Jewish families touched by heroin epidemic fight back

BY ERIC BERGER
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In September 2011, Adrienne Eigles was preparing to attend Rosh Hashanah services at Congregation Shaare Emeth. Her son Andrew was sleeping downstairs. He had been addicted to heroin and was taking monthly doses of Vivitrol to help keep him from relapsing.

It appeared to be working. He had been clean for nine months, said Eigles, who is among a growing number of Jewish families affected by heroin addiction. Eigles, of Chesterfield, and others now share their stories to advocate for legislation on issues such as prescription drug monitoring and to try to remove some of the stigma that surrounds drug addiction. Their message is often simple: The disease of addiction does not discriminate.

That means it is as prevalent in the Jewish community as it is among any other religious, racial or ethnic group.

“Heroin is known as an equal-opportunity destroyer,” said Howard Weisman, executive director of the National Council of Alcoholism and Drug Abuse-St. Louis (NCADA). “It has taken lives in all corners of St. Louis and St. Louis County, and that certainly includes folks in the Jewish community.”

Politicians and public health officials describe heroin addiction as an epidemic in the United States. The heroin overdose death rate in this country more than tripled, from 2010 to 2014, to an average of 3.4 per 100,000 people, according to a study released by the St. Louis County Department of Public Health.

The problem is particularly acute in St. Louis County, where the heroin overdose death rate in 2013 was 10 per 100,000 people, almost four times the national average, according to the study.

Rabbi James Stone Goodman started to see an increase in the number of opiate addicts who attend his support groups about five years ago. He has been organizing groups that mix the 12-step program with Jewish spirituality since 1981.

“There has to be quicker, direct access and more possibilities for treatment,” said Goodman, who leads Neve Shalom congregation in Creve Coeur and Shalvah, a support group.

Other advocates point to a variety of reasons behind the epidemic. Missouri is the only state that does not have a prescription drug monitoring program. As such, law enforcement officials and health care providers are not able to tell whether someone has been traveling among different doctors or pharmacies to get prescription opioids, which is where heroin addiction often starts.

The Missouri Network for Opiate Reform and Recovery is pushing for legislation to provide third-party access to Narcan, an overdose antidote that in Missouri is limited to medical providers and first responders; a bill to modify Missouri’s system of three-tier drug enforcement is signed to.
Push for Missouri drug monitoring program

Sabora was raised Jewish and worked as a prosecuting attorney in Cook County, Ill., from 2005 to 2008, when he was arrested for possession of a controlled substance. His parents had died from cancer a few years earlier, and he spent six years abusing prescription opiates and heroin until getting clean in 2011. He and his wife now live in St. Louis County, a place that has a higher overdose rate than the national average because more people are using, rather, the state has a lack of "evidence-based, proven remedies.

The Missouri Legislature earlier this month approved a bill that would allow physicians to prescribe naloxone (the generic for Narcan) to individuals rather than just first responders. Gov. Jay Nixon said he is weighing whether to sign the bill into law.

Efforts to pass a statewide prescription drug monitoring program have stalled because of some legislators' concerns about patient privacy. St. Louis County passed legislation to implement a monitoring program in March. The governor signed the bill into law.

During this intense panic comes in. It's like hanging from a hand and saying, 'Yes, I am sick of this.' I want people to know that this was a stupid journey that I went on. It was a huge thing that I had to go through.

The stigma of drug addiction

Jean Sokora, 54, a recovering addict, agrees. She deals in prevention and early intervention for Preferred Family Healthcare, a behavioral health nonprofit.

As a teen attending Ladue Horton Watkins High School, Sokora developed a $2,000 a week cocaine habit. She entered treatment at a hospital in Minnesota. A psychiatrist there told her mother: "A nice Jewish girl like this, she couldn't possibly have a problem."

In the psychiatric ward, Sokora discovered that her mother was a recovering alcoholic. She then attended family alcoholism meetings and entered a residential treatment program in which she was required to do a 12-step program.

The worst part of being addicted, she said, is not much physical withdrawal. "The hardest thing is the emotional, spiritual pain."

"The drug becomes like a survival mechanism," she said. "When you don't have it and you're not getting high, that intense panic comes in. It's like you're drowning."

She dropped out of college in 2008 and tried outpatient detox programs. She had been sober for years until she relapsed in 2014. Sokora, a former trained pianist. She had worked at sum- mer camp at Lake of the Ozarks.

But in middle school, he started smoking marijuana, and by the time he got to high school, he was smoking it habitually. "I got swept up with the whole notion that I was going to be my badge of honor, that I was going to have the most fun, have the best weed," he recalls.

He turned to heroin—a much stronger drug than OxyContin, he said. When he nearly ran out of money, he made the switch to heroin. And then he learned how to cook it. "Yes, it's ambi-
yous, it lasts longer and it feels better."

He didn't just wake up one day and decide to do heroin," she said. "I was so angry, so furious, I wanted to get clean. But more than a sense of ambivalence about what happens.

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