

Strivings of Love: Pain, Addiction, and Compassion
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By all accounts, Jeff Spindel was a wonderful guy, with a phenomenal personality that included a great sense of humor. He was incredibly smart and full of life. And he had movie-star good looks and charm, both of which made him everyone's favorite -- from grandparents, aunts, uncles, and cousins to friends and acquaintances alike. Even when he behaved badly, as all kids do, he got away with his mischief because he was so endearing. He'd flash his beautiful smile and any ire would melt away. As his parents, Ron and Linda say, "there wasn't a more loved child ever."

People started noticing changes in Jeff around the age of twelve. There was the night his parents came home to find him passed out on the floor after he had broken into the liquor cabinet. It was about this time that Jeff started hanging out with a bad crowd and soon his schoolwork was suffering. By 1985, when he was fourteen years old, it was off to military school with absolute faith that structure and discipline would scare him straight. By then, neither his parents, nor the military school administration knew it, but Jeff was a full-blown drug user . . . who always managed not to get caught.

What followed were over ten excruciating years of stints in rehab along with family therapy. There were efforts at tough love followed by guilt-ridden compassion. There were short clean periods and longer relapses, and, finally, the unimaginable. On April 13, 1999, just shy of his 28th birthday, Jeff Spindel died of an accidental heroin overdose devastating his family, our synagogue and community, and every other person he touched deeply in his far-too-short life.

Upon reflection, Ron and Linda explain that thirty-five years ago, no one was talking about drug addiction . . . and there really was no place to turn for help. Every time one of them thought he might have a problem, the other was convinced he didn't . . . and, the next time a crisis arose, they would flip positions. As is so often the case, no one could imagine that their child could have this problem. To add insult to injury, after meeting with the best addiction specialist in the area, the well-intentioned man put his arm around Linda's shoulder and said, "Don't worry honey. These kinds of things don't happen in nice Jewish families like yours." But Ron and Linda can tell you, as can so many others, that they do.

Today, they know so many things they couldn't have known then: that naïveté and denial are normal responses both by the addict and his or her loved ones; that one can be genetically pre-disposed to addiction and that Jeff was one in a long line of male relatives who struggled silently with alcoholism and mental illness; that drug addicts don't choose to shoot up, or snort or pop pills; rather they have a disease whose treatment is very ineffective and, mostly, unsuccessful even now; and that the scourge of drug addiction doesn't differentiate by economic status, faith tradition, skin color, or the parenting you receive.

Ron and Linda gave me permission to share Jeff's story tonight, on the holiest night of the Jewish year, because, since his passing, they have chosen to honor his

memory by doing all that they can to educate and support others going through the nightmare of addiction. And at this very moment, our nation is suffering an opioid epidemic the likes of which we haven't seen since the Vietnam War era when 18 and 19 year old soldiers, who were too young to buy alcohol on their military bases, could easily get a hold of heroin whether here or in southeast Asia.

Indeed, today drugs are the leading cause of death in the United States, with over 35,000 Americans dying annually from accidental overdoses of opioid derivatives including: morphine, codeine, heroin, oxycontin, and fentanylⁱ -- that is 91 deaths a day. Just so we are clear, that is more drug-related deaths than lives taken by car accidents and gunshot wounds combined.ⁱⁱ

As shocking as these statistics are, they are not surprising, given that pain-numbing agents have been around for 5,000 years since farmers in Mesopotamia started harvesting poppies.ⁱⁱⁱ By the 1700s, physicians prescribed opium to treat every discomfort or illness one could experience: cancer, childbirth, diarrhea, menstruation, migraines, teething, tetanus, tuberculosis, whooping cough, wounds of war, anxiety, insomnia, and depression; in short, the medicine for any malady, physical or psychological, was ingesting an opiate. Believe it or not, if you pick up any American cookbook from the 18th and 19th centuries, opium was a common ingredient for home remedies next to chicken soup and herbal tea.^{iv}

Whatever form they took, opiates have always been in high demand because life can be painful, and we are all looking for ways to numb that pain. For some, the origin of their use comes from mental illness; for others a pre-disposition to addiction or addictive personalities; for some to treat physical pain; and for others pleasure or escape. Regardless, and whether men, women, or children; brown, black, or white; rich, poor, or middle class, at some point in our lives we are all susceptible to their mind and heart numbing allure and hundreds of thousands of lives have been lost in their wake.

