randomly distributed across populations; **it disproportionately affects people facing systemic inequities and chronic adversity.**

One of the most consistent findings in public health research is the **link between poverty and substance use.** People living in economically marginalized communities are **more likely to be exposed to drug use, have limited access to preventative healthcare, and experience higher rates of trauma**—all of which can increase vulnerability to addiction (Galea & Vlahov, 2002). For example, the deindustrialization of certain U.S. cities left many without stable employment, and the subsequent **loss of purpose and increase in despair** has been linked to rising overdose rates (McLean, 2016).

Trauma, particularly adverse childhood experiences (ACEs), is another critical determinant. Individuals who experience physical abuse, emotional neglect, or household dysfunction are significantly more likely to develop substance use disorders (Felitti et al., 1998). Trauma creates lasting physiological and emotional effects, and **many turn to substances as a way to cope with untreated pain**. Without supportive interventions, these early-life experiences can shape lifelong patterns of self-medication.

Scripture: Luke 4:18-19

Jesus enters the synagogue and reads from the scroll of Isaiah 61. In this, Isaiah is proclaiming the good news of God - that the situation the Israelites found themselves in was about to change. The poor, the brokenhearted, the mourning, and the prisoners will be set free. We see Jesus claim that *now* is the time of the good news. Jesus brings the liberation that we all seek. In the same way, we see that harm reduction works to bring justice and liberation to the root causes of substance use and addiction. We can advocate for ways to reduce the paths that lead to substance use.

Access to safe housing, education, and healthcare further shape outcomes. A person sleeping on the streets or lacking stable shelter is at increased risk of overdose, infection, and mental illness. Likewise, individuals **without access to mental health services or addiction treatment** are less likely to receive early intervention. Harm reduction emphasizes addressing these underlying conditions—**not just substance use itself**—as part of a holistic and compassionate approach.

Racism and social exclusion also function as key drivers. Communities of color are often over-policed and under-served in healthcare settings. Despite **similar rates of substance use** across racial groups, **Black and Latino** individuals are **more likely to be criminalized rather than treated**, perpetuating cycles of incarceration and harm (Alexander, 2010). Meanwhile, **Indigenous populations** often face **intergenerational trauma** from colonization, land dispossession, and cultural erasure, which correlates with **higher rates of substance-related harm** (Gone & Trimble, 2012).

Reflection: How have you seen the mission of Jesus to liberate the oppressed?

Root Causes: Trauma, Poverty, and Despair

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Language Matters: Addressing Stigma

Language holds immense power—not just to describe, but to shape attitudes, reinforce biases, and influence behavior. In the context of substance use and addiction, **the words we choose can either foster compassion or perpetuate stigma**. One of the most effective ways to create a more respectful and humanizing approach to people who use drugs is through the adoption of **person-first** language and **non-stigmatizing** communication.

Person-first language emphasizes the individual over their condition. Instead of saying "addict" or "drug abuser," we say "person with a substance use disorder" or "person who uses drugs." This shift reflects the understanding that **no one should be defined solely by their behavior, diagnosis, or health status.** As the Substance Abuse and Mental Health Services Administration (SAMHSA) explains, "person-first language helps **reduce bias** and discrimination and **promotes dignity**" (SAMHSA, 2020).

Using person-first language is not merely a matter of political correctness—**it has real-world consequences**. Research has shown that stigmatizing terms like "addict" or "substance abuser" evoke more **punitive attitudes** and **reduce the likelihood that the individual will receive compassionate care** (Kelly et al., 2010). In contrast, **language that centers the person** encourages providers, community members, and faith leaders to **approach with empathy** rather than judgment.

Language Matters: Addressing Stigma

Stigma is more than hurt feelings—it's a **barrier to health.** People who feel judged or dehumanized are **less likely to seek treatment, disclose their struggles, or access harm reduction services.** Internalized stigma can lead to shame, isolation, and worsening mental health. **By changing our language, we can change the environment in which healing happens.**

Scripture: John 8:1-11

Faith communities, in particular, must be attentive to the spiritual and emotional weight words carry. Churches have historically used moralizing language—such as "clean vs. dirty" or "sinner vs. saved"—that can deepen feelings of unworthiness among people struggling with addiction. This contrasts with the inclusive language of Jesus, who consistently uplifted the humanity of the marginalized. For instance, in John 8, when a woman caught in adultery is brought before Jesus, He neither labels her nor condemns her. Instead, He says, "Let the one without sin cast the first stone," and tells her to "go and sin no more." This interaction preserves her dignity while offering the possibility of transformation.

In adopting non-stigmatizing language, churches and caregivers take a critical step toward becoming places of refuge. Our words can open doors or shut them. **Let them be instruments of grace, not gatekeeping.**

Reflection: How have you been framed by the words people use about you?

