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Therapeutic communities for drug addicts in Israel: comparing addicts born in the Former Soviet Union and in Israel

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Abstract

Purpose – *The purpose of this paper is to focus on comparing background characteristics, self-efficacy, and family support of immigrants from the Former Soviet Union (FSU) and of veteran Israelis who join therapeutic communities in Israel, and their adjustment to these communities. The aim of this research was to examine whether therapeutic communities are an appropriate rehabilitative setting for immigrants who come from a different cultural background.*

Design/methodology/approach – *The study sample consisted of 213 people with addictions, who were being treated in therapeutic communities in Israel: 110 were Israeli-born and 103 were immigrants from the FSU. The data in the present study are based on questionnaires, which the participants completed upon their arrival into the communities: socio-demographic data; perceived self-efficacy in resisting the temptation of drugs; and family support. The dropout rates from the therapeutic communities were also examined.*

Findings – *The findings indicate that the addicts who immigrated from the FSU had lower self-efficacy in resisting high-risk drug situations as well as lower levels of family support, whereas the dropout rate from the treatment program was considerably higher among the Israeli-born participants.*

Originality/value – *The findings suggest that the therapeutic community is an appropriate setting for addicts from the FSU, and that they had a lower dropout rate than did the Israeli-born addicts. Thus, the main value of this research is that it suggests that the communities are an appropriate rehabilitative setting for the immigrants.*

Keywords *Israel, Drug addiction, Rehabilitation, Therapeutic communities, Self-efficacy, Family support, Former Soviet Union, Addicts, Dropout rates, Adjustment*

Paper type *Research paper*

Introduction

Between 1990 and 1997, approximately 710,000 immigrants arrived in Israel from the Former Soviet Union (FSU) (Leshem and Sikron, 1998). Among these immigrants were many drug and alcohol addicts. While there is not much documentation regarding the scope of the phenomenon (Levi, 2003; Levinthal and Jacobi, 1999), some of the data that does exist comes from a study conducted in 1999 and 2000 by Isralowitz and Borkin. This study looked at 152 immigrants, primarily from Russia and Ukraine, and found that 97 percent of them reported immigrating to Israel already addicted to drugs and/or alcohol. In addition, the Israel Department of Welfare (2007) reported that 40 percent of drug/alcohol addicts treated in 2006 in therapeutic communities were born in the FSU. Some of these individuals were already addicted on arrival, and had been released from prisons or psychiatric hospitals prior to immigration. Some had immigrated in the hope that the transition to a new country would help cure them. Others hoped to enter addiction treatment centers, which do not exist in their country of origin (Levinthal and Jacobi, 1999). Others, over time, became addicted to drugs and alcohol.

Many countries share the need to develop interventions for immigrant populations (Westermeyer, 2005), a need which has given rise to the recent development of a

therapeutic approach tailored to the clients' culture (Mallow and Cameron-Kelly, 2006). This approach necessitates the recognition and understanding of the prevailing cultural codes, thought patterns and attitudes toward addiction and treatment in the country of origin, in order to adapt services to the immigrant population's needs. The literature shows that the approach to drug addiction treatment in the FSU is based on the treatment of the more prevalent problem of alcoholism, an approach which views addiction as an illness and therefore seeks to treat it medically. Knowledge of psychological and social factors is lacking, particularly regarding family dynamics, which affect addiction (Kagan and Shafer, 2001). In Israel, however, the approach is bio-psychosocial, enabling a holistic treatment of addiction, and taking into account medical, intrapersonal, interpersonal, familial and social aspects (Hovav, 2002).

In light of the differences in perceptions of addiction and their implications for the successful operation of therapeutic interventions, the present study focused on comparing the characteristics of immigrants from the FSU and veteran Israelis who join therapeutic communities in Israel, and their adjustment to these communities. The study focused on personal and family variables which represent the ecological system of people with addictions. On the individual level, we examined characteristics of drug use and perceived efficacy in resisting the temptation of drugs. On the family level, we examined the extent to which the person with the addiction received family support. In addition, we compared the two groups' dropout rates from the therapeutic communities.

Therapeutic communities for drug addicts

The therapeutic community is a closed, long-term institutional framework, where drug addicts stay for 12-18 months. In addition to bringing the addicts' drug use to an end, the community also aims to teach the residents new behavior and ways of thinking, as well as a new lifestyle, which will enable their integration into normative society (Benbenishty and Amram, 1995; Yablonsky, 1989).

A major problem in the treatment of drug addicts in therapeutic communities is "dropout". Dropout means quitting treatment before the process of rehabilitation has been completed (Amram, 1999; Benbenishty and Amram, 1995; Sansone, 1980). In the present study, no distinction was made between voluntary dropout, when clients chose to leave, and forced dropout, when the community forced them to leave due to incompatibility with the framework. In practical terms, dropouts ceased to receive support and guidance: two factors which promote the rehabilitation process. Therefore, the higher the dropout rate from the program, the slimmer the chances of success in achieving the treatment and rehabilitation goals (Amram, 1999; Benbenishty and Amram, 1995; Sansone, 1980).

Drug use characteristics

It has been shown that FSU immigrants' drug consumption is usually accompanied by a significantly greater amount of alcohol consumption than that of Israeli-born individuals.

