

## **Brief Communications**

### **Developing Awareness of Chemical Use in the Jewish Community\***

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*Historically Jews have not been strangers to the use of alcohol and drugs, as is attested by references in the Bible and their use has never been of much concern to the Jewish people. The concept of drunkenness is foreign to Jewish belief, as exemplified in Yiddish songs such as "Shikker is a Goy." That is not until recently has the Jewish community begun to recognize that there is a problem relating to the Jew and alcohol and drug use. Parts of the community are denying that a problem exists. It is time to begin to raise the consciousness of the Jewish community as to the effects of these chemicals upon the individual and the family.*

#### **A Community Approach**

In Minneapolis and St. Paul an interesting set of circumstances has begun to raise the consciousness of the Jewish community about alcoholism and drug abuse. In the fall of 1978 a group of Jewish workers met to discuss these issues. The group that initially met consisted of workers from the Jewish Family and Children's Service, the Jewish Community Center, and a number of Jewish professionals in the field of alcoholism and chemical abuse. At that time it was decided to invite all the Rabbis and other Jewish communal professionals, including Federation, to join in our discussions.

At the next meeting, the Jewish community Chaplain, as well as representatives, one of whom was a Rabbi, from three of the Twin Cities synagogues arrived. The first step that had to be taken was to educate the committee members as to the theories and aspects of chemical use and abuse.

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Following the education of the committee members, it was decided to approach the Minnesota Rabbinical Association (MRA) to begin a training and education program for them. With the assistance of the community Chaplain, the committee was finally granted an audience with the MRA. However, part of our planned presentation included the introduction of a Jewish recovering alcoholic. All of the recovering persons that were approached refused to appear in front of the Rabbis because of the insensitivity that the Rabbis showed to them when they were in crisis, or the fear of being branded as an outcast in the community by the Rabbis.

Thus, without the assistance of a recovering alcoholic, some members of the committee made a presentation to the MRA. The presentation was well received and a sub-committee of the MRA was established to continue educating the Rabbis as to the implications of chemical dependency within the Jewish community. Some Rabbis even went out on their own to take workshops offered by treatment centers.

The next action of the committee was to

hold a workshop for all Jewish communal workers. A presentation as to the purpose and function of such a workshop was made to the executives of the Federated Agencies. The executives were agreeable to a full day workshop for their staffs. Within this framework, a full day workshop was offered in which information regarding chemical abuse was given. Individual attitudes were explored and some basic steps that could be taken in the community were discussed. People left with a desire to know more.

By this time, the members of the committee were growing tired from all the energy that they had expended. Much of this energy was used to overcome the denial as was mentioned before. However, in order for progress to continue, revitalization was necessary. A plan was devised to bring new blood into the committee.

It was decided that professionals could not do it alone and that lay persons needed to be involved. An invitation to serve on the committee was extended to all the participants in our previous workshops, plus some key lay persons who were either identified Jewishly or Jews active in the field of chemical abuse. We then reorganized the committee in order to have tasks for the influx of our new members when they responded to the invitation.

At this time there were seven members of the original committee. We developed five task areas in which we divided these responsibilities amongst ourselves as chairpersons. These areas included education, prevention, treatment-aftercare, publicity and fundraising. To recall, we did not have specific funding from any one agency or the Federation. We were existing on a very tight fiscal budget so that when we needed money we would work within existing departmental budgets or else find a philanthropic individual to donate the funds needed for that program.

In order that we did not lose the interest of the people we had invited, we established

tasks for all of the areas. The education committee's task was to set up a speaker's bureau and to begin to develop a curriculum that could be utilized in the Day School as well as amended to Sunday School use. The prevention committee was to develop specific age oriented programs that could be adapted to children, teens, adults, the elderly and families. The treatment-aftercare committee was to develop a crisis-information service for the Jewish community, as well as support groups for recovering Jews. The publicity committee was to begin to get the word out as far as information on chemical use and abuse as well as package the work of the committee. The fundraising committee was to begin to look at potential funding sources including establishing a communication system with the Federations of both Minneapolis and St. Paul. Each committee involved canvassing existing community resources to prevent duplication and to learn from their successes as well as failures.

The groundwork was laid for the big meeting in which we had sent out over two hundred invitations. As was assumed, only twenty percent actually showed but we had response from about a third. We then began the wheel turning. Following will be some of the accomplishments since the expansion of the committee.

A name became quite important. To this point we had called ourselves the Committee on Jewish Alcohol and Drug Use (CJADU) which some felt was too cumbersome to remember and not easily identifiable. A Jewish acronym was needed. After some struggle, the name TODA (thank you in Hebrew) was developed. TODA stands for Twin Cities Organization of Drugs and Alcohol. Later when I talk about the Hotline, an "H" is added to make it TODAH which stands for Twin Cities Organization of Drugs and Alcohol Hotline.

Inspired by the new identity, the committees moved ahead. The treatment-

aftercare committee developed a proposal for a crisis intervention and information phone service, hence called the Hotline. A location was needed to house the Hotline. On a chance, and a feeling of nothing to lose, a letter was sent to Mt. Sinai Hospital requesting space for a hotline. A meeting was set up with the final result being that Mt. Sinai will provide us with all the facilities needed to operate a hotline for a year. In order not to rush into this, we are presently solidifying our goals and operational procedures for the Hotline which we hope to begin operating in the Fall.

Besides the location for a hotline which is now being looked upon as a permanent address for TODA, a number of other events have occurred within the community. Since the establishment of our committee, two synagogues have opened their doors to AA groups. One synagogue even has an Alanon group in addition to its AA meeting. With the assistance of the Chaplain, seven Jewish alcoholics in treatment facilities were able to participate in Passover Seders. Also, one of the treatment centers has offered to provide Kosher meals to Jewish patients if they so request. A support group specifically for Jewish recovering persons has also been established, which recently had a party for one year's sobriety of one of its members.

The speaker's bureau was established and with minimal publicity has been operative. To date, speakers have been sent to synagogues, B'nai B'rith Women, Hadassah and BBYO. We see much more, including a major conference to be offered to the Jewish community.

At present we are developing a mission statement to be presented to the two Federations. This is a necessity to become a legitimized group, for the need is great and we cannot accomplish our tasks in the parasitic fashion that we have to date.

Throughout our history, I cannot say that going has been easy. We have been confronted with problems as well. In

addition to the funding problem, there has been the lack of a permanent address. We involve turf identification here in which agencies want to feel protective and therefore an address could not be decided on until Mt. Sinai's offer. There still will not be an address until the Hotline begins. In addition to the logistic problems, there have been problems with professionals and lay persons working as equals. Other problems involve differences in ideologies of chemical abuse. However, none of these are insurmountable as long as we keep the goal of our mission in sight.

We have had our problems, but every person is an integral part of the success of our goal of raising awareness in the Jewish community to alcohol and drug abuse. No one person or agency can do it alone. It takes a complete community effort. We have learned that, and are including those agencies that have not been involved to date, for it is a community problem that the community must work on together.

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