Language Matters: Addressing Stigma

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Section 2:

Getting Involved in Your Community

“The person who loves their dream of community will destroy community, but the person who loves those around them will create community.”
— Dietrich Bonhoeffer

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Understanding the Needs of Your Community

Planning effective outreach programs and workshops is a vital component of faith-based harm reduction ministry. These initiatives are not only a means of offering practical support to people who use drugs, but they also **function as platforms for education, empowerment, and community transformation**. When well-designed, outreach efforts embody the incarnational presence of Christ—**meeting people where they are, with compassion, wisdom, and dignity.**

Effective outreach begins with community engagement and needs assessment. Programs must be **contextually grounded**, shaped by **listening to the lived experiences of people in the community.** Participatory approaches yield more sustainable and impactful interventions (Minkler and Wallerstein, 2008). This might involve **building relationships** with people who use drugs, service providers, and local leaders to understand gaps in resources and opportunities for collaboration.

Workshops and outreach events should be **trauma-informed, inclusive, and culturally sensitive.** Substance use is often linked to histories of trauma, poverty, racial discrimination, and systemic marginalization (SAMHSA, 2014). **Outreach programs that ignore these factors risk alienating the very people they aim to serve.** Training volunteers and leaders in trauma-informed care ensures that outreach is grounded in safety, trust, and mutual respect. **Faith communities must actively avoid** stigmatizing language or practices and instead foster spaces where **everyone**, regardless of background or behavior, **feels welcomed and valued.**

Scripture: Matthew 5:13-16

Jesus' ministry was not limited to the synagogue. In fact, he spent most of his time with the people. He ate and socialized with the people who were considered unworthy of his day. The light we have cannot be contained by the walls of our churches. We need to be fully integrated in the communities we serve so we can *know* the needs of our neighbors.

Theologically, **outreach is modeled on Jesus' own ministry.** In Luke 10, Jesus sends the disciples out "two by two" into villages to extend peace, heal, and proclaim the kingdom of God (Luke 10:1-9). **Their mission** was not to dominate but **to dwell, to eat with people, and to offer healing in the context of relationships**. In this way, outreach is less about delivering a message and more about **embodying love and solidarity.**

Outreach should aim to **build pathways of continuity.** A one-time workshop can offer important resources, but real transformation occurs when individuals are connected to ongoing care—whether that be pastoral support, peer recovery programs, case management, or health services. **Churches can partner with local harm reduction organizations, clinics, and shelters to create referral networks and shared care strategies.**

As pastor and writer Eugene Peterson once said, "The church is not in the world to be useful, but to be redemptive." (Peterson, 2005). **Outreach is redemptive when it helps restore identity, community, and purpose.** Planning such programs with intentionality, humility, and openness to the Spirit ensures that outreach is not merely an act of charity, but an expression of God's justice and mercy.

Reflection: What needs has your church identified in your community?

Understanding the Needs of Your Community

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Creating a network of Partnerships and Referrals

Faith-based harm reduction ministry **does not function in isolation**—it thrives through **collaboration** with local health services, shelters, and harm reduction organizations. By forming partnerships with professionals and grassroots networks, churches can expand their capacity to **meet urgent needs**, **build trust** with marginalized populations, and **participate in holistic models of care** that affirm the **dignity of every person.**

Local health services are vital allies in harm reduction efforts, offering medical expertise and access to essential care such as wound treatment, HIV and hepatitis C testing, mental health services, and medication-assisted treatment (MAT) for opioid use disorder. These services are often underutilized by people who use drugs due to stigma, logistical barriers, or mistrust of institutions. **Churches can act as bridges**, connecting individuals to care by hosting mobile clinics, providing transportation, or **simply walking alongside someone** through the intake process. As one study notes, partnerships between faith communities and public health agencies can **"strengthen culturally competent care delivery and reduce barriers to access"** (DeHaven et al., 2004, p. 206).

Shelters and housing services are also critical collaborators. Homelessness and substance use are deeply intertwined; people without stable housing are more likely to experience substance-related harms and face higher risks of overdose and infectious disease. Churches can support existing shelters by volunteering, fundraising, or offering their own buildings as temporary warming centers, overflow shelters, or transitional housing.

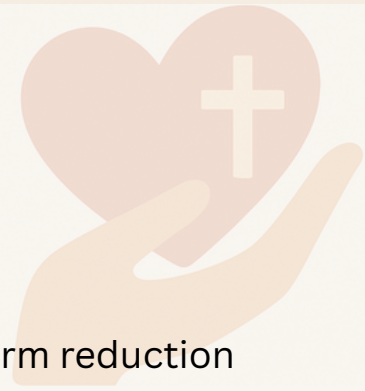
More radically, some churches have chosen to advocate for or host **Housing First programs**, which prioritize stable housing without requiring abstinence—a model proven to improve health outcomes and reduce public costs (Tsemberis et al., 2004).

