

Sermon: “Neighbours and Needles”

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Rev. Stephen Milton

Jesus has been asked, who is my neighbour? The obvious answer is fellow Jews who live next door or nearby. But Jesus answers the question with a parable, not a definition. Jesus uses parables a lot, and they have become famous for their vivid imagery and situations. The prodigal son, the woman with the lost coin. But the reason Jesus speaks in parables is that he wants to shift the conversation beyond the obvious, to help people think outside the box. And that’s what He does here.

Jesus tells us of a man walking along the road between Jericho and Jerusalem. This road is like a pedestrian highway, it isn’t the middle of a village. There are no houses along the side of the road. We know that because this is where robbers, bandits, feel safe to attack people where they will not be seen. To answer the question of who is my neighbour, Jesus takes away all the neighbours. So, whatever neighbour means to Jesus, it is not its literal meaning.

The next shift occurs when people walk by the man bleeding on the road. He’s been left for dead. We’re told that two men walk by without providing any help. A priest and a Levite. They are both experts in Jewish law and ritual. The priest serves in the temple. The Levite was born to work in the Temple. His family line goes all the way back to Moses’ brother. These two men know Jewish law, but they don’t help.

Why? Some people have speculated that maybe they were afraid that the man’s blood would render them ritually impure, and thus unsuited for working in the temple. Jewish commentators have said that’s inaccurate. ¹ Priests were getting impure all the time – having sex did that, so did going to the bathroom. Cleaning up was part of the job. Moreover, they knew they should help. But, with no one looking, in this story, they chose not to. Each man crossed to the other side of the road. Maybe they were disgusted. Maybe they were scared. We don’t know.

One man does choose to help. But he’s the last person you’d expect. A man from the neighbouring region comes by. A Samaritan. They were an offshoot of Judaism. They didn’t worship at the temple, and they didn’t follow the same scriptures. They were despised by Jews as backsliders. Seeing a Jew bleeding on the ground, this Samaritan had every reason to keep on walking. No one would know, no one would blame him.

The fact that the Samaritan is the one who provides help is an insult to the Jews in Christ’s audience. Jesus appears to be saying that it is not enough to know the theory of faith – the rules, the rituals. The priest and the Levite have those down. No, what matters is how you apply your faith when something unexpected happens in the middle of nowhere, outside of your comfort zone. When there’s no one watching, when there are no clear guidelines. This is applied faith. What will you do when there’s no one around to define who is your neighbour?

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Lately, there have been a lot of people crossing to the other side of the road in our neighbourhood in Midtown Toronto, literally and figuratively. A homeless shelter opened up on Mt Pleasant Blvd in July, and it has brought a population of very visible drug addicts into the neighbourhood. The shelter occupies the old Roehampton hotel, not far from Yonge and Eglinton. It is close to two schools.



Upset citizens have been using social media to upload pictures of drug users shooting up in alley ways, on roads, in stairwells of nearby buildings. Local residents have been outraged and scared by the sudden appearance of used needles in parks and in the schoolyards near the shelter. There have been protests and petitions, demanding that the drug addicts be removed from the neighbourhood.

This situation has revealed that mid-town Toronto has been like a gated community. It has an invisible wall of real estate prices and high rents that has kept poor people out. The pandemic has forced the city to open a shelter here, catapulting poor people over that invisible wall.

I went to one of the neighbourhood protests. I came to support the rights of the homeless, and I wore my clerical collar. But I wanted to hear both sides of the story, so I crossed the line, and spoke to several of the residents who were protesting against the shelter. They held signs saying things like shelters yes, crime no.

One of the people I spoke to was a man, a bit older than me. He told me that he was glad every time one of the drug users overdosed and died. Those recreational drug users deserve what they get, and they have no right living on the public dime.

Not everyone in the neighbourhood feels this way, of course. There is a spectrum of opinion, from support to condemnation. But that man's comment stuck with me.

I came away from the protest realizing that I didn't actually know much about drug use among homeless people. How does a person get to the point where they are homeless, and drug addicted, scoring outside? So I decided to ask people who know about these things. I contacted the shelter, and asked them to put me in touch with frontline workers who deal with addicted homeless people. And they did. I also did some reading. Today I'd like to share with you what I have learnt about people who are homeless and addicted to heroin.

