We live in a society that is awash in drug use. Drugs are everywhere—even in Torah institutions . . . Children from the finest families may use drugs,” Rabbi Dr. Abraham J. Twerski, noted psychiatrist and specialist in addictions, wrote in these pages back in 2008. Just a few short years later, substance abuse in the Orthodox community has become an inescapable reality. It’s more rampant and far more deadly.

“We’ve had over two dozen deaths related to overdoses in our community in the past year,” says Zvi Gluck, founder of Amudim Community Resources, a Manhattan-based organization offering assistance to Orthodox Jews in crisis.

More Accessible—More Deadly
Thanks to technology, users can even buy drugs in the comfort of their homes. Sedatives and painkillers can be purchased without a prescription from “Dr. Google,” says Rabbi Eitan Eckstein, founder and CEO of Retorno Jewish International Rehabilitation Center, a drug rehabilitation facility located in Israel.

Moreover, obtaining drugs today requires little skill. “The drugs can come straight to your door,” says Rabbi Dov Silver, founder and executive vice president of Madraigos, a social services organization in Woodmere, New York. “Dealers make it easy for you; they’ll meet you in your neighborhood or make home deliveries.”

For many, all it takes is a visit to the family medicine cabinet. Common prescription pain medications such as OxyContin and Percocet, both of which contain the narcotic alkaloid oxycodone, can lead to serious, life-threatening addictions.

“Painkillers have become huge,” says Rabbi Zechariah Wallerstein, founder and director of Ohr Naava Women’s Torah Center in Brooklyn. “You get a root canal, you get a tooth pulled, and you get codeine. With all the prescribed oxycodone [out there], it’s easy to get one’s hands on.”

Not surprisingly, abuse of prescribed opiate painkillers often leads to heroin use. “There’s a [typical] progression,” says Menachem Poznanski, the clinical director of The Living Room, a post-rehab program in Brooklyn and Wesley Hills, New York, catering to Orthodox teens. “Pot to painkillers to heroin. [Moreover, nowadays], heroin is cheaper and more available.”

The United States Substance Abuse and Mental Health Services Administration (SAMHSA) reports that heroin abuse among first-time users has increased by nearly sixty percent in the last decade. While illegally obtained prescription painkillers have grown more pricey and harder to obtain, in some US locations, heroin can cost less than a pack of cigarettes. In a recent Washington Post article (“Why a Bag of Heroin Costs Less Than a Pack of Cigarettes,” by Lenny Bernstein, August 27, 2015), Joseph Moses, an agent for the US Drug Enforcement Administration (DEA), is quoted saying that since street-bought opiate pills have become too expensive, Mexican drug cartels have increased heroin production; they have also developed networks to move the drugs east of the Mississippi.

“Despite the efforts of the DEA and other law enforcement agencies, there is plenty of it [heroin],” says Moses, “which keeps the price down despite the seemingly insatiable demand.”

To attract repeat customers, dealers sell pumped-up versions of drugs, spicing marijuana with cocaine and heroin. Teens are getting addicted to cocaine and heroin because they are buying marijuana laced with these drugs. “We are seeing a lot more overdoses within the frum community [because of this],” says Moshe Yachnes, an Orthodox therapist at Sunspire Health Recovery Road, a
Our Place staff report that it’s not uncommon to find substance-dependent kids as young as fourteen coming to the center.

“We’re addressing a population that [consists of], for the most part, drop outs from school,” says Rabbi Aryeh Young, executive director of Our Place. “They’re roaming the streets; they come in late at night, get up late in the morning and avoid communicating with their families. Some are living in crash pads, with friends or with someone they met at a party. Others are passing through stages of homelessness.”

**SHIFTING ATTITUDES**

Yet another factor contributing to the drug epidemic, says Poznanski, is society’s changing drug rehab in Florida. “People are mixing drugs and frankly, it’s more dangerous.”

**YOUNGER AND YOUNGER**

What’s even more startling is that teens are using drugs at younger and younger ages. “My younger kids had some friends over, and one of them, who was about twelve, was making jokes about weed,” says a mother of a drug-dependent teen. “I was shocked.”

