

# PERCEPTIONS OF DRUG AND ALCOHOL ABUSE IN THE JEWISH REFUGEE COMMUNITY

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*A group of recently arrived Jewish Russian refugee adults and teenagers were given questionnaires asking about their perceptions of drug and alcohol abuse in Russia, America, and in their refugee community. In addition, a group of social workers who work with these refugees and a group of health professionals were asked similar questions. The results showed that many of the Russian refugees were aware of the drug and alcohol problems in American, but did not report these kinds of problems in their community. The social workers with whom they worked agreed that drugs were not a problem for these recent Jewish Russian refugees, but disagreed about the degree of alcohol problems in this community.*

Since the United States' accommodation with what was once the Soviet Union, thousands of Jewish refugee families have arrived on the shores of America. For the past few years, New York City alone has seen yearly around 20,000 Russian Jewish families come through immigration (*New York Times*, 1994). The resettlement of these Russian families has become an important endeavor of many Jewish agencies, which have provided help with English-language classes, job training and employment, housing, health, and a myriad of other social service needs.

There has also been some concern about drug and alcohol usage in the Russian refugee community. This concern emanates from two sources. First, the Russian Jewish families are coming from a country where alcoholism has been a serious problem. These questions thus arise: How much have these Russian Jews been affected by living in that milieu, and have they brought drug or alcohol problems with them? Second, this enormous wave of Jewish refugees is coming to a country where drugs and alcohol are readily available, both on the streets

and in stores and pharmacies. The emigres may not have been "inoculated" against the American drug and alcohol culture. What kinds of drug and alcohol prevention programs would best reach Jewish Russian refugee adults, adolescents, and children?

The Russian refugees are entering into an American Jewish community that is itself just beginning to deal with its drug and alcohol problems. Although there are data to support a lower incidence of drug and alcohol abuse among American Jews (Cahalan, 1982; Hyde & Chisholm, 1944; Snyder, 1958), there is ample evidence that addictive behavior may be on the rise in the Jewish community, particularly among younger Jews. For example, one recent study found that Jewish high-school students had the highest incidence of heavy beer drinking as compared to Catholics, Methodist/Lutherans, Episcopal/Presbyterians, and unaffiliated adolescents (Lorch & Hughes, 1985). Another series of studies of Jewish college students found that a high percentage admitted to being frequent users of alcohol—22.5 percent as compared with 28.4 percent of non-Jewish students—and 16.9 percent of the Jewish students reported that they were frequent users of other drugs as compared with 7.1 percent of non-Jewish students (Daum & Lavenhar, 1980, 1986).

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The drugs of choice for both groups included marijuana, cocaine, and amphetamines.

There are other current indications of addiction problems in the American Jewish community. Blume (1986) reported having no trouble locating 100 recovering Jewish subjects for her study of alcoholism among Jews; Mendelson and Mello (1985) showed recent indications of an increase in requests for third party payment for alcohol recovery by Jews; and Kahn and Frankel (1993) have discussed the increasing use of Jewish-oriented Twelve Step programs for a variety of addictive problems.

Not only are Russian Jews entering into American culture but they are also being subjected to the forces that have affected their American Jewish counterparts over many decades. Recent refugees are coming into an America that is quite different from the country to which earlier Jewish emigres came. It is likely that those dynamics currently affecting the addiction behavior of Jews who have been in the United States for generations will also have an impact on these new Jewish arrivals.

It is not clear at this time whether the apparent increase in Jewish addictions is a result of more accurate documentation of what has always been prevalent or whether it really represents an increase in Jewish addictive behavior. Support for the first possibility comes from what has been called Jewish "double denial" (Kahn & Frankel, 1993). People who are addicted to alcohol or drugs characteristically deny they have a problem; Jews add to this denial the idea that members of the Jewish religion are more immune to these problems than other groups. Thus, following this line of reasoning, if a higher drug and alcohol incidence is being found in the Jewish community, it would be because it is currently more acceptable to admit what has always been there; in other words, there has been a "double denial" breakthrough.

