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Study guide

Mercy and addiction

By Robert C. Blezard

More than 64,000 Americans died of drug overdoses in 2016, government figures show, and the number is rising due to the opioid crisis. And much more numerous are the people struggling to stay alive with addiction. They are our friends, neighbors, siblings, parents, co-workers and fellow children of God. How can we help?

Exercise 1: Legal addictions

Addiction comes in many forms, and lots of people can't—or don't want—to get free from the things they crave. Caffeine, nicotine and alcohol are three legal drugs to which millions are addicted. While not purely addictive, foods with lots of sugar, salt and fat can be destructively habit forming. Behaviors such as swearing, overeating, bingeing on television or video games can also become potentially harmful habits. And as anyone who has given up coffee or smoking can tell you, it's not always easy to shed these legal addictions.

- As a Lenten discipline, have you ever given up a food, beverage or habit that you really enjoy? What was it like? What were the challenges? Were you able to put it aside for all of Lent? What did you learn?
- Describe a time you gave up smoking or coffee—or tried to. What was hardest? Did you succeed the first time? Second time? Ever? What did you learn?
- What's your legal addiction or harmful habit? Describe your struggles with it.
- Did you intend to become an addict when you first used tobacco or drank coffee? How did it happen?
- Why does willpower fail when trying to give up tobacco, coffee, alcohol or ice cream?
- From your experience with addiction and harmful dependence, describe why it is hard for those addicted to opioids and other illegal drugs to get clean.

Exercise 2: Close to home

It's easy to dismiss a big issue when you think it's somebody else's or some other community's problem. But addiction and its ramifications are no longer isolated to any one type of person or community.

- How many in your study group know someone who has died of a drug overdose? Invite members to share stories.



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- How many know someone who has struggled with addiction and overcome it? Share stories: Was it easy or hard? Was it smooth or difficult? What were the roadblocks and how did they prevail?
- How many know someone who is currently struggling? Can they share? What is the journey like?
- What are takeaway messages we can give to our church and community about people who are struggling with addiction? As Christians, how can we help?

Exercise 3: Unhelpful stereotypes

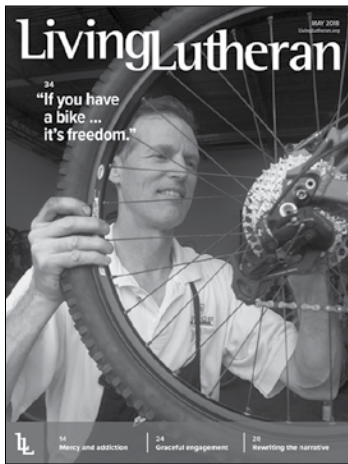
Stereotypes and media portrayals may give us the wrong ideas about addiction. Break into pairs and ask each partner to spend three minutes describing “a drug addict” to the other. When done, share as a group your impressions and descriptions. Collect them on newsprint or whiteboard.

- How many of the words or images imply a bad or defective character? How many imply victimization?
- How much of popular opinion about drug addicts is influenced by fictitious portrayals in the media?
- Since many drug-dependent people have to rely on illegal sources, how much of popular opinion derives from addiction’s association with crime?
- When you think of “drug addict,” do people in your church, community or family come to mind? Why or why not?
- As a church, how can we help our community understand drug dependency and addiction in a more realistic light?

Exercise 4: Stigma

Owing at least in part to unhelpful stereotypes, there is a stigma surrounding drug dependency and those trapped in it.

- How would you describe the stigma facing drug-dependent individuals? Where does it come from?
- How has our nation’s war on drugs stigmatized illegal narcotics and the criminals who traffic them? What images and words come to mind?
- To what degree has the war on drugs also stigmatized people who are addicted to them? What images and words come to mind?
- How does the ongoing stigma affect such social and practical things, such as access to treatment, funding for treatment, and housing and job assistance for people with addictions?
- How does the ongoing stigma affect how we see drug-dependent



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people as fellow children of God, cherished by our creator and worthy of dignity, love, mercy and assistance?

- As Christians, how can we work to remove the stigma from our own minds, and from our communities and culture? Why must we try?

Exercise 5: Criminal or medical?

It's been said that our nation treats drug addiction more as a crime problem than a medical problem.

- In what ways is that statement true? What ways untrue?
- What are the differences in approach between drugs as a criminal problem and a medical problem?
- How does each approach differ in how they view people involved with drugs? How does that impact treatment, care and the long-term outlook for those who are involved?
- Why are both approaches necessary? What is the appropriate balance between them?
- Are both approaches given adequate resources to address the problem? Explain.
- Do both approaches deserve to be given adequate resources? Explain.