Harm reduction groups—often led by peers or grassroots activists—provide direct services such as syringe exchange, naloxone training, drug checking, and education. These organizations have **deep relational ties** with the people they serve and are **trusted by those often alienated from formal systems.** Faith communities should not attempt to duplicate these services independently, but rather amplify them through **partnership and support**. Collaborating with harm reduction groups allows churches to engage in **mutual learning**, **dismantle stigma**, and **witness effective models** of care that align with the **Gospel call to love our neighbors**.

Scripture: 1 Corinthians 12:12–27

Such collaboration is not only strategic but theological. Paul describes the Church as a body with many parts, each working together for the common good. Similarly, churches do not need to do everything—they are one part of a broader ecosystem of care. Theologian Shane Claiborne writes, “We cannot do great things, but we can do small things with great love—and together we can do something extraordinary” (Claiborne, 2006, p. 128). Working with others reflects humility, interdependence, and a commitment to the flourishing of the whole community.

Creating a network of Partnerships and Referrals



Ultimately, **partnering** with health services, shelters, and harm reduction groups enables churches to embody a ministry of presence, hospitality, and justice. It communicates to people who use drugs that **their lives matter not just to God**, but to **an entire community** that is willing to **walk with them toward healing and hope.**

"Then again, I contemplate all the oppression that is committed under the sun. Take for instance the tears of the oppressed. No one to comfort them! The power their oppressors wield. No one to comfort them! So, rather than the living who still have lives to live, I congratulate the dead who have already met death; happier than both of these are those who are yet unborn and have not seen the evil things that are done under the sun. I see that all effort and all achievement spring from mutual jealousy. This too is futility and chasing after the wind. The fool folds his arms and eats his own flesh away. Better one hand full of repose than two hands full of achievements to chase after the wind. And something else futile I observe under the sun: a person is quite alone—no child, no brother; and yet there is no end to his efforts, his eyes can never have their fill of riches. For whom, then, do I work so hard and grudge myself pleasure? This too is futile, a sorry business. Better two than one alone, since thus their work is really rewarding. If one should fall, the other helps him up; but what of the person with no one to help him up when he falls?"

Ecclesiastes 4:1-10

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Reflection: How can your church partner with other harm reduction organizations?

Creating a network of Partnerships and Referrals

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Ways the Church can provide Practical Tools for Harm Reduction

Harm reduction is not only a **theological or pastoral commitment**—it is also a public health strategy rooted in evidence-based practices that save lives and promote human dignity. Among the most well-established harm reduction interventions are **naloxone distribution**, **safe use education**, and **syringe access programs.** Each of these approaches is grounded in the principle of meeting people where they are and affirming their worth.

Naloxone, a medication that reverses opioid overdose, is one of the most powerful tools in harm reduction. It works by quickly binding to opioid receptors in the brain, blocking the effects of drugs like heroin or fentanyl, **reversing an opioid overdose.** Research shows that community-based naloxone distribution **significantly reduces fatal overdoses** (Walley et al., 2013). Organizations such as the CDC and WHO recommend making **naloxone widely accessible**, especially to people who use opioids and their loved ones. Equipping churches and community ministries with naloxone—and training them in its use—can make the difference between life and death.

Safe use education, which includes teaching people about **overdose risk factors** (such as using alone or mixing substances), **safer routes of administration,** and the **signs of overdose**, is the first practical tool for church communities. This kind of information, often shared through **peer educators** or **outreach workers**, empowers people to make informed choices and reduce harm. Far from enabling drug use, studies have shown that **safe use education often leads people to engage in treatment voluntarily when they are ready** (Bardwell et al., 2019).

Ways the Church can provide Practical Tools for Harm Reduction

Syringe access programs (also known as syringe service programs or SSPs) provide sterile injecting equipment to **reduce the transmission** of bloodborne diseases such as **HIV** and **hepatitis C**. These programs also serve as critical touchpoints for offering healthcare, testing, counseling, and pathways to recovery. The CDC affirms that SSPs are **effective**, **cost-saving**, and **do not increase drug use or crime in surrounding communities** (CDC, 2020). From a **theological perspective**, offering sterile syringes can be seen as **an act of neighborly love—prioritizing health, reducing suffering, and removing barriers to future healing.**

Scripture: Matthew 25:31-46

Faith communities can play a vital role in advocating for and participating in these models. As Jesus proclaimed in Matthew 25:31–46, when we care for the hungry, the sick, and the homeless, we do so unto Him. Naloxone distribution, safer use education, clean syringe access, and housing-first strategies are not only medically sound—they are acts of mercy that reflect the Gospel's call to love our neighbors as ourselves.