Why is a good question. One cause is that since the 1950s, rather than medical research driving public policy, social science has influenced medicine by selling us a bill of goods about the nature of chemical dependency. Dr. Lawrence Kolb, Sr., a pioneer in the fields of psychiatry and addiction asserted that there is a difference between one who is prescribed opiates by a physician to deaden pain and becomes addicted -- a pharmaceutical user; versus one who picks up a pill or syringe to anesthetize himself and can't quit -- a recreational user; that the former is innocent because his abuse is sanctioned by a doctor, while the one who chooses to numb herself is a junkie worthy of contempt and legal prosecution.^v All these false distinctions do is masque the problem and imbue it with judgment and shame. The reality is that there is no difference between an 18th century opium smoker, a 19th century morphine injector, a 20th century heroin abuser, and a 21st century oxycontin pill taker. In fact, given the physiological and psychological nature of addiction, they are all one and the same, victims of an insidious disease.

If you're not convinced, consider this reality:

* Depending on your genetic pre-disposition, even a three-day-course of treatment of Oxycontin or Hydralcodon . . . gives you a 20% chance of being addicted afterward (that is one in five) and the percentages go up dramatically depending on how long you take them.^{vi}

*Four out of five heroin users started out using those same prescription painkillers and 94% of those turned to heroin because it was a cheaper and a more readily available substitute. The corollary is true as well: many individuals who use heroin often develop opioid addiction.^{vii}

* This means in the cases of oxycontin and heroin one substance is a gateway drug for the other and visa versa. Jeff Spindel's disease began with alcohol abuse.^{viii}

Today's epidemic has its roots in the 1970s and 80s, when the medical community changed its message about pain management.^{ix} Two pre-eminent neurologists and cancer specialists erroneously determined that there was little evidence of opiate addiction in their patients and that these meds were far better for them than living with the pain of cancer itself. For one suffering the excruciation of advanced stage cancer, they were probably correct. However, Purdue Pharma used their questionable findings on addiction to justify an exponential increase in Oxycontin production and an accompanying aggressive marketing campaign for its use to treat chronic pain. After all, these opiates were medically prescribed and time-released, what could possibly go wrong?

What could go wrong? A lot. The economic downturn of the 80s saw the end of entire industries. Trades like coal mining and manufacturing were decimated, which led to hopelessness, and opiate abuse soon followed. This acted as fuel for this fire and our regional opiate problem grew into a national epidemic. It is estimated, that, annually, 260 million prescriptions are written for oxycontin and other opiates; that is enough for every adult American to have their own bottle of pills. The addiction percentages are staggering as well -- 21 million Americans have a substance abuse problem making addiction more common than cancer. And deaths from these diseases have increased 200% since the year 2,000. Children are not immune either. As of 2015, a quarter of a million adolescents abuse pain-relievers and another 21,000 have a heroin habit. Social scientists call deaths that result from this abuse, whether accidental or suicide, "Deaths of Despair."^x

My friends, these "deaths of despair" don't only take place in rural areas -- they happen right here. It happened to our Jeff. It may start with a prescription for oxycontin from a doctor or a one-time-escape using heroin and before you know it, an unbreakable habit is formed. In part, the problem is our misguided notion that one should never experience any pain, discomfort, or dis-ease. This thinking is not at all medically proven, psychologically indicated, or, for our purposes on this night, a part of Jewish tradition. In fact, Judaism teaches us the opposite. As we pray in our *Gates of Mourning* after the painful loss of one we love, "We do not ask for a life of ease, for happiness without alloy. We ask only to be uncomplaining and unafraid." Judaism encourages us to feel our pain because it is only through our pain that we are able to get in touch with our bodies and the world, to notice what is wrong, and to seek help in treating the underlying causes.