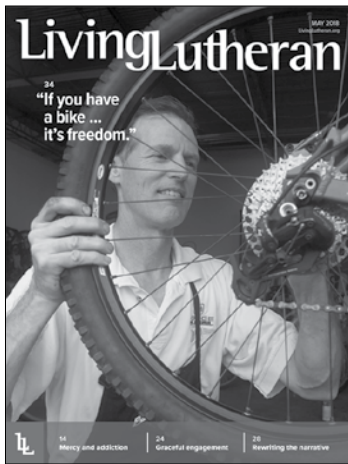
Exercise 6: "Medicated bondage"

In the article, ELCA pastor Peter Marty put it well when he described addiction as being "trapped in medicated bondage."

- When have you been "trapped" in anything—an elevator, a car, a relationship, a job? Describe your feelings. How did you become trapped? Did you go in thinking you were going to be trapped? Why, at some point, was it too late? Why couldn't you simply "get out"?
- Bondage is an old word whose synonyms include slavery, enslavement, servitude, subjugation, subjection, oppression, domination. What does it mean to be in bondage to anything?
- What is the role of free will in being trapped or in bondage? Is it generally easy to free yourself?
- Why is Marty's phrase "trapped in medicated bondage" particularly appropriate to describe addiction?

For discussion and action

Invite someone involved in the opioid crisis (an EMT, police officer, doctor, psychologist, social worker, nurse, lawyer, judge, etc.) to visit your congregation and talk about the problem from his or her perspective. Better



About the study guide author:

Rob Blezard

is an assistant to the bishop in the Lower Susquehanna Synod. He holds degrees from Boston University School of Theology and the Lutheran Theological Seminary at Gettysburg (Pa).



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yet, form a panel or host a series of discussions. Ask:

- What is their involvement in the crisis? What do they see? What do they do?
- How bad is the problem, and how did it get that way?
- Is it getting better? Why or why not?
- What are the misconceptions about the opioid crisis and those involved in it?
- What do we need to know?
- What are the reasons the opioid problem is so difficult to get a handle on?
- How can you and your congregation help?

Invite someone who has recovered from opioid addiction to share his or her story with your study group or congregation. Ask:

- How did they become addicted? Did they start out intending to become dependent?
- What does a craving for drugs feel like? How does it feel if it is unsatisfied? How did you support your habit?
- How did you get free from drugs?
- What help did you wish you had gotten from friends, family or the church?
- What do we as the church need to know about opioid addiction?

Educate yourself, your study group and your congregation on the prevalence of opioids in your community and nation.

- Stay abreast of the problem by regularly looking for articles and reports from a variety of news sources (your internet search engine is a great tool for this).
- Publicize the extent of the problem by talking to others, preparing articles in your church newsletter or hosting workshops or conversations in your congregation.
- Pray regularly in worship for all those dealing with addictions.
- Lead your congregation to form or host a support group for those dealing with addictions of their own or their loved ones.
- Become friends with someone on the frontlines of the crisis—an EMT, doctor, police officer, lawyer, advocate.



MERCY and ADDICTION

By Wendy Healy

Mark, a Long Island, N.Y., business owner, satisfied a \$200-a-day opioid addiction by buying drugs on the streets, but he found recovery at a Lutheran church, where he satisfied his soul.

“Good Shepherd saved my life, and I’m so grateful,” said the married father of two, who beat the habit last summer and now attends church regularly. “I found my help in a Lutheran pastor.”

Mark, who asked that his real name not be used, blindly turned to Eric Olsen, pastor of Good Shepherd Lutheran Church in Plainview, N.Y., out of desperation. The high expense of Mark’s daily fix wasn’t the problem since he earned a good salary, but his life was falling apart. When a painkiller prescribed for an injury turned into a heroin habit, he knew he was in deep trouble.

Olsen, who has ministered in this middle-class suburb of New York City for eight years, had become known in the community for his outreach to addicts and their families, a calling that began five years ago.

“I was really outraged when I found myself being called by funeral homes to do the funerals of young people dying of overdoses,” he said. “Their families were too embarrassed and ashamed to go back to their own parishes so they came to me. Recovery involves shame and stigma. I became known as the safe guy to talk to.”

What’s been called a national public health emergency and the worst drug epidemic of our time, opioid addiction is particularly prevalent on Long Island, where an average of two addicts die every day, Olsen said.

Addiction affects both teens and adults like Mark, who first got hooked on the painkiller Percocet (oxycodone and acetaminophen), which was prescribed after he injured his knee at work.

