

1 **URJ BIENNIAL 2019**

2 **Resolution on Supporting Those Affected by the Opioid Crisis**

3
4 **Submitted by the Commission on Social Action**

5
6 The *Misheberach L'cholim*, the Prayer for the Sick, asks for the healing of the body as well as the
7 soul. Jewish tradition has long maintained that we are obliged to partner with God to help in
8 the act of healing. Deuteronomy commands that every individual “shall indeed guard [their]
9 soul[s]” (4:15). Leviticus reminds us that this commitment extends beyond the role of the
10 individual, with the directive to “not stand idly by while your neighbor’s blood is shed” (19:16).
11 Our tradition also teaches the danger of stigmatizing members of the community, as we learn in
12 *Pirkei Avot*: “Do not disparage anyone, and do not shun any thing. For you have no person who
13 does not have their hour, and you have no thing that does not have its place” (4:3).
14 The Reform Movement has also long understood the need to address substance use disorder
15 (SUD; until recently termed “substance abuse”) and mental health within our congregations
16 and the broader communities of which we are a part. URJ Resolutions including [“Drugs”](#) (1971),
17 [“Substance Abuse”](#) (1989), [“Dealing with Substance Abuse”](#) (1993), and [“Establishing a](#)
18 [Comprehensive System of Care for Persons with Mental Illness”](#) (2001) and CCAR resolutions
19 including [“Drug Trade and Drug Legislation”](#) (1993), [“Establishing a Comprehensive System of](#)
20 [Care for Persons with Mental Illness”](#) (2001), and [“Syringe Exchange Programs”](#) (2001) have
21 spoken to the need for improved care and treatment and reflect the ongoing evolution in the
22 ways these issues are viewed and addressed in law and in our communities. Decades of URJ and

23 CCAR resolutions have also addressed related issues of health care access, racial justice, and
24 care for children.

25 These lessons and history are foremost in our minds and hearts as we face a continent-wide
26 opioid epidemic. Preliminary data suggests that over 68,000 Americans died from drug
27 overdose in 2018¹ with a majority involving opioids.² In comparison, in 1995 at the height of the
28 HIV/AIDS epidemic, 43,000 people died from the virus.³ Canada's nearly 4,000 opioid-related
29 deaths in 2017 reflects an equally daunting challenge.⁴

30 Opioids are drugs used to treat pain. They are naturally found in the opium poppy plant and
31 also made by scientists in labs.⁵ This includes prescription drugs like hydrocodone and
32 oxycodone as well as illegal drugs like heroin. Opioid medications are a crucial part of pain relief
33 for many patients with serious illnesses and continue to play a vital role in pain management.
34 However, they also pose serious risks for abuse. In the 1990s and 2000s, the opioid prescribing
35 rate increased dramatically, eventually peaking in the United States and Canada between 2010-
36 2012, and declining modestly since.^{6, 7} Unfortunately, many prescription drug users have
37 transitioned to using heroin and other illicit drugs, which increasingly are laced with highly
38 potent synthetic opioids like fentanyl. This helps explain the enormous increase in opioid-
39 related drug overdoses and deaths over the last several years.

¹ [Provisional drug overdose death counts. Center for Disease Control. September 11th, 2019](#)

² [Drug Overdose Deaths Finally Dropped in 2018, Preliminary Data Say. TIME. July 17th, 2019](#)

³ [AIDS Deaths in U.S. Drop by Nearly Half As Infections Go On. New York Times. October 8th, 1998](#)

⁴ [National report: Apparent opioid-related deaths in Canada. Government of Canada. June 2018](#)

⁵ [What are prescription opioids? National Institute on Drug Abuse. June 2019](#)

⁶ [U.S. Opioid Prescribing Rate Maps. Center of Disease Control. October 3rd, 2018](#)

⁷ [Pan-Canadian Trends in the Prescribing of Opioids, 2012 to 2016. Canadian Institute for Health Information. 2017](#)

40 The causes of the opioid crisis are diverse, including pharmaceutical companies' aggressive
41 sales tactics, over-prescription of opioids by doctors, the ease of purchasing illicit drugs, stigma
42 associated with seeking help, ongoing economic dislocation, and a broken criminal justice
43 system that prioritizes punishment over treatment.^{8,9}