The Church has a unique role in the health of the community. While many churches may prioritize the spiritual health of the congregation, the Church has an opportunity to unite as well. A 2019 Pew Research survey shows that **most Americans see religion** as doing **more good** than harm, **strengthening morality**, and has **the ability to bring people together** (Mitchell, 2019). By partnering with organizations that provide these vital services, we can **reduce stigma**, **encourage participation**, and **help those in need.**

Ways the Church can provide Practical Tools for Harm Reduction

Reflection: What steps can your church community do to serve the community?

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Ways the Church can provide Practical Tools for Harm Reduction

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Section 3:

A New Way to Provide Pastoral Care

“The church is not a museum for saints but a hospital for sinners.”
- St. Augustine

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Spiritual Wounds and Recovery

Religious trauma refers to the **psychological, emotional**, and **spiritual harm** that individuals may experience due to c**oercive, abusive**, or **shaming religious environments.** For many people who use drugs or who have experienced marginalization, religious trauma is not hypothetical—it is deeply personal and shapes their relationship with faith communities. Addressing this trauma with **compassion, humility**, and **theological reflection** is essential to any faith-based harm reduction ministry.

For some, simply entering a church building is triggering. Therefore, **faith-based harm reduction spaces** must be built with **trauma sensitivity in mind**—free of coercion, pressure to conform, or performative religiosity. Instead, they must prioritize consent, choice, and safety. Offering **spiritual care without conditions** can help rebuild trust in sacred community.

Religious trauma can stem from experiences such as spiritual abuse, excommunication, internalized shame, or exposure to rigid doctrines that condemn certain identities or behaviors. These wounds are often carried silently, yet they **affect how individuals perceive God, themselves, and others**. Exclusionary or moralistic theology can reinforce cycles of shame and isolation, especially for people dealing with substance use, mental illness, or poverty. As psychologist Marlene Winell notes, “Religious trauma results from an intense indoctrination experience that leaves little room for questioning and that **uses fear, shame, or social pressure to control behavior**” (Winell, 2011).

> "They cry in anguish and the LORD hears, and rescues them from all their troubles. The LORD is near to the broken-hearted, he helps those whose spirit is crushed."
> *Psalm 34:17-18*

The Church must begin the work of **repentance** and **healing** by first acknowledging the harm it may have caused. Creating space for recovery from religious trauma also involves **reimagining the character of God.** Rather than portraying God as punitive and distant, pastors and ministry leaders can **emphasize God's compassion and nearness to suffering.** Theologian Jürgen Moltmann asserts that God is not aloof from human pain but suffers with us: "Only a suffering God can help" (Moltmann, 1993). This understanding can be **life-giving** for people who have been harmed by depictions of a wrathful or vengeful deity.

Scripture: Hebrews 4:14-16

We believe that Jesus felt real pain in his ministry on earth. He experienced the world through the body of a human, and therefore can empathize with us in our own suffering. This translates to our own calling to be close to those in need. We can help usher people to the throne of grace so they can ask without fear, find mercy, and grace in their own time of need.

Spiritual Wounds and Recovery

Recovery from religious trauma is a **slow and relational** process. It requires **creating spaces** where people feel free to ask questions, express anger, and explore spirituality on their own terms. It may involve **connecting with counselors** trained in religious trauma, offering **peer support groups**, or **incorporating contemplative practices** that promote inner healing without dogma. Churches can also include liturgies of lament and repentance that corporately acknowledge historical and personal harm.

In harm reduction ministry, **addressing religious trauma is not a side concern—it is central**. If the Church is to be a refuge rather than a source of harm, it must **listen deeply** to those who have been wounded by it, **affirm their stories**, and offer a **gentler, humbler path toward spiritual renewal**. As Henri Nouwen writes, “Ministry is entering with our human brokenness into communion with others and speaking a word of hope” (Nouwen, 1979).

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Reflection: How can your church be more compassionate to those in need?

Spiritual Wounds and Recovery

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Becoming a Pastoral Presence: Ministry of Accompaniment

In responding to the suffering of people who use drugs, Christian ministry must **move beyond advice-giving** or **conversion-focused engagement**. At the heart of a harm reduction-informed pastoral response lies a **commitment to presence, active listening, and empathy**—practices rooted in the life and ministry of Jesus and essential to healing relationships.

The **ministry of presence** refers to the act of simply being with someone in their suffering without trying to fix, control, or correct them. It involves entering into the sacred space of another's pain with humility and solidarity. As Henri Nouwen writes, "When we honestly ask ourselves which person in our lives mean the most to us, we often find that it is those who…have chosen to share our pain and touch our wounds with a warm and tender hand" (Nouwen, 1974). **This approach affirms that being with someone can be more healing than doing for them.**

Active listening is one of the most powerful ways to embody this presence. It requires **listening** not just to words but **to the emotions and needs behind them**. Carl Rogers, a foundational figure in person-centered care, described active listening as giving **"unconditional positive regard,"** which allows individuals to feel heard without fear of condemnation (Rogers, 1957). This involves **making eye contact**, **reflecting back** what is said, **withholding judgment**, and **resisting the urge to interrupt** with advice or solutions.