The first thing I was told is that the vast majority of people who are addicted and homeless suffer from trauma. The trauma can be psychological, physical, often both. Many of these people come from homes where they suffered emotional or physical abuse, either at the hand

of their parents, or from others. Trauma can be caused by direct abuse, or witnessing abuse.² It can be watching your father beat your mother without ever laying a hand on you. It can be abuse from a neighbour or distant relative. And this kind of trauma happens in homes of every income level. Nice big homes in north Toronto contain kids who are abused and traumatized. Their parents are in no rush to get their kids to a therapist so their dark secrets can be exposed. So trauma has a way of getting hidden. 63% of homeless youth are from families where they suffered neglect and abuse.³ Kids who run away from these homes hit the streets hurt, confused, homeless, and untreated.

Often, that trauma does not go away. A recent study by Queen's University in Kingston found that 87% percent of homeless adults with addiction issues suffered from post-traumatic stress disorder. 99% had experienced physical, emotional or sexual abuse as a child.⁴ So, as in our Good Samaritan story, these people by the side of the road probably have been beaten, physically or emotionally at some point in their lives.

87% - Post Traumatic Stress Disorder (PTSD)

99% - childhood abuse



The Canadian Journal of Addiction, Vol 8, #1, June 2017.

But why are they sitting there with a needle full of heroin in their hands? The frontline workers told me that trauma is common among homeless people addicted to heroin. And that trauma hurts. People with severe PTSD do not feel normal, they feel numb. However, when they ingest opiates like heroin and Oxycodone, that haze lifts. They feel good for a little while. Users call this "a warm hug".⁵ But then, in a terrible tradeoff, their brain chemistry works against them. They experience symptoms of what is called "dopesick." It is the feeling of withdrawal, which can kick in within minutes of the drug wearing off.⁶ I was told by multiple sources that it is 100 times worse than the flu.⁷ It grows in severity every hour, so the body craves another injection. For heroin users, life is about feeling awful most of the time.

Dr Bonnie Henry is the chief medical officer of British Columbia. She's been in the news a lot lately due to covid-19. She also has a lot of experience with the heroin epidemic in BC. She says,

"most people, when they're addicted to heroin or fentanyl or whatever, they don't actually get high anymore. It's all about trying to stave off those feelings of being dope sick. The withdrawal from it is quite horrendous, makes you feel really bad. So, you need more and more just to feel normal again. Opioids change your brain and it resets your normal level, if you will."⁸

So that person in the alley way has not just been beaten up by trauma, but they are being abused by the drug that promised to make them feel better. These people did not start using heroin for recreation, and they are not recreational drug users now. They are fighting for survival against a sickness which is like a form of slavery.

Frontline workers told me that they had met lots of homeless people from wealthy homes. They got addicted while they were still paying mortgages and holding down jobs. Heroin addiction isn't just for people who are down and out already. You have heard about the opiate addiction crisis. In Canada, 1 in 6 people are currently on prescription opiates, supplied by their doctor.⁹ Opiates are designed to relieve physical pain. They are prescribed after surgeries, for cancer patients, and for pain from back and muscle injuries. Most of us can get a prescription of oxycodone after our surgery, take the pills for a few days, then stop. Problem solved.¹⁰ However, for a small proportion of the population, around 2%,¹¹ pre-existing conditions, like trauma and even genetics, can make those same drugs highly addictive. Trauma in particular sets people up for drug addiction. But if you don't realize you have been suffering from PTSD, and your doctor doesn't know, you can fall down this rabbit hole quickly.

But what about the needles in the school yards? I asked the frontline workers why couldn't the addicts just shoot up in their rooms? They are allowed to do so. I was told that dopesickness makes addicts desperate to get their next injection. They want to stop that feeling, so they often shoot up as soon as they receive the drug from their dealer. That means doing it outside. They are also afraid. In the past few years, the street heroin supply has been taken over by a synthetic drug called fentanyl. It is much powerful than heroin.¹² It has led to an epidemic of overdoses. The fentanyl in the heroin supply is so deadly, that shooting up with a friend is safer, so they can get help if they overdose. Most overdose deaths occur when people inject drugs alone.¹³ That's another reason for doing it outside. And, finally, because fentanyl is so strong, people often pass out after taking the drugs.