The second possibility—that indeed the rate of addiction has increased among American Jews—would suggest there is

something about the general non-Jewish American culture that has adversely affected a heretofore relatively addiction-free Jewish community. Some recent studies have suggested that the extent of commitment to Judaism is directly correlated with alcoholism and drug addiction, offering a kind of "addiction protection" to more committed Jews (Lorch & Hughes, 1985; Snyder, 1958; Unkovic, et al., 1980). Thus, the extent to which Jews have assimilated into a predominantly Gentile American culture and have decreased their participation in Jewish life would account for the current increase in addiction in the Jewish community.

Both of these hypotheses concerning the reasons for American Jewish addictive behavior are profoundly important to helping incoming Russian refugees as they join the American Jewish community. First, an understanding of current Russian perceptions about addictions and the status of their communities' drug and alcohol problems need to be documented; second, this data base needs to be understood as it interacts with what is happening in America and particularly with how America is affecting the American and Russian Jewish community. This interplay of dynamics will affect how well the Jewish Russian refugee community fares in its struggle to avoid drug and alcohol problems in its future generations in this country.

This study begins the process of documenting this interplay of dynamics: assessing the initial drug and alcohol perceptions and addictive problems of newly arrived Jewish Russian refugee adults and teenagers and further comparing these perceptions to those of the social work and health professionals with whom they work.

## **METHOD**

Through a grant from the Union County Department of Human Services to the Jewish Family Service (JFS) of Central New Jersey, in collaboration with a faculty member of the Wurzweiler School of Social Work, and the support of the New Jersey

Jewish Family Service Task Force on Addictive Behavior, a series of workshops were designed for the local Jewish Russian refugee community. These workshops were offered to four groups: adults from the Russian refugee community, teens from the Russian refugee community, social workers involved or interested in Russian refugees, and hospital workers involved or interested in treating Russian refugees. All four programs took place in Elizabeth, New Jersey, where there is a large Jewish Russian refugee population.

Participants for the adult workshop were recruited by mailings, through personal contact with workers from JFS, and advertisements in synagogues and Jewish Community Centers. Teens from the Russian refugee community were recruited through the schools and the local Jewish Community Center. Brochures concerning the workshop for social workers were sent statewide to Jewish family services agencies and other potentially interested groups. The workshop for hospital/health workers was conducted in a local hospital that served the Russian refugees in the targeted community. Flyers and notices were posted about the workshop in that hospital and sent to other health workers in the community as well.

The workshops centered around the presentation of a consultant, an expert in drug and alcohol issues in Russian communities and a former Russian refugee who spoke fluent Russian and English. The topics presented in the workshops for members of the Russian refugee community included assimilation stresses and adjustment reactions, culture shock and unrealistic arrival expectations, the normative use of drugs and alcohol in the former Soviet Union and perceptions of the group of American drug and alcohol use, the danger of turning to increased consumption of alcohol as a means of dealing with stress, and differences between U.S. use of mental health supports and that in the former Soviet Union. The workshops given to the health care professionals and social workers included the fol-

lowing topics: immigration data and background information on Russian Jews; typical drug and alcohol use and attitudes about addiction and mental health within the former Soviet Union, especially in Jewish families; Russian refugee resistance to the use of the U.S. mental health system based on their experiences in the former Soviet Union; aspects of the Russian "kitchen culture," such as the use of family problem-solving meetings around the kitchen table; the need for intervention strategies with Russian refugees that are acceptable both linguistically and culturally; and the need to have Russian-speaking staff available who are trained in drug and alcohol issues.

Before each of the four presentations, a questionnaire was given to participants asking a series of questions about their experience with drug and/or alcohol in their community or professional life and their perceptions of addictive problems in the Russian refugee community. For the adults the two-page questionnaire was printed in the Russian language. The teen questionnaire was written in English. Every effort was made to ensure anonymity and confidentiality. Respondents were asked not to put their name on the questionnaire, the questions were close ended so only check marks were needed, and they were asked to fold their completed questionnaires and put them in a box similar to a ballot box with a small hole in the top.

The questionnaires for the professional workshops had 17 close-ended questions in English. There was no attempt to make their responses confidential, as they were asked questions of a professional nature.