Our Place, an Orthodox-run drop-in center for troubled Jewish youth in Brooklyn, services around 800 to 1,000 teens each year, representing every segment of the community.

“When you have this culture of recreational drug use, it leads to other things . . . Nobody wakes up one day and says, ‘Hey, I want to try heroin or cocaine.’ It is a progression.”

One of our kids dropped out of high school at fourteen. He stayed in bed every day and was out every night smoking pot. He was in really bad shape.

My husband and I began attending a support group for parents of kids on drugs. We learned that kids are not taking drugs to punish their parents. They are out of control because they suffered some form of trauma. They’re kids who have been hurt and are self-medicating. We’re taught to show our child unconditional love and let the other kids in the family know that this child is sick, that he has an illness and we are going to take care of him.

These kids aren’t rebelling; they’re suffering. We don’t call them kids at risk; we call them kids in pain.

The idea is to keep them close to home, get them the things that could make them feel better, and love them where they are at and for who they are. It cuts down the fighting. You’re not yelling at them. After a while they see that their parents love them and they stop and look at themselves; hopefully, they get [to the point where they] want to help themselves.

The group leader asked us if our son likes to smoke cigarettes. He does. He told us to buy him a carton of cigarettes and write him a letter telling him much we love him. We did. We placed the letter on his bed. This was the first step. Within twenty-four hours of that, he came out of his room and said, “Wow! Thanks so much.” What kind of parents would want to buy their fourteen year old a carton of cigarettes? We continued to send him the message that we know you’re not well; we know you’re suffering; we are here to help relieve your suffering until you feel better and, when you do, we are here to help you get what you need.

Within a few weeks, we started to see changes. We started to treat all of his friends this way as well; some of them were coming to our home because their parents had thrown them out. Since our son dropped out of school, there have been deaths every year of kids who were thrown out of their homes. Communities are ostracizing their youth. We turned our home into a very loving environment for these kids. It’s a whole different way of looking at the problem. For the most part, it’s working.
PARENTING AN ADDICT
As told to Bayla Sheva Brenner

I knew my teenage son was unhappy, but I didn’t know what was going on. He was getting kicked out of one school and then another. There were circumstances at home, in particular a painful divorce, that were making him unhappy. I attributed everything to that. For a long time, I simply didn’t know what was really going on. I finally found out what was happening when he went to his first rehab.

In rehab, they have the kid sit down and tell the parent the history of his drug use. I was blown away. He said that he was fourteen when he started using drugs; he got it from his friends. I was shocked that he had started so young and I didn’t know. He wound up hooked on heroin.

He got involved with the worst drugs while at yeshivah. Drugs are everywhere. And it’s affecting every community. He had friends [who were users] from broken homes and [users] from the most chashuv [prestigious] families, the most learned homes with [seemingly] no problems; users run the gamut.

Ignoring the problem doesn’t make it go away. The yeshivas and schools have to be more open-minded and talk about it, to warn kids about the dangers. A good friend of my son died of an overdose. If you don’t talk about drugs, they become more exciting. Kids don’t understand how addictive drugs are.

After leaving that first rehab, my son relapsed. I realized then this is not over—it never will be. He wasn’t living at home at the time, so I didn’t see the warning signs. Someone called me to ask how he was doing. I said, “He’s great; he’s in school, he’s working.” He asked, “Have you noticed he lost a lot of weight?” That was it. Imagine if [that person] hadn’t called me; you can’t afford to not know the truth.

If there’s a drug problem, there are signs. They get irritable, secretive, irresponsible, nasty; they start missing appointments, meetings, school. They could lose or gain weight. When they’re smoking weed, they gain weight. If you know your kid, you can see the changes. You have to be educated. Before I was knowledgeable about these things, I kept things around that I shouldn’t have. If you have a child like this, you shouldn’t even have wine in the house. You could notice money missing and you think “no, he would never,” . . . but they get desperate.

I sent him to one rehab facility, then another. There are many, many places out there. I’m always scared for him. These kids don’t want to do drugs. They can’t control themselves.