The Centers for Disease Control and Prevention (CDC) reports that overdose deaths from prescription opioids were five times higher in 2016 than 1999 and sales have quadrupled. And

from 1999 to 2016, more than 200,000 people died in the United States from overdoses related to prescription opioids. The most common drugs are methadone, oxycodone, hydrocodone and fentanyl, according to the CDC.

Eliminating stigma

“Addicts aren’t deplorable but are children of God who have an illness,” Olsen said. “Stigmatizing or looking down is putting yourself in the role of judge. Churches should be places of mercy.”

ELCA congregations and Lutheran social service organizations are addressing the opioid crisis by raising awareness of stigmatization, hosting support groups, providing educational programs to the community and ministering to addicts.

Peter Marty, a pastor of St. Paul Lutheran Church in Davenport, Iowa, and publisher of *Christian Century*, often writes about addiction.

“Often it’s a crisis developing quietly in the next pew,” he said. “Silence over a public health issue of this magnitude is not an option for the church, unless the church is going to sit on the sidelines for all the major social issues from racism to sexual harassment.”

“Christians get to meet people right in the thick of their pain and suffering. That’s one of our privileged responsibilities. Getting ourselves and our congregations past stigmas and into realms of honesty, and actually grasping the severity of what it means to be trapped in medicated bondage, will go a long way toward opening more eyes.”

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That’s what Lenny Duncan,

vicar of St. Mark Lutheran Church in Conshohocken, Pa., hopes to do when he accepts a mission developer call to the Metropolitan New York

Synod when he’s ordained this month. A recovering addict, Duncan expects to make ministry to addicts part of his role.

At 39, Duncan said his call to ministry is his first career since he spent most of his life incarcerated, homeless, and in and out of recovery.

“God was part of my recovery,” he said. “On Feb. 13, 2010, I heard a voice and it said, ‘You’re getting sober today.’ It wasn’t so much that I heard the voice, but that I believed it.”

He left the concert he was attending in Virginia Beach, Va., walked to the local hospital and entered inpatient rehab. When he was released, Duncan said he was led to Temple Lutheran Church in Havertown, Pa., where he said the pastor “poured into my life.”

“He met me once a month for lunch and helped me discern a call,” Duncan added. “I had never darkened the doorstep of a church in my life. I had been trying to get sober in various forms since 2000 to stop the hurting and stop the pain, and now suddenly I was discerning a call.”

Like Duncan, Mark hit rock bottom before hearing his call to recovery.

“I was at a turning point,” Mark said. “I said to myself, ‘Either I’m going to try and get better or I’m going to die.’ I knew I wouldn’t wake up one day. I knew my wife would find me dead.”





“I really want more congregations engaged in ministry in the community, as this will affect all of us. I want us to be proactive rather than reactive with this crisis. We can’t just pop in and pop out—this is ongoing, and we need to help people get the help [they] need. We’re there for them, we don’t judge, we offer the church and we offer Jesus Christ.”

Faith in action

Last year a man overdosed in the parking lot of Bethlehem Lutheran Church in Middletown, Ohio, where Michelle Terry is pastor. After being revived by authorities in the afternoon, the man nonchalantly showed up at the church's community outreach dinner that evening.

"They didn't tell me at seminary what to do with this," Terry said.

While the congregation handled the crisis well, she said they weren't quite sure how to help him when he showed up at the dinner.

"I contacted the assistant to the bishop and said, 'I don't know what to do,'" Terry said. "The first instinct is to lock the church doors, but I knew that wasn't right. The assistant to the bishop came the next Sunday and prayed with us."

Bethlehem is working to address the drug issue that has impacted its community. The rural area has been the subject of many national news stories and documentaries.

Dara Yah'ya, program manager for youth development and wellness for Lutheran Social Services of the National Capital Area in Washington, D.C., is doing a lot of education on substance abuse and is planning to start support groups and retreats.

"The stigma of having a substance use [disorder] keeps people from getting treatment," she said. "What we do is help the young people manage the stigma so they can stay in treatment. We still want them connected to their primary treatment, but we have support groups and we encourage them."

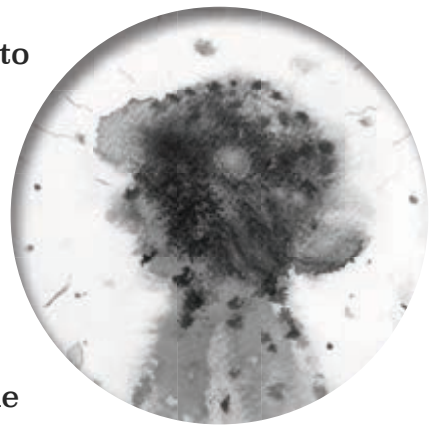
The opioid story is the same from the cities to the suburbs. Wendy Abrahamson is pastor of the Evangelical Lutheran Church of Our Saviour in Pompton Plains, N.J., part of Pequannock Township, which has a population around 15,000. She said the congregation helped found Community Partners for Hope, a group of churches, social service agencies, businesses and the local hospital that addresses community issues.