The workshops were not systematically evaluated after they were completed. It was decided that it was asking too much of the Russian participants, particularly, to complete more questionnaires than the ones they had already done at the workshop's inception. In addition, it was the purpose of this study to assess emigre and professional perceptions prior to the workshop intervention, not to test how these workshops affected the participants. However, there was

much anecdotal evidence that participants enjoyed the workshop experiences through active participation in discussions and comments after each workshop.

### **RESULTS**

A total of 102 people participated in the workshops and filled out the appropriate questionnaire: 59 adults and 9 teens from the Russian refugee community; 20 social workers, and 14 hospital staff.

#### **Adults from the Russian Refugee Community**

All of the adults who filled out the forms indicated they were Jewish; they had been in America an average of 4½ years. They were asked a series of questions about their views of drug and alcohol abuse both in America and in the Russian community. Almost 70 percent believed there was a drug problem in America, but only 17 percent thought there was a drug problem in their community; similarly, 42 percent saw an alcohol problem in America, but only 25 percent felt there were alcohol problems in the American Russian community. It is notable that a large percentage did not know whether there was a drug or alcohol problem either in America or in the Russian community.

About one-half of the adult respondents were concerned about their children's drug and alcohol use (54 and 49 percent, respectively), but only 5 percent reported any addictive problem in their family, with 15 percent being unsure. In addition, respondents reported that they knew very few Russian refugees with an addictive problem. Only 5 percent knew someone with a drug problem (24 percent were unsure), and 8.5 percent knew someone with an alcohol problem (30 percent were unsure).

The adults were asked about their experiences concerning alcohol and drug usage in Russia before they emigrated. Almost two-thirds reported they knew people with alcoholic problems in Russia. When asked whether they or members of their family used *more* alcohol in Russia as compared to

now in America, 93 percent said no, with only one person saying yes.

An attempt was also made on the questionnaire to learn more about their family's drinking habits. When asked how often they drank, they responded as follows: never—40 percent; once a month—15 percent; once a week—37 percent; every day—5 percent. They were also asked what types of alcohol were used by anyone in their family: 53 of the 59 respondents reported at least one type of alcohol used by some member of their family, and 16 of these reported two or more (Table 1).

Finally, respondents were asked if they knew where to go for help for a drug or alcohol problem, and whether they felt there was a need for special programs for Russian refugees with alcohol/drug addictive problems (Table 2). Interestingly enough, only 3 percent reported they knew where to go for help; almost half did not, and about 40 percent were not sure.

#### **Russian Teens**

There were only nine respondents in the teen group, and because of the small sample size, it is difficult to generalize from these findings. All were originally from Russia, and they had been in the United States for an average of 2½ years. Generally, they were more certain than the adults that there was an alcohol and drug problem in American and much more certain that there was not a drug or alcohol problem in their Russian refugee community. Additionally, they seemed more certain that there should be special drug and alcohol programs for Russian refugees (Table 2).

#### **Social Workers**

Of the 20 social workers in attendance, 16 were already involved in Russian resettlement work, and 9 had some experience working with clients who had drug or alcohol problems. This group reported they had collectively seen a total of 1,100 Russians professionally in the last six months. They had also collectively seen 28 Russians in the last six months for a drug or alcohol prob-

Table 1. Types of Alcohol Reportedly Used in Russian Refugee Families

Type of Alcohol	Percent Reporting It Used By Someone In Their Family (%)
Cocktails	28.0
Wine	27.1
Vodka	18.6
Beer	14.9
Other	9.3
Rum	1.8
Scotch	0.0
Gin	0.0

lem, or about 2.5 percent of their Russian client population. The respondents were asked to indicate the outreach strategies they had used within the last six months. More than half of the agencies working with Russian refugees had someone on staff who spoke Russian, had met with Russian groups, and had developed special mailings for them.

Finally, workers were asked to rate on a ten-point scale their opinions on three issues: whether there was a drug problem, an alcohol problem, and a need for special drug and alcohol services in the Russian refugee community. "1" indicated a strong no; "10" indicated a strong yes. They could also indicate that they did not know whether there was a problem or need (Table 2). In addition, those workers who had indicated experience in the drug/alcohol area were factored out from those who did not. The social workers generally did not feel there was a drug problem in the Jewish Russian refugee community with whom they worked, even when those with drug and alcohol experience were factored out. However, these workers felt much more strongly that specialized addiction programs were needed for the Russian refugees, more in line with what the teenagers felt than the adults.