I joined a parents’ support group. I daven a lot. Once you realize that [the addict] has to fix the problem himself, you stop running around to get help. At the programs they are taught what they have to do. There are amazing people out there who suffered through their own addictions, and after they turned their lives around, they decided to dedicate their lives to helping others struggling with this.

Right now, my son is in a sober living facility. It’s a safe environment. He’s with others in recovery. He gets a lot of group therapy and goes to twelve-step meetings. We can’t afford to shut the doors on these kids; then we’ll lose them.

According to the National Institute on Drug Abuse (NIDA), citing SAMHSA’s National Survey on Drug Use and Health from 2014, marijuana (cannabis) is the single-most used illicit drug in the United States. Many of its users have been taken to poison control centers with symptoms that include rapid heart rate, vomiting, agitation, confusion and hallucinations. In a few cases it has been associated with heart attacks. Furthermore, the CDC’s Morbidity and Mortality Weekly Report in June 2015 reported that synthetic marijuana—cannabis leaves sprayed with a mixture of psychoactive chemicals and known by names such as K2 and Spice—is proving to be lethal. According to the CDC report, fifteen deaths associated with the use of synthetic marijuana were reported at forty-eight poison control centers across the US between January and May 2015, versus five deaths in 2014; that’s three times as many deaths in the space of a single year.

Use of marijuana also leads to abuse of stronger, more deadly drugs. “When you have this culture of recreational drug use, it leads to other things,” says Poznanski. “Nobody wakes up one day and says, ‘Hey, I want to try heroin or cocaine.’ It is a progression.”

A CHANCE FOR SOBRIETY
Addicts who want to turn their lives around must first enter a detox program. The detoxification process removes all traces of drugs and alcohol from the body.

Once an individual gets through the initial detox, he can progress to the rehabilitation process. This is where patients, via either an inpatient or outpatient program, come to understand the reasons behind their addictions, and learn how to cope with the stressors and trigger points that lead to drug use and, ultimately, addiction.

When a patient completes a rehabilitation program, it’s not the end of the line. For addicts, recovery is a lifelong process. Former addicts often need assistance as they transition back to normal life. Some choose to enter a “sober living” program for approximately six months or more, where they learn how to live drug-free and better manage the stressors that led to their substance abuse.

In the United States, alcohol and drug addiction treatment has become a multi-billion dollar industry; there are more than 14,500 specialized drug treatment facilities that provide counseling and other services to those with substance use disorders. The initial detox can cost between $300 to $800 a day, depending on the program and the
length of the stay. Rehabilitation programs average about $10,000 to $20,000 a month. Insurance coverage varies; it generally covers detox and outpatient treatment, but not extended inpatient care.

A number of drug rehabilitation centers in the US and Israel are under Orthodox auspices. Chabad Residential Treatment Center in Los Angeles, for example, has been treating members of the observant community for more than thirty years. It offers a kosher facility with daily Torah study and minyanim. Many of its staff members are Orthodox, providing for individual religious counseling and teaching. “Having clinicians with Torah knowledge is very important for the recovery of Jewish clients,” says Donna Miller, director. “Clients often think their prior traumas or challenges stem from their religion, so a clinician with Torah knowledge can help them separate the two.”

Retorno Jewish International Rehabilitation Center in Israel offers daily minyanim, and even a kollel on site where men provide shiurim to the residents. “No one is forced to daven or learn, but it’s right here if they want it,” says Rabbi Eckstein. “We pray together, eat together and cry together.”

Addiction professionals all agree, however, that before dealing with one’s spiritual condition, the first step is to get the individual off drugs.

Asher Gottesman, CEO and founder of Transcend Recovery Community, a sober living outpatient program operating in Los Angeles and Manhattan, was once approached by an Orthodox woman whose daughter was an addict. “She asked me if a non-sectarian rehab on the West Coast was coed and if they serve kosher food. I looked at her and said, ‘Your grandchildren cannot put on tefillin if your children are dead.’ Her areas of concern are valid, but you have to be focused on where your daughter is at and help her stay alive.”