44 The effects of the epidemic also go far beyond the individual level. Children of opioid users
45 often experience long-term health effects and trauma related to their parents' substance abuse
46 disorder, particularly children suffering from neo-natal abstinence syndrome¹⁰ and the
47 overwhelming number of children who enter the foster care system due to the opioid crisis.¹¹
48 Family and friends of opioid users face continual emotional upheaval as well as financial
49 challenges from helping their loved ones. Educational, public health, and law enforcement
50 resources are diverted from other important issues in areas where the opioid crisis is most
51 severe. Patients may also be denied needed, responsible opioid prescriptions by physicians
52 concerned about changing societal and views.

53 As with mental illness, the ongoing stigma surrounding opioid addiction also informs the way
54 that local, state, provincial, and federal governments have responded to the opioid crisis and
55 previous drug-related crises. For decades, the U.S. government addressed drug use and
56 overdose primarily as an issue of criminal justice, rather than public health. The "war on drugs"
57 focused resources and attention on suppliers of illicit drugs, demonized drug users, and unjustly
58 targeted communities of color. These factors contributed to the high levels of drug-related

⁸ [Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. AJPH. February 2018](#)

⁹ [Study On Opioids, Criminal Justice System Highlights Need To Have Law Enforcement Engaged In Fighting Crisis. Kaiser Health News. July 9th, 2018](#)

¹⁰ [Children of the Opioid Epidemic. New York Times. May 9th, 2019](#)

¹¹ [The Foster Care System Is Flooded With Children Of The Opioid Epidemic. NPR. December 23rd, 2017](#)

59 incarceration in the U.S. and made it harder for those with SUD to find treatment, health care,
60 jobs, and stable housing. Canada’s incarceration rate, far lower than the United States’, is 18th
61 among the 36 OECD countries.¹² Canada’s approach to drug use diverges substantially from the
62 U.S., including the recent national legalization of marijuana¹³ and permitting the use of safe
63 injection sites and heroin-assisted treatment to minimize the likelihood of overdose.¹⁴ Many
64 harm reduction advocates have praised these measures but contend that further reform is
65 necessary.¹⁵

66 Evidence-based treatment and new tools can help prevent and address addiction and decrease
67 fatal overdoses. Harm reduction strategies such as needle exchange programs have
68 demonstrated enormous benefits.¹⁶ Medication-assisted treatment (MAT), a form of treatment
69 that combines FDA-approved opioid-based medication with counseling and behavioral therapy,
70 is recognized as the gold standard for treatment, minimizing the likelihood of relapse as well as
71 some of the painful side effects of withdrawal.^{17, 18} Diversionary programs that divert those
72 with SUD to treatment instead of prison minimize the number of individuals who are
73 incarcerated instead of receiving treatment. Opioid reversal mechanisms such as the drug
74 naloxone have proven very successful at preventing deaths. Forty states and the District of
75 Columbia have “Good Samaritan” laws that protect individuals reporting drug overdose from

¹² [Incarceration rates in OECD countries as of 2019. Statista. May 20th 2019](#)

¹³ [Legalizing Recreational Marijuana, Canada Begins a National Experiment. New York Times. October 17th, 2018](#)

¹⁴ [Canada offers places for addicts to shoot up safely. Can the US copy the model?. The Guardian. June 23rd 2017](#)

¹⁵ [What do we mean when we talk about the drug problem in Canada – a society where a robust market in both legal and illegal substances exists, and where the use of a wide range of drugs has become common place?. Canadian Drug Policy Coalition.](#)

¹⁶ [DC Needle Exchange Program Prevented 120 New Cases of HIV in Two Years. George Washington University Public Health. September 3rd 2015](#)

¹⁷ [Medication- Assisted Treatment. US Department of Health and Human Services. September 9th 2019](#)

¹⁸ [How Geisinger, Boston Medical Center, and more are implementing the 'gold standard' for opioid use disorder. Advisory Board. April 27th 2018](#)