It is our psalmists that teach us that only in crying out from the depths from our troubles and sorrows, can we begin to heal. *Min hametzar Karati Yah, anani b'merchaviya.*^{xi} Out of my *tzarah*, out of my trouble, I cry out to You, God; and you answer me literally with spaciousness, with the perspective from which to notice my pain, my cravings and behaviors, and to ask myself whether or not these habits are serving me well. It is also the psalmists who remind us that when we walk

through the valley of the shadow of death, we will fear no evil.^{xiii} But in order to be free of what ails us, of whatever haunts us, we must walk through the darkness, through the valley of the shadow, not around it.

The *shofar*, symbolic of these Days of Awe, also beckons us to awaken not only to the brokenness of our society and world so desperately in need of repair, but also to our own pain. It calls us to do *teshuvah*, repentance, but not only for a specific sin; rather, we are summoned to change our entire character and lives. That is why *Rosh Hashanah* is also called *Yom Teruah*, a day of blasts, because the sound of the *shofar* encapsulates the entire character of these High Holidays; it strikes at our hearts, at our very nature, and demands that we transform ourselves.^{xiii}

Think about it: the commandment is not to blow the *shofar*, but *lishmoa kol shofar*, to hear its sound. And what are those sounds? The first is *tekiah*, the howl of primal pain; then of *shevarim*, the broken sighs of heartache so deep they are barely audible; and finally the short, quick bursts of *teruah*, the inconsolable sobs of all of the loss and grief of life. That is why *Rosh Hashanah* is also called *Yom Yevava*, the day of weeping, because we are commanded to feel all of our sorrow, "the kind of wailing," our tradition teaches us, "that is like a mother losing a child."

It was this same *Kol Teruah* the primordial call that was blown by trumpets, when the Children of Israel moved their camp while traveling in the wilderness to the holy land. But what was needed to move us from the intractable place in which we found ourselves, the place in which we were entrenched? We needed: the word of God, Moses' instruction, and the *teruah*, the expression of the elemental pain, of the broken sighs of heartbreak, and of the inconsolable sobs of all that we had lost. The same is necessary for the addict to break his or her habits -- a willingness to turn to a power greater than ourselves, who our tradition calls God; instruction from someone wiser than ourselves -- a good therapist, addiction counselor, or rehab program to lead us out of the darkness; and, hardest of all, we need the *tekiah gedolah*, the ultimate surrender, an admission that none of us can do this alone.

Indeed, addiction is a lonely place to be and has often meant the loss of loved ones as a result of years of hurting and disappointing them. In some cases, the user's emotional development is stunted, making it very difficult to be a part of relationships and to cope normally with the inevitable challenges of human interaction. Other drug abusers are educated and outwardly highly functional, perhaps hiding their habit well until something terrible happens; but they are no less isolated from those closest to them. In either case, there comes a time when an addict is only able to recognize one coping mechanism in their emotional tool box - using drugs - which accounts for the extremely high incidence of relapse.

But our tradition tells us we should not feel shame or hopelessness because at any given time, any one of us struggles. That is why we have a concept in Judaism called *yisurin shel ahava*, strivings of love.^{xiv} It is a belief that sometimes the best of us undergo challenges and suffer terribly for what purpose we do not know. These trials, rather than break us, can make us stronger; they are an opportunity to reassess and refine our lives; to draw nearer to God; and to better serve one another and our world. It is like the Leonard Cohen song, Anthem: "there is a crack in everything, that is how the light gets in." Our *yisurin*, our struggles, can be that tiny crack that let's light in; they can serve as a reminder that God loves us even more

because, as the *midrash* teaches, "God seeks out the broken vessels for his use. God is the healer of shattered hearts."^{xv} In other words, God chooses those of us who struggle hardest to teach the rest of us that *teshuvah*, return, is possible no matter how far we have fallen.

