



UNITARIAN UNIVERSALIST

CONGREGATION OF FREDERICK
Spirituality · Community · Justice

What Journey are You On?:

**Harm Reduction, Navigating Drug Legalization, and
Confronting the Fentanyl Crisis**

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Today's sermon topic was chosen by our former Intern Minister Derail. Like Alina's courageous Spoken Meditation about her own heartbreaking experiences, Derail disclosed to us in November that he had recently lost someone close to him from an accidental fentanyl overdose — a tragedy far too common these days in Frederick County. So we felt it urgently important to keep this topic urging the importance of confronting the fentanyl crisis and the continuing need for compassion outreach toward all who live with addictions.

Our sermon's title begins with a question. *What journey are you on?* To begin discerning our responses to that question, I invite you to hear a poem by Sue Ludwig titled "Sprout," a poem that feels resonant with today's topic of addiction and recovery, and auspicious as well during these early spring days, when new life and growth are flowering all around:

I am in search of my life.
Not the one I was dealt,
but the one I want to have.
Not the one
repeatedly stomped in the ground

popping up
where I least expect it,
But the one where
I wake up each morning excited to be on the path
blooming with
maybe nothing I expected
but everything I wished for.
I have been tending to the hard work.
I have unearthed and tilled
and reseeded the dead areas.
I am beginning to see sprouts.
Little glowing green life
pushing against gravity, weight of earth
to find light.
They are in search of their life.
They know more than I
how to shed the confines
of the seed,
thank it for its lesson,
and grow.

One of the many ways of reading that poem is seeking new ways of being in the world, ways that can be particularly *life-giving* for those struggling with so-life-negating cycles of addiction.

To say a few words specifically about Fentanyl: it is a synthetic opioid that is “50 times more potent than heroin and 100 times more potent than morphine.” In professional health care settings, it can be used skillfully for pain management. But if used recreationally — or when laced into other drugs without a person’s knowledge — a deadly accidental overdose can easily result from even a very small amount ([Wikipedia](#)).

There is a fentanyl crisis happening now, not only nationwide but also here, locally, in Frederick County. Over a two-year period from late 2021 to late 2023, out of

300 illegal drug samples seized and analyzed by Frederick police, 20% were found to be laced with both xylazine (a veterinary tranquilizer) and fentanyl ([FNP 2024](#)). There's a lot to say about all that needs to be done to confront our fentanyl crisis.

One specific action any one of us can take is getting trained on how to administer Narcan (the brand name of a medication called Naloxone) which is administered as a nasal spray for emergency treatment of a suspected overdose. It's been nicknamed the "Lazarus drug" for its effectiveness in bringing someone back to life from the brink of death.

Our UUCF Safety and Security Team, led by our own Dick Jones, with the help of some of UUCF's many medical professionals, has stocked Narcan in both our UUCF First Aid kits — one in the kitchen and one in the hallway across from the bathrooms.

How many of you have already been trained to administer Narcan? Last year, New York City's Health Commissioner launched a campaign called "[Narcan Behind Every Bar](#)" that encouraged all city residents to carry Narcan with them at all times, get trained on how to administer it, and learn how to recognize the signs of an overdose ([ABC News](#)).

Closer to home, if you google something along the lines of "Maryland Department of Health Narcan training," you'll find Maryland's "Naloxone Saves Lives!" website.) On that website, you can check if you are one of the residents in certain Maryland counties who are eligible to receive free Naloxone mailed to your home — as well as information about how to get it regardless of where you live. You can also read a set of Frequently Asked Questions, and watch a short training video.

Many UUs have a long track record of advocating for a paradigm shift in our societal response to drug misuse — shifting away from a criminal justice system approach which focuses on punishment, and moving toward a public health system which focuses on *treatment*.

The Unitarian Universalist Association, formed in 1961 through a merger of the Unitarian and Universalist movements, were ahead of the societal curve as early as 1965 (almost 60 years ago), , with a resolution passed at the annual UU General Assembly (GA) calling for just this sort of shift to public health with regard to drug misuse and drug addiction ([1965](#)). These statements ultimately speak only for the

delegates at that year's GA. They are often worth engaging as the best knowledge of many UUs at the time, but they are not binding upon us today as UUs, so you are free to disagree based on the judgements of your conscience.

Three representative passages from a UU General Assembly almost a decade later in 1973 called for:

- Giving “first priority to stopping the traffic of addictive drugs at the source, rather than emphasizing the prosecution of drug users;
- Placing a major emphasis upon eliminating the social conditions like poverty, unemployment, and racial discrimination which may feed addiction;
- Establishing in every metropolitan area government-owned and operated clinics where [people living with addictions] may receive free voluntary treatment with a wide range of services aimed at eliminating the addiction, including counseling, therapy, therapeutic communities, referral services, methadone maintenance [,etc.]...all under medical supervision. (1973)

A similar resolution, passed in 1991, criticized the U.S. government's ineffective, harmful, and racially biased War on Drugs, and called for “the examination of the ethical and social ramifications of decriminalization and legalization of controlled substances” (1991).

Most extensively, a two-year UU-wide study of "Alternatives to the 'War on Drugs'" (2002) culminated in a formal UU “2002 Statement of Conscience” offering positive alternatives to the approaches used in the War on Drugs.

Some highlights include calls to:

- Shift budget priorities from spending for pursuit, prosecution, and imprisonment of drug law offenders to spending for education, treatment, and research.
- Undertake research to assess the effects of currently illegal drugs. Ensure that findings and conclusions are publicly accessible, serving as a basis for responsible decision making by individuals and in arenas of public policy and practice.
- Require health insurance providers to cover in-patient and out-patient treatment for substance abuse on the same basis as treatment of other chronic health conditions.