Rabbi Wallerstein agrees that restoring the physical and emotional health of an addict must override all other concerns. However, most rehabs, he says, do not have the ability to “deal with the neshamah of a Jew.”

“That’s a void that they can’t fix,” he says. In response to this vacuum, Rabbi Wallerstein anticipates opening up two inpatient drug rehab centers, one for adolescent girls and one for young women in their twenties, in Sullivan County, New York.

“Everyone talks about the risks of using drugs and that it’s due to [ignorance] about substances. They miss the fact that kids are on drugs because they are uncomfortable in their own skin; they’re not getting what they need.”

Even after rehab, addicts need to remain vigilant. “There are triggers all over the place,” says Ezy Finkel, a former addict who works as a consultant for drug treatment centers across the country. “An addict has to accept his situation and be willing to get help. Then he has to keep accepting to become re-willing every single day.” Once clean, one is still considered a “recovering” addict; clinicians stress the importance of regular attendance at twelve-step meetings.

“Today, people are realizing that addiction is a disease,” says Michael Gondelman, founder and clinical director of Jerusalem Sober House, a sober living facility in Israel. “Every single community is affected by it. [But], I believe every addict has a chance for sobriety.”

**Why Are They In Pain?**

Getting clean is just half the recovery battle. On the other side of detoxing lurk the problems that drove addicts to self-medicate in the first place.

“The most painful thing I ever did was walk through the doors of a treatment center,” admits Finkel. “Take the drugs away and I’m left with my feelings. Alcohol and drugs weren’t my problem, they were the solution.”

Experts reveal that there are various factors that lead to addictive behavior, including failing to live up to parental expectations, as well as sexual, physical, verbal or emotional abuse.

“All of my therapists will tell you that over fifty percent of their clients [suffer from sexual abuse of one form or another],” says Rabbi Young.

Another factor is failing to fit in. Although the mainstream yeshivah struc-
Miller posits that children who experience “less-connected parental relationships,” often wind up associating with others like them who may be using substances to cope with their insecurities. “A young person who is relatively happy and goal oriented might be exposed to drug experimentation,” she says, “but there will be a strong draw to maintain his or her normal life.” Whether a result of failing in yeshivah, abuse or bullying, the tragic victims of childhood trauma visit Rabbi Wallerstein’s office on a constant basis. “Drugs are an anesthesia for the pain,” he says. “You have to find out where that pain is coming from; if you fix that, then they don’t need the anesthesia anymore.”

DENIAL NO MORE
The good news is that the Orthodox community is becoming increasingly responsive to the drug plague. Aside from creating an endless array of programs for troubled teens, as well as resources for their parents, the community has also come to recognize what these kids need most: acceptance.

Part of the success of the OU’s Pearl and Harold Jacobs Zula Outreach Center, a.k.a. “The Zula,” an all-night haven for troubled Israeli youth, is the unconditional love and warmth of its advisors and staff members. “The Zula team finds that the real work is done when advisors follow up with the kids,” says Rabbi Avi Berman, executive director, OU Israel. “That’s when the kids talk. They know the advisors understand where they are; many of them used to be there themselves.” An estimated 3,000 teens visit The Zula annually.

Furthermore, there are signs indicating that some yeshivot are willing to provide both drug prevention and education programs. Yeshivah high schools in the New York metropolitan area have, for example, called upon Lewis “Lew” Abrams, addiction specialist for thirty-five years and former executive director of Yatzkan, a Jewish residential drug rehabilitation center in Amityville, New York, to speak to students and their parents about substance abuse prevention. (Opened in 2001, Yatzkan has since closed due to financial difficulties.) Abrams addresses topics such as learning refusal skills (effectively resisting peer pressure) and how to express concern to fellow students who are in trouble.

Taking preventative measures, this past year Torah Umesorah/the National Society for Hebrew Day Schools implemented a “mashgiach training program” to provide effective intervention in day schools and yeshivot. The program runs
training sessions for school faculty members, familiarizing them with the dynamics of childhood anxiety disorders, trauma, ADHD and learning disabilities, as well as oppositional and other behavior disorders, all of which can be contributing factors towards the development of an addiction. The sessions are led by prominent Orthodox mental health professionals. “Graduates” of the program return to their schools with the goal of making a meaningful connection with every student.