Becoming a Pastoral Presence: Ministry of Accompaniment

Empathy—the ability to understand and feel with another person—is the emotional bridge that connects presence and listening. Unlike pity or sympathy, **empathy enters into the other's experience without superiority or detachment.** The Apostle Paul encourages this posture when he writes, "Rejoice with those who rejoice, weep with those who weep" (Romans 12:15, NRSV). **True empathy does not minimize suffering or rush to redemption; it lingers in the pain and bears it together.** Theologian Greg Boyle, who works with gang-involved and formerly incarcerated people in Los Angeles, puts it this way: "Kinship—how do we stand against forgetting that we belong to each other?" (Boyle, 2010).

Scripture: Mark 2:15-17

Much of Jesus' ministry was sitting, eating, listening, and asking questions. Jesus demonstrates the need to authentically engage with others in order to best serve them. We have stories in the Bible of people who left their work and immediately followed him. But how many people did Jesus eat with who found life through him days or months after? It seems that Jesus was more interested in showing that he *loved them before they changed*.

Jesus models this kind of deep listening. When the woman with the flow of blood touches Jesus' cloak (Mark 5:25–34), He doesn't immediately heal and move on. Instead, He stops, listens to her story, and addresses her with compassion: "Daughter, your faith has made you well." His healing flows not just from divine power, but from relational attention and affirmation. He sees her, listens to her, and restores her socially and spiritually.

Reflection: Describe a time when someone genuinely listened to a problem

Becoming a Pastoral Presence: Ministry of Accompaniment

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How to make The Church as a Healing Community

In faith-based harm reduction ministries, the **practices of communion, belonging,** and **grace-based discipline** serve as foundational pillars for nurturing a healing and inclusive community. These spiritual disciplines **foster connection, restore dignity,** and **create safe spaces** where individuals can experience God's unconditional love, particularly those marginalized by addiction, incarceration, or social stigma.

Scripture: 2 Corinthians 5:18-21

God, through Jesus Christ, is calling all people to communion with God. The Church has been gifted the message of the Gospel, but this comes with an enormous duty. We have been given the job of inviting all people to come and see that they have been made for more than what they are currently experiencing. We have milik and honey - now we invite those in need to the table to "taste and see that the LORD is good."

Practically, these three elements—**communion**, **belonging**, and **grace-based discipline—**work together to form a supportive community where people feel safe to take risks, make mistakes, and heal. Communion ritualizes the **invitation to belong;** belonging **nurtures identity and community**; grace-based discipline **fosters transformation and resilience.** In this way, faith-based harm reduction embodies a ministry of radical hospitality rooted in Christ's example.

How to make The Church as a Healing Community

Communion is both a sacred ritual and a profound symbol of unity in the Christian tradition. At its core, communion embodies God's invitation into relationship with Godself and with one another. It is an act that transcends individual brokenness and invites participants into a shared experience of grace, forgiveness, and hope. The Apostle Paul emphasizes this communal dimension in 1 Corinthians 10:16-17, writing, "Because there is one bread, we who are many are one body, for we all share the one bread."

Belonging is a human need deeply affirmed by Scripture and essential for recovery and healing. Research in psychology consistently shows that social connectedness fosters resilience and well-being (Baumeister & Leary, 1995). Theologically, belonging reflects the biblical vision of the Church as a family where each member's dignity and gifts are honored (Ephesians 2:19-22). Creating environments of belonging requires intentional hospitality, consistent relationships, and structures that reduce barriers to participation.

Grace-based discipline moves away from punitive or moralistic approaches that often exacerbate shame and disengagement. Instead, it reflects God's disciplinary love—firm but nurturing, corrective but redemptive. This model understands discipline not as punishment but as guidance toward healing and restoration (Hebrews 12:5-11). Theologian Dallas Willard articulates that spiritual formation "is a process of becoming the kind of person who will find himself or herself increasingly oriented toward God's kingdom and way of life" (Willard, 1988). Discipline, then, is a form of loving accompaniment that respects the individual's dignity and autonomy while encouraging growth.

How to make The Church as a Healing Community

In harm reduction ministry, **offering communion to people regardless of their current struggles communicates that no one is excluded from God's table.** It affirms their belonging in the body of Christ, countering the alienation often experienced by people who use drugs or who face social marginalization. Many individuals who struggle with addiction or homelessness have experienced rejection, shame, and isolation.

A grace-filled community offers a counter-narrative, where people are known by name, welcomed without judgment, and supported in their journey. Henri Nouwen beautifully expresses this need: **"To be chosen and loved, not because of what we have done but because of who we are, is the deepest human need"** (Nouwen, 1979). **Grace-based discipline** might involve setting compassionate boundaries, offering accountability through trusted relationships, and responding to setbacks with patience rather than condemnation.

