

# Whole Community Formation Prayer Model

## Responding to the Impact of Opioid Addiction and Substance Abuse

### Preparation

- The church environment is welcoming with greenery and perhaps seasonal flowers.
  - Greeters are poised at all entrances, ready to offer a friendly “welcome, thank you for being here tonight.”
  - Music is playing softly in the background.
  - When people arrive, they are warmly welcomed and given a name tag to write their name on. [If you will have small group discussions, write a number on each tag to create groups of seven or eight people per group.
  - The service begins with brief words of welcome given by the pastor or another minister.
  - All stand and an opening song on the theme of mercy, forgiveness, peace, etc. is sung by all.
  - The presider then leads the assembly in the sign of the cross and a brief introduction and then concludes with an opening prayer. The program of stories, presentation and prayer follows. [This section might contain a time of sharing]
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**Song:** *You Are Mine*, David Haas, GIA Publications, “I will come to you in the silence, I will lift you from all your fears...” or another song.

**Greeting:** In the name of the Father, and of the Son and of the Holy Spirit.  
Amen.

### **Introduction:**

Good afternoon/ Good evening.

Today/tonight, we hope to shine a light into the darkness surrounding opioid addiction. Much of what is happening with opioids in our communities occurs under the surface of our everyday life and is hidden from our eyes. We will attempt to understand more deeply the complex issues of what is now often described as a brain disease. We will pray for those who are afflicted with addiction, their loved ones who suffer with them, and the hospital personnel, the mental health professionals and the clergy who seek to help them.

**Prayer:**

Presider: Let us pray:

Merciful God,  
your Son showed compassion to all in need.  
Open our hearts to those who suffer from addiction.  
Strengthen our support for them and their loved ones.  
Watch over all of us who come to you in need.  
Protect those who minister to those suffering in this crisis:  
first responders, hospital personnel,  
and mental health professionals.  
Empower us here to pray and support  
those who are suffering, now and in the days ahead.

**Scripture:** Luke 10:27-37, The Good Samaritan or another reading.

[The man asked Jesus]  
“And who is my neighbor?”  
Jesus replied,  
“A man fell victim to robbers  
as he went down from Jerusalem to Jericho.  
They stripped and beat him and went off  
leaving him half-dead.

A priest happened to be going down that road,  
but when he saw him, he passed by on the opposite side.  
Likewise, a Levite came to the place,  
and when he saw him, he passed by  
on the opposite side.

“But a Samaritan traveler who came upon him  
was moved with compassion at the sight.

He approached the victim,  
[tended to] his wounds and  
bandaged them.

Then he lifted him up on his own animal,  
took him to an inn and cared for him.

“The next day he took out two silver coins  
and give them to the innkeeper with the instruction,  
‘Take care of him.

If you spend more than what I have given you,  
I shall repay you on my way back.’

“Which of these three, in your opinion,  
was a neighbor to the robbers’ victim?”

He answered, “The one who treated him with mercy.”  
Jesus said to him, “Go and do likewise.”

**Response:** Psalm 121, “Our help comes from the Lord, maker of heaven and earth” Michael Joncas, GIA Publications or another psalm.

**Reflections:** *Three to four story-like reflections on the impact of opioids on individuals and the community are read by ministers. Each reflection is approximately a minute to a minute-and-a-half duration.*

Select the most appropriate stories for your community.  
Choose the number of stories that is right for the community.

**Facilitator:** To set the stage for our consideration of the opioid crisis, we present a number of stories drawn from the experiences of addicts, their families, and 1st responders. The stories are comprised of several sources. Names have been changed.

**Reader One:** This is an introductory story from a Cincinnati Video News Special:

It’s 7:45 on a Monday morning: The parking lot at the Northern Kentucky Medical Clinic in Covington is bustling. About 1,200 people come here every day for a dose of methadone, a drug that can stabilize brains rewired by heroin.

One man walks toward the glass doors at the clinic’s entrance with a sleeping baby on his shoulder and a girl in pajamas at his side.

Two women with little boys follow a few minutes later.

Then a man in a business suit.

And a woman in a waitress uniform.

And a young man walking his dog.

And five pregnant jail inmates in orange and white stripes shuffling single file from a van to the entrance, wrists shackled, hands resting on their bellies.

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**Reader Two: FELICIA’S STORY**

My name is Felicia. I am the mother of 3 small children. I’m 25. This is my story.