#### Hospital Workers

Of the 14 staff who attended the workshop in the hospital, none was involved in Russian resettlement work, but most did have

some drug/alcohol experience, and 2 spoke Russian. When asked if there was a Russian interpreter available to help with Russian refugee patients, four said yes, six said no, and four did not know.

The hospital staff were asked how many Russian refugees they saw on a monthly basis. Collectively, they indicated 14 such patients in the last month. Of these 14, they suspected a drug or alcohol problem in 3 patients (21 percent). When asked whether they had a specialized drug/alcohol treatment resource list for referral of Russian-speaking refugees, only one respondent (7 percent) indicated such a list was available.

Respondents were also asked to check any Russian refugee outreach strategies they might have been involved in, similar to the list in the social worker questionnaire. There were virtually no responses. Hospital workers also rated the same 10-point scale as the social workers concerning their opinions about drug and alcohol problems in the Russian community and the need for special drug/alcohol programs for the Russian refugee community (see Table 2). These health staff felt more strongly than the social workers that there was a drug problem in the Russian community, and were about the same as the social workers in perceiving an alcohol problem and seeing the need for specialized drug and alcohol programs.

#### DISCUSSION

One of the clearest results emanating from this data is what might be called the emigre

Table 2. Responses Relating to Severity of Drug and Alcohol Abuse in the Emigre Community

	Parents N= 59	Teens N=9	Social Workers N=20	Social Workers with A/D Experience N=9	Hospital Workers N=14
			10 pt scale	10 pt scale	10 pt scale
Drug problem in	17% yes	0% yes	<b>4.67</b>	<b>5.57</b>	<b>6.44</b>
American Russian	22% no	89% no	SD=2.74	SD=3.10	SD=2.07
Community	58% don't know	11% don't know	40% don't know		36% don't know
Alcohol problem in	25% yes	11% yes	<b>7.18</b>	<b>7.78</b>	<b>7.01</b>
Russian Community	19% no	78% no	SD=2.32	SD=2.73	SD=1.70
	50% don't know	11% don't know	15% don't know		27% don't know
Drug problem in	68% yes	100% yes			
America	9% no				
	19% don't know				
Alcohol problem in	42% yes	68% yes			
America	15% no	22% no			
	39% don't know	11% don't know			
Do you know	3% yes	77% yes			
where to go	46% no	11% no			
for D/A help	39% not sure	11% not sure			
Special D/A programs	34% yes	67% yes	<b>7.72</b>	<b>7.67</b>	<b>7.17</b>
for Russian Community?	25% no	22% no	SD=2.49	SD=2.78	SD=1.95
	31% not sure	11% not sure	10% don't know		14% don't know

community's equivalent of the "NIMBY" effect (Not In My Back Yard). Both the Russian adults and teens believed that there was a drug and alcohol problem in America, but not in their community. They perceived a very low incidence of alcohol abuse in the emigre community, and an even lower incidence of drug abuse. In addition, when asked if they or their family drank more alcohol in Russia than in America, a resounding 93 percent of the adults said no. Yet, almost two-thirds of the adults acknowledged that they knew alcoholics in Russia.

This result from the adults was somewhat tempered by the uncertainty among half of them whether there was a drug or alcohol problem in the emigre community. Yet, based on what is known about the high incidence of alcohol abuse in Russia, two possible conclusions should be considered.

If there is an alcohol or drug problem in the emigre community that reflects the addiction problems of their Russian counterparts, they might be in a state of double denial, following the same historical pattern of the American Jewish community. However, it may also be possible that their commitment to Jewish life in Russia offered them addiction protection from alcohol and drug problems before coming to America, and their responses reflected that fact. What is disquieting in this study about the Jewish addiction protection hypothesis is that a large percentage of the adults reported they did not know if there was an addictive problem in their community. This uncertainty might better support the double denial hypothesis.