In sum, communion, belonging, and grace-based discipline are **not merely theological ideals but practical tools** that empower ministries to embody the inclusive love and restorative justice central to the Gospel. As theologian Richard Rohr reminds us, "True community is always formed in the shadow of God's unconditional love and grace" (Rohr, 2011).

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Reflection: How have you demonstrated these principles in your community?

How to make the Church as a Healing Community

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Section 4:

Creating a Church of Harm Reduction

“God's grace is not defined as God being forgiving to us even though we sin. It’s that God is a God who gets into the muck with us.”
- Nadia Bolz-Weber

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How the Church can Create Sanctuary Spaces

Creating a safe, inclusive, and trauma-informed space is essential for effective harm reduction ministry. People who use drugs often carry the weight of past trauma, social stigma, and institutional exclusion—including from churches and religious communities. When faith communities commit to becoming trauma-informed, they become **sanctuaries for healing** rather than **sites of re-traumatization**.

Psychological and emotional safety is the foundation of any healing relationship. A safe space is one in which **people are free to be themselves without fear of judgment, punishment, or exclusion**. For people who use drugs—many of whom have experienced homelessness, incarceration, family separation, or abuse—creating this kind of space requires **intentional effort**. Safety involves both **physical conditions** (such as private areas, warm lighting, and cleanliness) and **relational dynamics** (such as confidentiality, consistent presence, and nonjudgmental listening).

Theologian Miroslav Volf speaks of God's **hospitality as an embrace**: "The will to give ourselves to others and 'welcome' them, to readjust our identities to make space for them, is the hardest and most painful task of love" (Volf, 1996). Creating an inclusive space is **not passive tolerance but active hospitality.** It involves making room for people not in spite of their stories, but because of them.

How the Church can Create Sanctuary Spaces

Trauma-informed care is a framework that recognizes the widespread impact of trauma and seeks to avoid practices that may trigger or exacerbate distress. According to SAMHSA, trauma-informed organizations "realize the **widespread impact of trauma**, recognize the **signs and symptoms**, respond by **integrating knowledge into practices,** and **actively resist re-traumatization"** (SAMHSA, 2014). This means faith communities must be attuned to how certain theological language, power dynamics, or even music and prayer styles might affect individuals with complex trauma histories.

Predictability is a key aspect of trauma-informed care. Many people with trauma histories have lived in chaotic or unsafe environments. By offering consistent schedules, reliable leaders, and transparent communication, churches can build trust and reduce anxiety.

Inclusivity is also central. This involves embracing people regardless of housing status, substance use, sexual identity, or criminal record. It also means avoiding language that shames or excludes—such as labeling people as "dirty," "backslidden," or "lost."

Scripture: Galations 3:26-29

The lines that divide us are erased through the ministry, work, and example we see in Jesus. We see this also in Acts 10 with the vision of the unclean animals. We are all bound together by the love of God for Their creation. While the Jewish scripture required rituals to cleanse, we all have access to renewal through Jesus.

How the Church can Create Sanctuary Spaces

When a church becomes trauma-informed and inclusive, it becomes a space where people feel they **belong before they believe,** where **dignity is not earned but affirmed.** Such spaces allow people who use drugs to begin healing—physically, emotionally, and spiritually—without fear of shame or exclusion. In doing so, the Church reflects the embrace of Christ, who said, "Come to me, all you who are weary and burdened, and I will give you rest" (Matt. 11:28).

"Continue to love each other like brothers, and remember always to welcome strangers, for by doing this, some people have entertained angels without knowing it. Keep in mind those who are in prison, as though you were in prison with them; and those who are being badly treated, since you too are in the body."
Hebrews 13:1-3

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Reflection: How do you see the hospitality of the Church as sacred?

How the Church can Create Sanctuary Spaces

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How to provide comfort during Community Reentry and Restoration

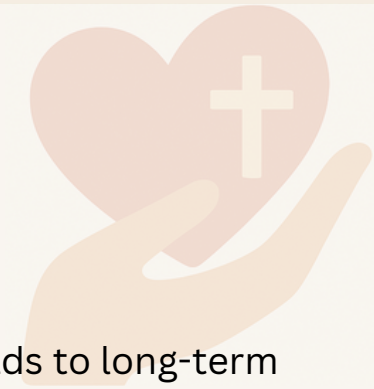
Reintegration after incarceration, substance use treatment, or homelessness is **one of the most vulnerable** phases in a person's life. Without adequate social support, safe housing, employment opportunities, and community connection, individuals are at a **high risk of renewed use, re-incarceration**, and **renewed marginalization**. Faith communities are uniquely positioned to accompany people through this transition by offering **relational support, advocacy,** and **pathways toward belonging.**

Scripture: Luke 15:11-32

Theologically, reintegration reflects the Gospel's core message of restoration and new beginnings. The parable of the Prodigal Son illustrates a father's open-armed welcome to a child returning from a life of loss and desperation. There is no interrogation, only celebration. Reintegration ministry should mirror this grace-filled posture—welcoming people without condition or suspicion and affirming their worth as beloved children of God.

