

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