76 criminal prosecution and help increase overdose reporting.¹⁹ The SUPPORT for Patients and
77 Communities Act, signed into law in October 2018 by U.S. President Donald Trump, made
78 progress in addressing the crisis, including expanding access to inpatient care for those on
79 Medicaid and increasing efforts to block mail orders of illicit drugs. However, the bill does not
80 provide comprehensive access to treatment, particularly for medication-assisted treatment, a
81 critical shortfall.²⁰

82 In the U.S., federal programs such as Medicare, Medicaid, CHIP, and the Affordable Care Act
83 play a role in addressing the opioid crisis and supporting those with SUD.^{21, 22, 23} [For these](#)
84 [reasons, experts have advocated for the expansion of](#) Medicaid²⁴ and opposed the imposition
85 of work requirements on Medicaid participants.²⁵

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

91 THEREFORE, the Union for Reform Judaism resolves to:

¹⁹ [Good Samaritan Fatal Overdose Prevention Laws. Drug Policy Alliance](#)

²⁰ [In Rare Bipartisan Accord, House and Senate Reach Compromise on Opioid Bill. New York Times. Sept. 26, 2018](#)

²¹ [The Opioid Epidemic and Medicaid's Role in Facilitating Access to Treatment. KFF. May 24th 2019](#)

²² [The Role of Community Health Centers in Addressing the Opioid Epidemic. KFF. July 30th 2018](#)

²³ [CMS Roadmap for Fighting the Opioid Crisis. Center for Medicare and Medicaid Services. March 2019](#)

²⁴ [Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show. Center on Budget and Policy Priorities. February 28th 2018](#)

²⁵ [Taking Away Medicaid for Not Meeting Work Requirements Harms People With Substance Use Disorders . Center on Budget and Policy Priorities. March 14th 2019](#)

- 92 1. Advocate for the importance of addressing substance use disorder—and the opioid
93 crisis in particular—as a matter of individual and public health, and not as an issue of
94 criminality for affected individuals;
- 95 2. Engage congregations and leaders across the URJ to end the stigma around substance
96 use disorder and the opioid crisis by recognizing substance use disorder is a medical
97 condition;
- 98 3. Urge governments and law enforcement at all levels to:
- 99 a. Support the use of evidence-based approaches for opioid use and help those
100 with substance use disorder to minimize harm and find treatment most
101 conducive to long-term recovery, particularly medication-assisted treatment;
- 102 b. Increase the availability of opioid reversal medication such as naloxone and
103 protect those who report overdose from criminal prosecution related to drug
104 use and possession, for example, through “Good Samaritan” laws;
- 105 c. Expand access to government-funded programs such as Medicare and Medicaid
106 as well as housing and other support services and authorize these programs to
107 provide comprehensive, evidence-based treatment and support for those with
108 substance use disorder;
- 109 d. Authorize robust funding in line with the magnitude of the crisis that will
110 effectively address the increase in substance use disorder and overdoses and
111 provide evidence-based treatment and other supports;

- 112 e. Craft policies that balance the desire to limit prescription opioid abuse and
113 recognize the legitimate needs of patients in pain, which can often be treated
114 with opioids, and support research for non-addictive pain management; and
- 115 f. Respond to the opioid crisis deliberately and equitably with regard to race,
116 gender, or other identity characteristics and ensure that the response does not
117 adversely affect communities of color;
- 118 4. Encourage Reform congregations and institutions as well as lay and professional leaders
119 to:
- 120 a. Educate their members about substance use disorder and its warning signs,
121 including partnering with organizations and individuals in their communities
122 addressing SUD;
- 123 b. Include naloxone, a medication to block the effect of opioid in the event of
124 overdose, in their emergency preparedness kit;
- 125 c. Affirmatively support individuals living with substance use disorder and their
126 family members;
- 127 d. Develop age-appropriate resources for addressing the crisis; and
- 128 e. Advocate for policies at the local, state, provincial, and federal level consistent
129 with the positions outlined in this resolution.

130

131

Resolution on Supporting Those Affected by the Opioid Crisis - Q and A

What was the impetus for this resolution?

This resolution was drafted in response to the opioid crisis that has intensified dramatically over the past decade, particularly in the last five years. The issue sits at the intersection of health care, criminal justice, race, and poverty.