“They are like guidance counselors on steroids,” says Rabbi Dovid Morgenstern, director of the training program. “They are the ‘eyes’ and ‘ears’ of the school, identifying problems and making themselves the address for students to come and talk about anything. So much unnecessary heartache, pain and regret are based in failing to detect and diagnose the struggling child in yeshivah.”

Retorno holds annual day-long drug prevention educational programs featuring lectures on the dangers of substance abuse. The programs attract religious and secular Israelis from all walks of life, including IDF soldiers, teachers, rabbis, doctors and parents.

While the community may be coming out of denial about the drug epidemic, there is still much work ahead, say experts, if we are going to make a significant dent in addressing this problem. For one thing, parents need to become more knowledgeable about drugs. Yehuda Honickman, program developer at Jerusalem Sober House, advises parents to become familiar with telltale signs that their child needs help. “All of a sudden, their group of friends changes; from Yankel and Moshe they’re now hanging out with Jack and Joe. They want to sleep more; their personality starts to change; they’re not as talkative.”

Parents also need to develop an approach if, God forbid, one of their children starts to display at-risk behavior. Rabbi Young stresses that kids shouldn’t feel compelled to turn to the street. Parents must make it clear to them that they can count on the family to be a loving support system.

Of course, that would require communication—putting the phones down and talking to each other face to face. “The overuse and misuse of technology is contributing to the breakdown in family communication,” says Miller. “There’s a strong need for family bonding, to focus on interpersonal communication and engage in meaningful discussions.” Miller cannot stress enough how important it is for children to get quality attention.

Others agree. “If children don’t feel heard or seen,” says Gottesman, “they are going to make sure you hear and see them.”

I was six years old when I was sexually molested. It took place in shul while I was in the youth group. My parents were upstairs davening and I wondered: why aren’t my parents doing anything about this?

In yeshivah [elementary school], I was the kid getting into trouble every week. My parents then sent me to a mesivta; it was the worst thing for me. I didn’t want to be in that box, learning twelve hours a day. I didn’t need more rules. I needed more understanding.

I always felt different from everyone else. At thirteen, I was introduced to alcohol. My yeshivah held tefillin parties, where parents and grandparents would bring a bottle of whiskey for l’chaims. I remember watching how they would become looser and more carefree. I thought, “I’m going to try this.” I went to the whiskey bottle and snuck a sip. I felt a warm feeling inside of me; the feelings of being inferior, of “poor me,” were gone. I felt like I could do anything. I was hooked.

I started breaking into shuls looking for liquor left over from the Kiddush clubs. I used any and every opportunity to get a little alcohol. I was a small kid; I didn’t need much alcohol to get me there. I started smoking marijuana and then went into harder drugs. I began dealing drugs.

My situation was brought to Rabbi Dov Silver at Madraigos. He told me I have two choices: either I go to rehab or everything will catch up with me and it will be a mess. I knew that if I took away the comfort of drugs and alcohol, everything I had been suppressing would come flooding back. [But] I saw that these people [at Madraigos] care about me. They love me. I made the leap.

After two days at rehab, I ran away. I swore to myself I wasn’t going to get high, that all I needed was a day or two to be off the drugs and go back to living life. The next day, I woke up in my bed high. I had no idea how I got there or what had transpired the evening before—where I got drugs, where I got the money from. At that point I realized I really have a problem.

I went back to rehab. When I finished rehab, I followed up with individual therapy. I started building a support network with people in recovery, went to AA and The Living Room in Brooklyn [a drop-in center for people in recovery].

I want to help others. I know the pain, the anger, the fear. We are talking about individuals who have been beaten down, whether by others or themselves. Many have huge resentments towards religion. A majority of them have experienced abuse in their lives, whether physical, sexual or otherwise.

The most important thing I’ve learned is to never judge people; never assume someone is a lost cause. It’s important to really get to know the individual, get to know what’s going on inside of him. Only then will you be able to help him.