Heroin consumed my whole life. I put my baby down for a nap and left her and the other two alone while I went out to score some H. The neighbor in the next unit had seen me leave and heard my daughter crying. She called Children’s Services and the police. I didn’t mean to be gone long, but my buzz dulled my sense of time. I lost custody of my kids. I’ve had to work really hard to get them back and to keep

them. Stress and loneliness trigger my desire. I have to call my sponsor almost every day.

I know in my heart that H is no good for me or my family. Yet my brain addiction tries to convince me that a little bump won't hurt, and that I really deserve to have a little buzz. Looking at my kids sometimes helps me not to use. But, other times, their crying and the demands they put on me make me want to score some horse. I know-- I know-- heroin and dope won't help me cope.

They always say, "one day at a time." For me, it's "one minute at a time." Heroin still consumes my life. Almost every minute, I find myself thinking about heroin, getting high, staying off H, needing to get to a meeting, needing to call my sponsor... but I haven't used in 14 months and six days.

In rehab one of my counselors had a sign that said, "Be strong, be strong, be strong in the Lord." I'm really trying, but sometimes He is slow in bringing the help I need to be strong. Heroin is an equal opportunity destroyer. Gaudenzia got me clean. Now it is up to me to use the people and resources out there to stay that way.

I'm shooting for the stars, not shooting in my arm. I hope my kids grow up and learn a new version of "twinkle, twinkle little star." **[COULD THIS BE SUNG?]** I want them to understand it this way: "twinkle, twinkle little star - use drugs like your mama, you won't go far."

One second at a time, I choose not to use.

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**Response:** Following a brief time of silence, a short response, such as a psalm antiphon, is sung after each reflection, for example:

**"Our help comes from the Lord, maker of heaven and earth."** or  
**"The Lord hears the cry of the poor."**

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### Reader Three: LINDA'S STORY

My name is Linda. I'm Felicia's neighbor. I'm 55.

When Felicia moved in next door, I was so happy to see her children's smiling faces and hear their laughter. I haven't seen my grandchildren in what seems like years, so this was a welcome distraction to fill the emptiness in my heart. Felicia was such a great mom...the kids were her whole world. She would often come over for coffee and of course bring her kids with her. Then we started sharing a meal together here and there. It was as if we were becoming a family.

As we grew closer, Felicia occasionally asked me to watch them when she had errands to run or got called into work. It was like I got a second chance to be a grandma!

Then, things started changing.

I hadn't talked with Felicia in a few days, so I went to her door to make sure everything was alright and to ask them over for dinner. She looked...different. I thought maybe she was under the weather and

made a mental note to make her some chicken soup. When I tried to visit the next day, she didn't come to the door. I knew they were home because I could hear one of her children crying. I went home distraught thinking perhaps I had done something to hurt her.

A few days later she came over. She was very apologetic and asked if I could keep her kids for an hour as she had to visit a friend. I was elated and, of course, said yes. She didn't come back for 4 hours. She looked horrible. She didn't even look at me...just took her children and went home.

That was the last time I talked with Felicia. When I would see her children in the yard, they didn't have that sparkle they once had. They looked sad and distant. She would leave often, and not take her kids with her. I worried for all of them.

I knew what it was when I first saw her looking 'sick', but I didn't want to admit it. I saw the same thing in my own daughter. It was drugs, most likely heroin. I didn't want my daughter mad at me, so I didn't say anything. Eventually, my son-in-law had enough and left, taking their children with him. I haven't seen or heard from any of them since.

This time, I wasn't going to be silent. One day, I saw her leave without the kids. Hours later, I could hear the children crying in the adjacent house. I called Children's Services and alerted the police. And then I cried. I felt so sad that she was probably going to lose her family. But in the end, I knew it was best for all of them that she gets help.

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**Response:** Following a brief time of silence, a short response, such as, the psalm antiphon, is sung after each reflection, for example:

**“Our help comes from the Lord, maker of heaven and earth.”**

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Reader Four: Stephanie's Story

My name is Stephanie. I'm 45.

Let me first say that I love my daughter. Everyone did. She had a wonderful personality and a smile that would light up the room. Unfortunately, that smile faded.

As a teen-ager, we knew something was wrong. It started out as an eating disorder. I thought, "We can handle this. Lots of teen girls struggle with this. She'll be fine." We got her help, but then there were other mental health issues that weren't so 'easy.' She continued binging and purging. She had to go to a psychiatric treatment center many times. She was getting better. The smile we all loved returned – but then, it got worse than we could have ever imagined.

She started volunteering at an agency that offers help to those in need and she excelled there. Everyone counted on her to brighten their day with kind words and that infectious smile, but that smile began to fade

more and more. Because I missed the signs the first time, I was determined to find out why.

