Resolution on Responding to the Opioid Crisis
Reconstructionist Rabbinical Association

Adopted March 21, 2021

Jewish tradition has long maintained that we are obliged to partner with God to help in the act of healing. The Torah reminds us that this commitment extends beyond the role of the individual, with the directive to "not stand idly by while your neighbor's blood is shed" (Leviticus 19:16). Our tradition also teaches the danger of stigmatizing members of the community including those caught up in opioid abuse and those for who opioid drugs provide needed relief from pain as we learn in *Pirkei Avot*: "Do not disparage anyone, and do not shun anything, because there is no one who does not have their hour, and nothing that does not have its place." (4:3).

These lessons are foremost in our minds and hearts as we face a continent-wide opioid epidemic. Preliminary data suggests that over 72,000 Americans died from drug overdose in 2017,[1] with a majority involving opioids.[2] In comparison, in 1995 at the height of the HIV/AIDS epidemic, 43,000 people died from the virus.[3] Canada's nearly 4,000 opioid-related deaths in 2017 reflect an equally daunting challenge.[4]

Opioids are drugs used to treat pain and can play a crucial role in pain relief for many patients with serious illnesses and continue to play a vital role in the management of acute and chronic pain. They are naturally found in the opium poppy plant and also made by scientists in labs.[5] This includes prescription drugs like hydrocodone and oxycodone which under medical supervision can play an important role in patient care as well as illegal drugs like heroin which have no legitimate medical application.

Although at times beneficial, opioid drugs pose serious risks for abuse. In the 1990s and 2000s, the opioid prescribing rate increased dramatically, eventually peaking in the United States and Canada between 2010-2012, and declining modestly since.[6][7] Unfortunately, many prescription drug users have transitioned to using heroin and other illicit drugs, which increasingly are laced with highly potent synthetic opioids like fentanyl. This helps explain the enormous increase in opioid-related drug overdoses and deaths over the last several years.

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[1] 1 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[2] 2 https://www.theguardian.com/us-news/2018/aug/16/us-drug-overdose-deaths-opioids-fentanyl-cdc
[3] 3 http://www.nytimes.com/1998/10/08/us/aids-deaths-in-us-drop-by-nearly-half-as-infections-go-on.html
[4] 4 https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-relateddeaths-released-june-2018.html
[5] 5 https://www.drugabuse.gov/publications/drugfacts/prescription-opioids.
[6] 6 https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
[7] 7 https://secure.cihi.ca/free_products/pan-canadian-trends-opioid-prescribing-2017-en-web.pdf

The causes of the opioid abuse crisis are diverse, including pharmaceutical companies' aggressive sales tactics, over-prescription of opioids by doctors, the ease of purchasing illicit drugs, stigma associated with seeking help, ongoing economic dislocation, and a broken criminal justice system that prioritizes punishment over treatment.[89]

The effects of widespread substance abuse also go far beyond the individual level. Children of opioid users often experience long-term trauma related to their parents' addiction, particularly children whose mothers used opioids during gestation[10] and the overwhelming number of children who enter the foster care system due to the opioid crisis.[11] Family members and friends of opioid users face continual emotional upheaval as well as financial challenges from helping their loved ones. Educational, public health, and law enforcement resources are diverted from other important issues in areas where the opioid crisis is most severe.

Like with mental illness, the ongoing stigma surrounding opioid addiction also informs the way that local, state, provincial, and federal governments have responded to the opioid crisis and previous drug-related crises. For decades, the U.S. government addressed drug use and overdose primarily as an issue of criminal justice, rather than public health. The "war on drugs" focused resources and attention on suppliers of illicit drugs, demonized drug users, and unjustly targeted communities of color. These factors contributed to the high levels of drug-related incarceration in the U.S. and made it harder for those with Substance Abuse Disorder (SUD) to find treatment, health care, jobs, and stable housing.

Canada's approach to drug use diverges substantially from the U.S., including the recent national legalization of marijuana[12] and permitting the use of safe injection sites and heroin-assisted treatment to minimize the likelihood of overdose.[13] In addition, Canada's incarceration rate, far lower than the United States', is 18th among the 36 OECD (Organization for Economic Co-operation and Development) countries.[14] Many harm reduction advocates have praised Canada's measures but contend that further reform is necessary.[15]

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[8] 8 https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304187
[9] 9 https://khn.org/morning-breakout/study-on-opioids-criminal-justice-system-highlights-need-to-have-law-enforcementengaged-in-fighting-crisis/

[10] 10 https://www.nytimes.com/2018/05/09/magazine/children-of-the-opioid-epidemic.html
[11] 11 https://www.npr.org/2017/12/23/573021632/the-foster-care-system-is-flooded-with-children-of-the-opioid-epidemic
[12] 13 https://www.nytimes.com/2018/10/17/world/canada/marijuana-pot-cannabis-legalization.html
[13] 14 https://www.theguardian.com/us-news/2017/jun/23/vancouver-supervised-injection-clinic-heroin
[14] 12 https://www.statista.com/statistics/300986/incarceration-rates-in-oecd-countries/
[15] 15 http://drugpolicy.ca/about/case-for-reform/