So that man or woman who you see slumped over in the alley way, or the stairwell, likely has a tragic story that landed them there.

They are desperately sick – and our citizens have not rushed to their care.

They have been beaten up by life, and most of us have left them suffering on the street.

Some of us have even demanded that they be removed from the neighbourhood altogether. We have crossed the road to the other side.

If there is a Good Samaritan in this real-life story, it is the City. They know everything I have told you today. They know that these homeless addicts are taxpayers like we are, paying taxes on their welfare cheques and at the store when they buy food and cigarettes. Their traumas often started when they were innocent children. Or, for those who were injured on the job. So, like the Good Samaritan, the city picked them up, and brought them to an inn. The city is paying their bills, hoping they will get better. The Roehampton shelter is trying to get them housing, and even jobs. But the resources they need to help get them off heroin are spotty and inconsistent. It costs money to put people through rehab, and our society isn't willing to pay the bill. Few politicians will get re-elected standing up for heroin addicts. They know that this neighbourhood wished the shelter never opened. And many in this neighbourhood have asked that the city at least prevent drug addicts from living there.

But that isn't going to happen. The City knows that we owe it to these people to help them. They have been beaten up enough already.

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When Christ was asked who is my neighbour, he responded with a story about four men on an empty road. None of them were neighbours. The man who was lying at the side of the road, wounded, had been attacked by robbers. That same fate could have happened to the other three men in the story. Christ's parable is saying – this beaten man could be you. You were fortunate enough not to end up on the ground. You have a choice. Be disgusted, walk on by, or stop to help. God's love flowed through that Good Samaritan. He didn't care about postal codes or ethnicity. He just wanted to help someone in need.

The homeless person with the needle in their hand could be you or someone you love. It is easy to end up in that alley way, easier than you think. These addicts are desperate, and they need help. They need a safe drug supply, and safe places to take their drugs until they can get help to be housed and go through detox. None of that will be easy. But Christ isn't asking us to do the easy thing. Now that the city has taken these people to an inn, the question is whether this neighbourhood will help the residents to heal. As one source put it, the opposite of addiction is connection.¹⁴ Connection to other people who want to help. Drop in centres, buddy systems, TTC fare so they can get to doctor's appointments. There are lots of ways the community can help. But It starts with seeing these people not as "them", but as us. Then we can cross the road and offer help.

Then we'll really be acting like neighbours.

Amen.

¹ Rachel Mikva, "What Progressive Protestants Can Learn from Jewish Engagement with Scripture" *Theological Education*, volume 50, #1 2015, 102.

² Resmaa Menakem, *My Grandmother's Hands*, (Central Recovery Press, 2017.) 44-6.

³ <https://covenanthousetoronto.ca/the-problem/youth-homelessness/>

⁴ Markus Kuksis, et al., "The correlation between trauma, PTSD, and substance abuse in a community sample seeking outpatient treatment for addiction," *The Canadian Journal of Addiction*, Vol 8, #1, June 2017.

⁵ Benjamin Perrin, *Overdose* (Penguin Canada. Kindle Edition), 38.

⁶ Benjamin Perrin, 43.

⁷ Benjamin Perrin, 44.

⁸ Benjamin Perrin, 44.

⁹ Belzak Lisa, MHSc and Halverson Jessica, MPH, MSW., "Evidence synthesis - The opioid crisis in Canada: a national perspective," *Health Promotion and Chronic Disease Prevention in Canada*, 2018 Jun; 38(6): 224–233.

¹⁰ Joseph Friedman, MPH, et al., "Assessment of Racial/Ethnic and Income Disparities in the Prescription of Opioids and Other Controlled Medications in California," *JAMA Intern Med*. 2019 Apr; 179(4): 469–476.

¹¹ Belzak Lisa, MHSc and Halverson Jessica, MPH, MSW..

¹² Benjamin Perrin, *Overdose*, 14-16.

¹³ Belzak Lisa, MHSc and Halverson Jessica, MPH, MSW.

¹⁴ <https://ontario.cmha.ca/factors-that-impact-addiction-and-substance-misuse/>