Ultimately, reintegration is not just about recovery—**it's about belonging**. When faith communities help restore housing, dignity, and purpose, they become agents of resurrection. By offering radical hospitality and practical support, **the Church participates in God's work of making all things new** (Revelation 21:5).

How to provide comfort during Community Reentry and Restoration



Incarceration, especially for drug-related offenses, often leads to long-term barriers in employment, housing, and healthcare access. Formerly incarcerated individuals **frequently face legal discrimination, social stigma,** and a **lack of family or community support upon reentry.** According to the Prison Policy Initiative, nearly one-third of formerly incarcerated people are unemployed—a rate higher than at any other point in U.S. history (Couloute & Kopf, 2018). These factors increase the likelihood of **recidivism**.

Those exiting inpatient treatment for substance use often experience a "care cliff" where ongoing support and resources diminish after discharge. The National Institute on Drug Abuse emphasizes that **recovery is a long-term process** requiring **continuity of care—**housing, therapy, peer support, and social connection are critical to sustaining progress (NIDA, 2020). Unfortunately, these **services are rarely coordinated,** especially for people without financial means.

Churches can actively participate in reintegration by providing **mentorship, advocacy,** and **relational support**. Simple acts—such as **attending court hearings**, writing **letters of recommendation**, **helping with resumes**, or **connecting people with job training**—can have a profound impact. **Peer-based support** groups and **trauma-informed pastoral care** are also powerful tools for rebuilding trust and self-worth. As author and activist Bryan Stevenson reminds us, "Each of us is more than the worst thing we've ever done" (Stevenson, 2014). **The Church must be a place where this truth is lived out in word and deed.**

How to provide comfort during Community Reentry and Restoration

Reflection: What can your church do to help people reenter successfully?

How to provide comfort during Community Reentry and Restoration

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Listening and uplifting Testimony and Transformation

Storytelling holds profound power in the journey of recovery from substance use, trauma, and marginalization. Through sharing and hearing stories, individuals **make meaning of their experiences, rebuild identity,** and **foster connection and hope**. For faith-based harm reduction ministries, cultivating spaces where personal narratives can be told and honored is a **transformative practice that aligns deeply with both psychological research and Christian tradition**.

Psychologically, storytelling is a well-recognized therapeutic tool. **Narrative therapy,** for example, helps people reframe their life stories, separating their identity from their problems and creating new, hopeful narratives (White & Epston, 1990). People in recovery often describe their past substance use as a **chaotic or fragmented** story; through storytelling, they can **regain coherence and agency over their lives.** Research shows that when individuals **share their recovery stories,** they experience **increased self-esteem, empowerment,** and **resilience** (McAdams, 2001; Tracy & Johnson, 2007).

Theologian Frederick Buechner highlights the sacred nature of storytelling, noting, “The story is the way the truth is told… The telling of the story is what transforms the story” (Buechner, 2001). **When faith communities listen to recovery stories, they witness God’s redemptive work in real time and invite the Spirit to move among them.**

Listening and uplifting Testimony and Transformation

> “Then I heard a voice shout from heaven, ‘Salvation and power and empire forever have been won by our God, and all authority for his Christ, now that the accuser, who accused our brothers day and night before our God, has been brought down. They have triumphed over him by the blood of the Lamb and by the word to which they bore witness, because even in the face of death they did not cling to life. So let the heavens rejoice and all who live there; but for you, earth and sea, disaster is coming—because the devil has gone down to you in a rage, knowing that he has little time left.’”
> *Revelation 12:10-12*

Sharing stories reduces shame and stigma—two powerful barriers to healing. Shame thrives in silence and isolation, while storytelling invites vulnerability and mutual recognition. As addiction scholar Johann Hari argues, “**The opposite of addiction is not sobriety. It is connection**.” (Hari, 2015). Storytelling creates connection by humanizing struggles that are often misunderstood or hidden.

Storytelling can bridge gaps between those with lived experience and those who have not. It breaks down stereotypes and fosters empathy. As researcher Michael Ungar notes, resilience is not just an individual trait but is “built in the social fabric,” and storytelling is a key thread that weaves community together (Ungar, 2013).

In practice, **ministries can create storytelling opportunities** through **support groups, testimonies** in worship services, **creative arts** (such as poetry, music, and drama), and **digital storytelling projects.** Safe, trauma-informed environments must be cultivated to **ensure participants feel respected and not pressured**. Training leaders in active listening and confidentiality is crucial to uphold dignity.