It is also possible that Russian immigrants view alcohol or drug addiction differently than Americans. If, for example, they are used to seeing high rates of drinking in

Russia, they may not realize that what was relatively normal in Russia is called alcohol abuse and alcoholism in America. The high percentage of respondents in the "not sure" category concerning addictions in the emigre community could reflect some confusion about these issues. It was clear, however, that many of the Russian refugee adults were very aware of the drug and alcohol problems in America, if not in their community, but did not feel strongly that special drug and alcohol programs were needed for them.

Another explanation is more basic. Perhaps even with the anonymity and confidentiality that were supposed to be a part of the questionnaire process, the adults and teens may not have responded truthfully.

However, assuming the responses in this study were reasonably truthful, the data showed another interesting result. Russian refugee adults did not know where to go for help or where to refer for alcohol and drug abuse, whereas the teens mostly did. This was true even though the adults reported they had been in America for an average of two more years. There is likely an emphasis put on drug and alcohol abuse prevention in the public schools, to which the adults have not been exposed. Additionally, the teens seemed more certain than the adults that the Russian community needed special alcohol/drug programs. This is especially curious since the teens reported almost no drug or alcohol abuse problems in their American Russian community. This result could represent one of the following: a slippage in the double denial process; that the teens are more aware of addiction problems in America and in their secular peer culture than their parents; or an artifact of the small teen sample.

The social service workers actually verified the perceptions of the Russian refugees concerning drug abuse in the Russian community. As a group, the social workers did not have strong feelings about the existence of drug abuse problems among this particular group of Russian refugees, even when those workers with drug and alcohol experi-

ence were factored out. The social workers involved with this Russian refugee community do not perceive much of a drug problem there.

The hospital workers showed a stronger inclination to perceive drug problems in the Russian community. Although a much higher percentage had drug and alcohol experience, they had almost no experience in working with Russian refugees. Thus it is not clear on what they were basing their perceptions, except perhaps a belief based on their general drug treatment experience that there is a drug problem in America and that refugees should not be immune to it.

There was, however, an apparent consensus among all of the professionals that there was some problem with alcohol abuse in the Russian refugee community. Their ratings put the perceptions of the Russian adults and teens at odds with the social work professionals with whom they work.

There was also a consensus among all of the professionals that there was a need for special drug and alcohol abuse programs for the Russian refugee community. This perception was roughly in line with what many of the teen Russian refugees suggested, but was at odds with the adults.

### IMPLICATIONS

The findings from this study have a number of implications for both policy and practice with the emigre community. First, it seems clear that the Russian refugees do not share the same perceptions as professionals about the incidence or severity of alcohol abuse in their community. Thus, professionals perceiving such a threat to emigre families may face some resistance in developing alcohol prevention and treatment programs. In addition, even though there seems to be more agreement between Russian refugees and professionals about the incidence and severity of drug abuse in the emigre community, it is still imperative that this New American community take the potential of drug abuse very seriously. With the plague of drug and alcohol abuse occurring in America, there is no reason why newly arrived Russian Jew-

ish families will be immune, any more than their American Jewish counterparts have been in recent years.

The emigre community may be in double denial of alcohol addiction, but may have the Jewish addiction protection for drug addiction. If further studies support this concept, it would direct professionals working with the Russian Jewish community to design more active education and treatment interventions for alcohol and more prevention programs for drugs.

The results from this study did present a real beacon of hope for professionals looking to help Russian Jewish refugees become more involved in drug and alcohol prevention and treatment. Fully one half or more of the adult respondents suggested they were not sure whether there was a drug or alcohol problem in their community. This group of uncertain people, combined with those who felt there definitely was a problem, represented about 75 percent of the adult respondents. In addition, over 65 percent of the emigre respondents either wanted more drug and alcohol programs or were not sure whether they were needed. If these percentages are supported by further investigation, this group would represent a large majority of Russian refugees who might be open to specialized drug and alcohol prevention and/or treatment programs. In fact, one might take this finding to suggest that the emigre community is asking for help in dealing with addiction issues. Should such be the case, it will be up to those agencies dealing with Russian Jewish refugees to provide more specialized and targeted drug and alcohol prevention and treatment services to support the successful short- and long-term assimilation of Russian refugees into America and into the American Jewish community.

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