What we've been tracing in these statements, however, is more on the research and theory side of the equation. Those of you who follow the news closely may recall

that in the November 2020 election, fifty-eight percent of voters in the state of Oregon approved ballot measure 110, “the Drug Decriminalization and Addiction Treatment Initiative.” This vote made Oregon the first state to decriminalize possessing small amounts of drugs, including heroin, methamphetamine, PCP, LSD, oxycodone, and others. It also reallocated hundred of millions of tax dollars raised from legalized cannabis toward addiction treatment, housing, peer support, and harm reduction. ([The New Yorker](#)).

Many people hoped that this approach would be successful and spread to other states. But over the past three years, increasing numbers of Oregonians began to blame drug legalization for “an increase in public disorder and drug use” ([The New Yorker](#)). In Oregon, as in many other places around the U.S., there has been a growing sense that our current systems are insufficient, in particular to cope with the threat of fentanyl ([The New Yorker](#)).

Just this past Monday, the news broke that a new bill has been signed into law in Oregon *re*-criminalizing drugs like heroin, methamphetamine, PCP, and LSD — as well as drugs like oxycodone without a prescription. The good news is that this new bill retains expanded access to drug addiction treatment; however, possession of small amounts of illegal drugs in Oregon has been reclassified as a criminal misdemeanor, carrying a sentence of up to 6 months of jail, which may be waived if the convictee enters into mandatory drug treatment ([Wikipedia](#)).

Arguably, a “fundamental flaw” with Oregon’s three-year experiment with drug legalization is that it, “decriminalized first, and only slowly funded, designed and implemented the needed treatment programs” ([OPB](#)). Following the November 2020 vote, decriminalization went into effect a mere three months later in February 2021, but most of the funding for treatment wasn’t released until late 2022, almost two *years* later. The result was “long waiting lists for detox, inpatient rehabilitation, and transitional housing” ([New Yorker](#)). In the view of many proponents of legalization, Oregon’s experiment in decriminalization was never given a fair chance to succeed. Perhaps we will see other attempts in the future.

In the meantime, I would be remiss if I did not say at least a few words about the *journey itself* — from addiction to recovery. One of the key issues around addiction is

discerning whether or not your own relationship to alcohol, drugs, food, gambling, sex, shopping, or any other similar compulsion is *causing you harm* or *causing harm for those around you*.

If you google “UU Addictions,” you will find a link to the UU Addictions Ministry homepage, which offers links to many resources, including some of the many alternatives to traditional 12-Step programs:

- The Buddhist Recovery Network
- LifeRing
- Save Ourselves
- SMART Recovery

If 12-step programs work for you, great! A huge advantage of programs such as AA is their ubiquity; they offer new, strong, and nearby social gatherings and supportive friendships.

For anyone negatively impacted by someone else’s addiction, many parts of the recovery movement (perhaps counter-intuitively) emphasize shifting from an exclusive focus on those living with addiction to the role of others in perhaps unintentionally enabling the addict. Learning about *codependency* through groups such as AI-Anon and Nar-Anon, or working with a therapist, can help transform the parts of the addiction dynamic that each of us has the most control over — *ourselves*, not the other person.

It is also important to emphasize that wherever others are on the addiction spectrum, we seek as UUs to build a beloved community that recognizes the inherent worth and dignity of *every person* — the person living with the addiction and the person struggling not to enable; the wounder and the wounded; the one who can’t yet find a way forward and the one on a path toward healing.

Too often, we compare our *insides* to others’ *outsides* and feel inadequate. Too often, people think that a spiritual community is a place you go to be perfect, or a place to go once you have everything else in your life figured out, maybe a place where you leave your imperfections at the door. But as I quoted recently from my colleague The Rev. Dr. Maureen Killoran,

Whoever you are,

wherever you come from,
wherever you are on your journey,
however you identify,
whomever you love,
you are welcome here.

That's why some of our largest and best-known UU congregations are called — not All Saints, but *All Souls*.

Our UU openness to *all souls* does not mean, however, that anything goes. To quote an old saying in liberal circles, “Your right to swing your fist ends when it hits my face.” So we UUs do have boundaries around the amount of harm anyone is allowed to cause others, while also recognizing that all of us are doing the best we can given the circumstances and what we know. As Leonard Cohen used to sing, all that any of us can do is

Ring the bells that still can ring
Forget your perfect offering
There is a crack in everything
That's how the light gets in.

Where are the *cracks* in your life? And how might those places of seeming weakness paradoxically be the very places where we are best *equipped* to help others suffering from similar problems? How might those *cracks* in our sometimes seemingly perfect facades be invitations to let go and let in the light?

We began today with a question taken from the sermon title: *What Journey Are You On?* As we each seek to answer that question for ourselves, I'll move toward my conclusion with this blessing from the liturgical poet Jan Richardson:

May you have the vision
to recognize the door that is yours,
the courage to open it, and
the wisdom to walk through. ([*In the Sanctuary of Women*](#))

And I'll conclude with some unusually wise words that have been circulating on social media for several years:

May we all come to realize that

Everyone is damaged

Most are distracted

Everyone needs healing

Not everyone is aware of what/how to heal

Nobody has all of the answers

Be patient

Be transparent

Be compassionate

Be open to love

I'm grateful to be with you all on this journey of building a beloved community *with love at the center.*