Scripture: Acts 10:1-27

The dramatic story of the conversion of Saul on the road to Damascus is a pivot point in the book of Acts. Saul, who became Paul, becomes a leader of the new movement after leading the charge to dismantle and destroy the followers of Jesus. The testimony of Paul is a powerful display of what God can do in the lives of Their creation. While the story ends well, we see that there is initial rejection and disbelief of the believers in Jerusalem (v26). What might have happened to the faith if he was stigmatized and rejected?

Storytelling can bridge gaps between those with lived experience and those who have not. It breaks down stereotypes and fosters empathy. As researcher Michael Ungar (2013) notes, resilience is not just an individual trait but is “built in the social fabric,” and storytelling is a key thread that weaves community together.

In sum, **storytelling** is both a **therapeutic** and **spiritual practice** vital to recovery. It **restores voice, honors journeys,** and **builds community**. Those that embrace storytelling invite healing narratives to flourish, **reflecting the God who is a storyteller of new beginnings.**

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Reflection: How can your church listen and uplift the testimonies of others?

Listening and uplifting Testimony and Transformation

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Section 5:

Resources and Further Reading

“Theology is the enterprise of thinking clearly and deeply about who God is and what it means to live as God's people in God's world.”
-N.T. Wright

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Glossary and Abbreviations

Active Hospitality
Providing a welcoming and engaged experience for others, actively anticipating and address their needs and preferences.

Active Listening
Active listening is a communication technique where you pay close attention to what someone is saying, both verbally and nonverbally, to understand their message and intent.

Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems (CDC).

Center for Disease Control and Prevention (CDC)
The Centers for Disease Control and Prevention is the national public health agency of the United States. It is a United States federal agency under the Department of Health and Human Services.

Housing First
A philosophy and approach that prioritizes providing permanent housing to people experiencing homelessness, with the belief that everyone is ready for housing.

Medication-Assisted Treatment (MAT)
A comprehensive approach to treating substance use disorders that combines medications with counseling and behavioral therapies

Narrative Therapy
A form of psychotherapy that focuses on how individuals construct and tell stories about their lives and experiences.

Opioid Overdose
A toxic amount of opioids or mixture of opioids and other substances that overwhelm the body. Signs of an opioid overdose includes respiratory depression and loss of consciousness.

Opioid Use Disorder (OUD)
Opioid use disorder is a chronic disease of the brain—sometimes called an addiction—characterized by the persistent use of opioids despite harmful consequences caused by their use (Yale Medicine).

Peer Educators
Peer educators are individuals from the target community who are trained to provide information and support on substance use. They often have lived experience with substance use or addiction.

Glossary

Person-First Language
Emphasizes the person by putting the person before the disability.

Recidivism
A person's relapse into the carceral system, often after the person receives sanctions or undergoes intervention for a previous crime.

Recovery
A process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential (SAMHSA).

Religious Trauma
The psychological and emotional distress that results from negative experiences within a religious context. This can include spiritual abuse, rigid dogma, ostracism, or other harmful practices that impact someone's mental and physical health.

Safe Spaces
A place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm.

Stigma
A set of negative and often unfair beliefs that a society or group of people have about something.

Substance Abuse and Mental Health Services Administration (SAMHSA)
The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance behavioral health.z

Syringe Service Programs (SSPs)
Community-based prevention programs that provide a range of services, including safely disposing used needles and syringes, providing sterile injecting items, and providing resources to people who use drugs.

Trauma-Informed Care
A comprehensive approach that acknowledges the impact of trauma on individuals and emphasizes understanding and responding to the effects of trauma on both providers and service users.

World Health Organization (WHO)
A specialized agency of the United Nations that serves as the directing and coordinating authority on international health

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Online Resources

Anointed Ashes - https://anointedashes.com/

Faith in Harm Reduction - https://faithinharmreduction.org/

Faith in Public Life - https://www.faithinpubliclife.org/

National Harm Reduction Coalition - https://harmreduction.org/

Next DISTRO - https://nextdistro.org/resources

About the Author

Brad Thibodeaux is a seminarian, harm reductionist, and thinker in New England. He earned his B.A. from Arizona State University in Liberal Arts with a focus in history and philosophy. He is currently a student at Northwind Theological Seminary studying the role of the Church in public life.

His work as a research assistant at the University of Rhode Island has shaped his work forever. His work focused on educating rural New Englanders about opioid use disorder, how to reverse an overdose, and how to mitigate negative outcomes related to substance use. As someone with lived experiences, this work immediately became the center of his study and writing.

In addition to his work and education, Brad has been married for over 10 years and together they have a rambunctious toddler. When Brad isn't chasing his son or stealing a couple quiet moments with Kayla, you may see him performing in the Northeast as a bassist, guitarist, and singer in a number of different bands and ensembles.

"Thank you so much for taking time to read and engage in this work. I believe the Church has a unique gift and responsibility to help those in need. In our current day, those who struggle with substance use and addiction need us more than ever. I hope this helps you and your community better engage your community!"
-Brad Thibodeaux

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