The evidence paints a disturbing picture of a spiraling public health crisis. Prisons are increasingly filled with opioid users and sellers, treatment costs can be astronomically expensive, and [children are being forced to into the foster-care system at record rates](#). High-poverty communities, particularly in the American south and west, [have been disproportionately impacted](#), as [has Western Canada](#). The last few years have seen [massive spikes in opioid-related deaths among Black Americans](#). [Canada's First Nations have been particularly impacted](#). In economic terms, [one study found](#) that nearly one million Americans do not have a job because of opioid addiction.

What is the Jewish basis for this resolution?

Jewish tradition has long maintained that we are obliged to partner with God to help in the act of healing. Deuteronomy commands that every individual “shall indeed guard [their] soul[s]” (4:15). Leviticus 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” (19:16). Our tradition also teaches the danger of stigmatizing members of the community, as we learn in *Pirkei Avot*: “Do not disparage anyone, and do not shun anything. For you have no person who does not have their hour, and you have no thing that does not have its place” (4:3).

What factors contributed to the opioid crisis?

Before the 1980s, doctors were generally hesitant to prescribe opioids. The medical field’s greater focus on addressing pain, pharmaceutical companies’ robust advertising and promotion, the availability of extended-use opioids, and other factors helped account for a tripling of opioids prescribed from 1991 to 2011. In 2012, these prescriptions peaked in the United States.

The long-term data about prescription drugs, as well as recent evidence about synthetic opioids, suggest that the growing crisis is multi-faceted. It is both the product of an overprescribing trend and of a more recent phenomenon of especially deadly synthetic opioid use. And as much as the issue can be explained with data and history, they will never satisfactorily account for the individual stories of those touched by this trauma.

What policy solutions are central to addressing this public health crisis?

Key policies to address the opioid crisis center on Harm Reduction, Treatment, and Criminal Justice Reform.

Harm Reduction: Policy makers have focused on expanding the scope of who can prescribe and carry naloxone, a medication that reverses the effects of opioid overdose. Other proposals focus on limiting naloxone prescriber liability and good Samaritan laws to protect those trying to help in case of an overdose. Public health experts and lawmakers have also called for policies to make naloxone more widely available by increasing the application speed for a generic version of the drug and making it available over-the counter.

Treatment: Medication-Assisted Treatment (MAT) is an addiction recovery technique that involves administering opioids to patients using safe methods and levels. These medications are federally-approved in the U.S., and the government is awarding substantial grants to states administering treatment programs. Guidelines in Canada's Research Initiative in Substance Misuse recommend using MATs whenever possible and make public funds available for those who need it.

Criminal Justice Reform: Harm reduction and criminal justice reform proponents advocate for reforming the way that drug users and distributors receive treatment. This includes helping incarcerated individuals receive treatment, and supporting people after they have been released, which is a high-risk overdose period.

What role can synagogues play in addressing the opioid crisis?

The Jewish community is far from immune to the impact of the opioid crisis. Congregations and clergy can play a key pastoral role supporting and helping the affected individual as well as family/friends. Physicians also need support. [Ensuring that the synagogue is a place where people feel accepted and welcomed by a strong community can help those facing a difficult time.](#)

What have past URJ resolutions said about related issues?

- [Drugs \(1971\)](#)
- [AIDS \(1985\)](#)
- [Substance Abuse \(1989\)](#)
- [Resolution on HIV Antibody Testing \(1992\)](#)
- [Reform of the Health Care System \(1993\)](#)
- [Dealing with Substance Abuse \(1993\)](#)
- [Race and the U.S. Criminal Justice System \(1999\)](#)
- [Establishing a Comprehensive System of Care for Persons with Mental Illnesses \(2001\)](#)

- [The Medicinal Use Of Marijuana \(2003\)](#)
- [Health Insurance \(2007\)](#)

Additional Resources

- [Responding to Canada's Opioid Crisis](#), Government of Canada
- [10,000 opioid-related deaths recorded in Canada from 2016 to 2018](#)
- [The Poison We Pick](#), New York Magazine
- [Seven Days of Heroin: This is What an Epidemic Looks Like](#), Cincinnati Enquirer