My friends, let us not wait for the shattered hearts to be those of us left behind as addiction takes us or our loved ones from us. As hard as it is to practice tough love, it is equally as difficult to lay ourselves bare to potential hurt and stretch out our arms to help yet again. But our tradition teaches us that we must do just that. If they are willing to do *teshuvah*, to try to turn their lives around, we must be willing to open our hearts to them in return. Our job, as family members, as friends, as a congregation, as a community, and as a society is only to have *rachmanut*, compassion: to hold those who are experiencing brokenness, including if that someone is ourselves, to hold them with love and kindness; to do whatever we can to help the afflicted individual; and never to judge. For, in truth, maybe even tonight in this sanctuary, any one of us may need help. And, no matter how well we are doing, we can always say of our inexplicable ability to rise above our own struggles, "there but for the grace of God go I."

Tomorrow, at the conclusion of *Yom Kippur*, we will once again here the *shofar's* cry, one final reminder that we can heal our brokenness and put ourselves together once more. May the *Tekiah Gedolah*, the great scream of primal pain awaken in us the will to turn our lives around; to seek help from God and each other, and to cling with hope to our fervent prayers for a better future. May the blast of the ram's horn carry our intention for renewal all the way to the throne of heaven.^{xvi} And may its cry reach the deepest places within us inspiring us to attend, -- with forgiveness, compassion, and love, -- to those who need us most so that we might never again have to bury another one of our children. Amen.

ENDNOTES

- ⁱ Shesgreen, Dierdre, "Fentanyl is fueling a new overdose crisis. Here's what you need to know about the deadly opioid," *USA Today*, August 31, 2017.
- ⁱⁱ Kouang, Nadia, "Opioid addiction rates continue to skyrocket," *CNN.com*, June 29, 2017.
- ⁱⁱⁱ "History, Pharmacology, and Prevalence Heroin Overview: Origin and History," *In the Know Zone*.
- ^{iv} Coca Cola, first introduced after the Civil War to treat Migraines, contained the ingredient for which it was named, cocaine.
- ^v Kolb, Lawrence C. *The Painful Phantom: Psychology, Physiology and Treatment*. Springfield, IL: Thomas, 1954. Also, Acker, Caroline Jean, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*, (Johns Hopkins University Press: Baltimore), 2002.
- ^{vi} Kouang, *ibid* and "America's opioid epidemic and its effect on the nation's commercially-insured population," *BlueCross BlueShield*, June 29, 2017.
- ^{vii} "Opioid Addiction 2016 Facts & Figures," *American Society of Addiction Medicine*.
- ^{viii} "The Habit: Opioid Addiction in America," *Backstory Podcast*, May 12, 2017.
- ^{ix} "The Habit," *ibid*. This position was set forth by Drs. Kathleen Foley, Neurologist and chair, Memorial Sloane Kettering Cancer Center and Russell Portenoy, Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York City.
- ^x Nedelman, Michael, "'Deaths of despair' fuel rising midlife mortality for white Americans," *CNN.com*, March 25, 2017.
- ^{xi} *Psalm 118*.
- ^{xii} *Psalm 23*.
- ^{xiii} Rabbi Israel Chait, "The Significance of the Shofar," *mesora.org* and Rabbi Yossi Jacobson, "I am here to ask forgiveness: An Elul Message on Abuse," *youtube.com*, August 30, 2015.

^{xiv} Rabbi Pinchas Winston, "A Divine Presence of Mind: Parshas Yisro," *torah.org*, February 13, 2006.

^{xv} Rabbi Alexandri, *Leviticus Rabbah* 7:2.

^{xvi} *Days of Awe, Days of Joy: Chasidic Insights Into the Festivals of Tishrei*, Ed., Rabbi Eli Friedman, (NY: Kehot Publication Society), 1997, p. 113.