I found prescription bottles in her room. Other people's prescriptions. When I confronted her about it, it all came out. The drug experimentation, the fact that she had tried heroin, and why. All the feelings she'd tried to mask for so long. I had no idea of the struggles she was experiencing inside her head. I couldn't believe it. This vibrant girl had low self-esteem? She was bullied in school? I felt horrible that she felt she had to hide that and so sad that I didn't see it.

We got her into a rehabilitation facility. When she graduated rehab, she moved in with her grandmother. She was on the 'right path.' She went to Narcotics Anonymous meetings; she was close with her family...she even asked me to start going to church with her! Her life was becoming 'normal.' Or so we thought.

She started meeting up with her old boyfriend again. It turned out he was the addict that introduced her to heroin. She left us and went with him. I didn't know what to do. I constantly feared for her health and safety. I heard she had overdosed and had to be revived with Narcan. I kept trying to reach out to her, to show her that she was still loved, but that isn't what she wanted. She wanted an enabler, and I couldn't do that. I had to just live with the fear of getting 'that call' one day. I was powerless.

Sadly, this story does not have a happy ending. That 'call' did come and the terror of hearing those words that my child had died became a reality. I would never see her again.

At the funeral home, hundreds of people waited in line for over an hour to pay their respects. Videos played in every room, showing photos of her as a baby, a child, a teen and young adult so full of life, so full of promise. Yet, mired in a shadow of addiction, she was robbed of her life much too soon.

People have given me so much support through all this. We tried to support my daughter, but she could not overcome the demon of drugs.

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**Response:** Following a brief time of silence, a short response, such as, the psalm antiphon, is sung after each reflection, for example:

**“Our help comes from the Lord, maker of heaven and earth.”**

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**Presentation:** A short overview of the opioid crisis is given. It emphasizes the need to understand addiction as a complex brain disease that may be triggered by environmental and biological factors.

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Skip this next section and go to the **Litany** unless you have the professional support of counselors, psychologists, etc. to assist you in case anyone has a strong emotional response.

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**Instruction:** The facilitator introduces the small group discussion sessions (five to eight people per group). Groups are determined by the number on each name tag. Each group receives a list of “conversation starter” questions. Directions are given to group session locations and the time to return. A trained facilitator sits with every group if at all possible.

**Small Groups** Each group processes what they have heard. A few questions are written down for the facilitator at the main session. After 30 minutes, all return to the worship space.

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**Starter Questions for Small Groups**

Ask your counselors and psychologists for suggestions here.

1.

2.

3.

4.

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Leave ample space on the page to take notes and to write down questions to be asked back in the main group.

**Q. & A.** The pastor and a mental health professional answer questions for about 30 minutes. Any printed resource material is made available.

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## Litany

*The presider announces the response to the litany. If it is to be sung, a cantor sings the response first. The presider then begins the litany with the assembly singing the response.*

Presider/Cantor:

We turn to our God in prayer saying/singing  
“Hear us, O Lord.”

Reader: We cry out for consolation. Hear us, O Lord.

We cry out in fear. Hear us, O Lord.

We call out in grief and anxiety. Hear us, O Lord.

May God keep watch over all  
who have been harmed and those  
who minister to them. Hear us, O Lord.

May the Holy Spirit soothe  
the suffering and comfort the afflicted. Hear us, O Lord.

May we feel Christ’s nearness this day. Hear us, O Lord.

May Christ bless the dying  
and receive them into merciful arms. Hear us, O Lord.

May God strengthen our leaders  
and all who hold authority to respond  
to the opioid crisis. Hear us, O Lord.

May God work through our struggle  
and confusion to accomplish  
his purposes on earth and to unite us  
in harmony and love. Hear us, O Lord.

*[modified from As Morning Breaks – Alonso/Delgatto/Feduccia]*



## **Final Blessing**

Presider: God of mercy,  
we bless you in the name of your Son, Jesus Christ,  
who ministered to all who came to him.

Give strength to your people  
who struggle with drugs and addiction.  
Enfold them in your love.  
Restore them to the freedom of God's children.

Give them the assurance of your  
unfailing mercy.

Strengthen them in the work of recovery  
and help them to resist all temptation.

To those who care for them,  
grant patient understanding and a love  
that perseveres.

And may the Lord bless all of us here,  
in the name of the Father and the Son,  
and the Holy Spirit. Amen.

*(modified from the Book of Blessings, "Blessing of a Person Suffering from Addiction...)*

A closing song may be sung, if desired.

## **Invitation to a Light Reception**

(length approx. 90 minutes.)