"Last year we were talking about community awareness and the size of our town," she said. "Having had three overdose deaths, we knew we weren't immune to the crisis."

Community Partners for Hope has sponsored a few well-attended opioid awareness events,

featuring experts from the court system, the hospital and a recovering heroin user. They sponsored a "Hidden in Plain Sight" event by Power to the Parent, where a typical teenager's room was replicated to show parents the ways they can hide alcohol, drugs and paraphernalia. The group also hosted former NBA player Chris Herren, who discussed his battle with drugs.

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While Abrahamson said she spends several hours every month planning and promoting community events, she doesn't mind the extra work.


"I see it as living out Matthew 25:35—'For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me,'" she said. "We're called to take care of one another. I think our organization believes in the strength of our community, and the healthier we are as people, the healthier we are as a community. As we've learned, it's across every economic status, race, culture. It hasn't skipped anybody."

Community of recovery

Suzanne Dillahunt, bishop of the Southern Ohio Synod, said her congregations, including Bethlehem Lutheran in Middletown, are well aware of the

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“When it comes to addiction, a lot of people step aside. The church can help rid the stigma of addiction. We can walk with them and not ignore them.”



The Department of Health and Human Services has resources for faith communities to address opioid addiction. Its “Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities” includes ideas for raising awareness, connecting and collaborating, and finding federal resources. Go to [hhs.gov](https://www.hhs.gov) and search “opioid epidemic practical toolkit.”

crisis and are working with the Roman Catholic Archdiocese of Cincinnati to make Jesus' presence known.

"Southern Ohio is right smack dab in the middle of this," she said. "Our synod is a microcosm of society. We have farmers, farmland, cities and everything in between. Our people are hungry to help—we just don't know how, so we invite people to know Jesus."

The synod and archdiocese developed a task force to discuss the area's drug issue and provide resources. Dillahunt said issues being discussed include who to contact if someone comes into your church and collapses, how to equip laypeople to deal with those who may walk in during a worship service, how to work with the police and, above all, not being judgmental.

Dillahunt hopes other synods take this issue seriously. "I really want more congregations engaged in ministry in the community, as this will affect all of us," she said. "I want us to be proactive rather than reactive with this crisis. We can't just pop in and pop out—this is ongoing, and we need to help people get the help [they] need. We're there for them, we don't judge, we offer the church and we offer Jesus Christ."

Bill Tesch is director for evangelical mission in the South Dakota Synod, where congregations are also raising awareness about the opioid epidemic. "Our area doesn't have a problem that's worse than another, but just as bad," he said.

Congregations are working with the Face it Together organization based in Sioux Falls, S.D., to help change the stigma of addiction, Tesch said, adding, "Loved ones find congregations to be safe places and we're training members to be recovery advocates."

Richard Hill, pastor of Hope Lutheran, Selden, N.Y., also on Long Island, said the congregation is applying for grant money to pay a social worker to facilitate a grief support group for families of loved ones who have overdosed. "I think it's one of the ways that churches have access to people going through hard times," he said. "We're one of the few places where people feel safe."

While recovery has many components, Sheryl Taylor, a licensed clinical social worker with a specialty in addiction, said churches can be part

of the solution. "We have to change society's way of thinking," said Taylor, a member of Redeemer Lutheran Church, Kingston, N.Y. "Addiction is a disease. Most people think you should pull yourself up by your bootstraps. Addicts have often lost jobs, quit school and distanced themselves from family.

"They need to be taught how to go back into society. That's where the church can step in.


They can embrace these folks. When it comes to addiction, a lot of people step aside.

The church can help rid the stigma of addiction. We can walk with them and not ignore them."

Taylor emphasizes how addictive opioids are: "You can follow the prescription to the letter and still get addicted. You can do everything the doctor said and still end up with a problem."

That's what happened to Mark. He beat a cocaine habit in his 20s, only to find himself hooked on opioids in his 40s.

"My knee pain was the worst pain in the world," he said. "I once got run over by a car, so I can take a lot of pain. But this was a dull pain that would keep me up all night and drive me insane. It was like scratching nails on a board. It never went away.

"I'm sharing my story so I can help others. If someone reads this and has a problem, they need to know there is hope. You can recover from this. It's not easy and not painless, but my desire to stay clean was more than my desire to use." 



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Wendy Healy is a freelance writer and member of Trinity Lutheran Church, Brewster, N.Y.