The medical use of opioids in pain relief needs to be carefully monitored by patients and their health care professionals.[16] In dealing with opioid abuse evidence-based treatment and new tools can help prevent and address addiction and decrease fatal overdoses. Harm reduction strategies such as needle exchange programs have demonstrated enormous benefits.[17] Medication-assisted treatment (MAT), a form of treatment that combines FDA-approved opioid-based medication with counseling and behavioral therapy, is recognized as the gold standard for treatment, minimizing the likelihood of relapse as well as some of the painful side effects of withdrawal.[1819] Diversionary programs that divert those with SUD to treatment instead of prison minimize the number of individuals who are incarcerated instead of receiving treatment. Opioid reversal mechanisms such as the drug naloxone have proven very successful at preventing deaths. Forty states and the District of Columbia have "Good Samaritan" laws that protect individuals reporting drug overdose from criminal prosecution and help increase overdose reporting.[20] The SUPPORT for Patients and Communities Act, signed into law in October 2018 by U.S. President Donald Trump, made progress in addressing the crisis, including expanding access to inpatient care for those on Medicaid and increasing efforts to block mail orders of illicit drugs. However, the bill does not provide comprehensive access to treatment, particularly for medication-assisted treatment, a critical shortfall.[21]

In the U.S., federal programs such as Medicare, Medicaid, CHIP, and the Affordable Care Act play a role in addressing the opioid crisis and supporting those with SUD.[222324] For these reasons, experts have advocated for the expansion of Medicaid[25] and opposed the imposition of work requirements on Medicaid participants.[26]

Many Jewish communities are helping confront the opioid crisis by providing pastoral care; convening the expertise of doctors, nurses, social workers, and therapists within the synagogue; and supporting family members of those with SUD. There is an urgent need for them to continue to do so, and to further commit to finding solutions that will heal individuals, families, and communities in need.

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[16] https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/when-is-opioid-right-choice/art-20346884
[17] 16 https://publichealth.gwu.edu/content/dc-needle-exchange-program-prevented-120-new-cases-hiv-two-years
[18] 17 https://www.samhsa.gov/medication-assisted-treatment
[19] 18 https://www.advisory.com/daily-briefing/2018/04/27/medication-assisted-treatment
[20] 19 https://www.samhsa.gov/capt/sites/default/files/resources/good-samaritan-law-tool.pdf
[21] 20 https://www.nytimes.com/2018/09/26/health/opioid-bill-congress.html
[22] 21 https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/
[23] 22 https://www.kff.org/medicaid/issue-brief/the-role-of-community-health-centers-in-addressing-the-opioid-epidemic/
[24] 23 https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf
[25] 24 https://www.cbpp.org/research/health/medicaid-expansion-dramatically-increased-coverage-for-people-with-opioid-use
[26] 25 https://www.cbpp.org/research/health/harm-to-people-with-substance-use-disorders-from-taking-away-medicaid-for-not

THEREFORE, The Reconstructionist Rabbinical Association resolves to

1. Advocate for the importance of addressing Substance Use Disorder (SUD) —and the opioid crisis in particular—as a matter of public health, and not as an issue of criminality;
2. Engage institutions across the Reconstructionist movement to end the stigma around substance use disorder and the opioid crisis by recognizing substance use disorder as a medical condition;
3. Urge governments and law enforcement at all levels to:
    a. Support the use of evidence-based approaches for opioid use and help those with SUD to minimize harm and find treatment most conducive to long-term recovery, particularly medication-assisted treatment;
    b. Increase the availability of opioid reversal medication such as naloxone and protect those who report an overdose from criminal prosecution related to drug use and possession, for example, through "Good Samaritan" laws;
    c. Expand access to government-funded health programs such as Medicare and Medicaid and authorize these programs to provide comprehensive, evidence-based treatment and support for those with SUD;
    d. Authorize robust funding in line with the magnitude of the crisis that will effectively address the increase in SUD and overdoses and provide evidence-based treatment and other supports;
    e. Craft policies that balance the desire to limit prescription opioid abuse and recognize the legitimate needs of patients in pain, which can often be treated with opioids, and support research for non-addictive pain management;
    f. Institute and mandate training and professional development opportunities for medical professionals and prescribers addressing the danger of opioid over prescription; proper pain assessment and treatment; alternative methods of pain management; and how to access consultation and pain management support; and
    g. Respond to the opioid crisis deliberately and equitably with regard to race, gender, or other identity characteristics and ensure that the response does not adversely affect communities of color;
4. Encourage Reconstructionist congregations and institutions as well as lay and professional leaders to:
    a. Educate their members about substance use disorder and its warning signs, including partnering with organizations and individuals in their communities addressing SUD;
    b. Affirmatively support individuals living with SUD and their family members;
    c. Recognize the legitimate use of opioid drugs to treat chronic and acute pain and to provide non-judgmental support for individuals for whom these medicines provide needed relief.

    d. Develop age-appropriate resources for teaching about needs for and the dangers of opioid drugs and addressing the SUD crisis; and
    e. Advocate for policies at the local, state, provincial, and federal level consistent with the positions outlined in this resolution.
5. Recognize the spiritual components of addiction and provide training to its members on the legitimate use of opioid drugs as well as on the treatment of addiction in a Jewish context and through the use of Jewish spiritual values and other training modalities to support individuals and families in recovery.