This finding is supported by surveys which were conducted by the Israel Anti-Drug Authority in Israel during the years 1992, 1995, and 1998 (Rahav *et al.*, 1995). When assessing the prevalence of the use of psychoactive substances among adults aged 18-40, they found that the percentage of FSU immigrants who consumed liquor was significantly higher than that of their Israeli-born counterparts. This was especially true of the immigrants who came to Israel in 1989, when the massive FSU immigration began. Findings show that 84 percent of FSU immigrants in the 18-40 age group were consuming liquor, as compared to 63 percent of the Israeli born population. This trend has continued, as manifested in the most recent survey, conducted in 2009 (Bar-Hamburger *et al.*, 2009).

Studies have also shown that FSU immigrants administer drugs to themselves primarily via injection (97.5 percent, as compared with 46.0 percent of the Israeli-born addicts) (Levinthal and Jacobi, 1999), and that most of them share needles (Levinthal and Jacobi, 1999). Sharing needles with other users increases the risk of contracting infectious diseases such as AIDS and hepatitis (Habib *et al.*, 1999; Isralowitz, 2001; Isralowitz *et al.*, 2007; Levi, 2003; Levinthal and Jacobi, 1999).

The characteristics that seem to typify substance abuse among FSU immigrants – massive alcohol consumption, drug injection via shared needles – led us to assume that FSU immigrants had more severe patterns of addiction than their Israeli-born counterparts.

Perceived self-efficacy in resisting the temptation of drugs

Bandura (1977) viewed human behavior as the interaction between cognitive, behavioral and environmental factors. One of the primary personality attributes that Bandura studied was self-efficacy, a characteristic relating to people's assessments of the likelihood that they would engage in various behaviors under certain circumstances. Another relevant concept relates to the relationship between the individual's actual efficacy and the "efficacy expectation" behavior pattern (Bandura, 1977, 1981). In the context of drug addiction treatment, efficacy expectation can predict the client's future ability to resist the temptation of drugs.

The process for treating drug addicts in the therapeutic community was formulated along the lines of Bandura's approach. A long enough stay in the community allows the addicts to become familiar with all of its different aspects, such as alternative strategies that can facilitate coping with risk situations (Michael, 2007) and enhance the sense of self-efficacy. Research findings have indicated that length of stay in the therapeutic community is a major factor contributing to self-efficacy in resisting the temptation of drugs. The longer people stay in the community, the more confidence they gain in their ability to resist (Benbenishty and Amram, 1995).

Addicts who are FSU immigrants view treatment as less effective than Israeli addicts do (50 percent as compared with 29.6 percent of the Israeli-born addicts) and therefore do not usually request institutional treatment. Since foregoing treatment can result in acquiring fewer coping strategies which enhance one's sense of self-efficacy (Levinthal and Jacobi, 1999), we assumed that the FSU immigrants would have lower levels of self-efficacy than Israeli-born addicts, making it harder for them to resist the temptation of drugs when they entered the community.

Family support

Family support includes behaviors such as sympathy, encouragement, love, comfort and relief, all of which provide a sense of security (Nowinski, 1990). The important role played by the family in ensuring the success of treatment was highlighted in studies that have examined the contribution of family support before, during, and after the therapeutic process (Ellis *et al.*, 2004; Wells *et al.*, 1991). These studies suggest that the extent of family assistance and support can influence the rehabilitation process, as addicts usually stay with their parents both before and after the process.

Family support is crucial not only for dealing with drug addiction, but also for many of life's difficult passages, including immigration, a process which individuals from the FSU underwent when they moved to Israel. Studies have shown that the higher the level of family support is, the better the immigrant's adjustment to his new life will be (Kauschinsky and Goldman, 1997; Mirsky *et al.*, 2000). However, the difficulties accompanying immigration often pose a burden for the parents and adversely affect their ability to function, including their ability to provide support for their children (Mirsky *et al.*, 2000; Slonim-Nevo and Mirsky, 2002). It is perhaps also particularly challenging for these parents, who come from a culture that emphasizes compliance and self-control and tends not to tolerate deviant behavior, to accept and/or assist a drug-addicted family member (Mirsky and Prawer, 1992). Hence, it is possible that addicts from this population will feel that they cannot return to their families until they have cured their addictions. Addicts whose families from the FSU might already, for a variety of reasons, have difficulty providing support for them might therefore receive less family support than Israeli-born addicts.

The present study

The Ministry of Welfare and Social Services' demographic summary data for 2006 indicated that 40 percent of the residents in therapeutic communities that year came from the FSU. The present study aimed to examine the individual and family characteristics of immigrants from the FSU with addiction, at the time they entered the community. In addition, the dropout rates from therapeutic communities were examined.

Our first hypothesis was that substance-abusing FSU immigrants would display more severe patterns of addiction than Israeli-born participants, and that perceived self-efficacy in resisting the temptation of drugs and levels of family support would be lower among FSU immigrants than among Israeli-born youth. The second hypothesis was that dropout rates from therapeutic communities would be higher among FSU immigrants than among Israeli-born youth.

Method

Participants

The study sample consisted of 213 people with addictions, who were being treated in therapeutic communities throughout Israel: 110 were Israeli-born and 103 were FSU immigrants who arrived in Israel in the early 1990s. The participants comprised approximately 70 percent of the people with addictions who had entered all of the therapeutic communities in Israel between January 2006 and August 2007.

Data were collected up to a week after the participants' arrival in the community. Of the people who entered those communities, 91 did not participate in the study, because they did not meet the inclusion criteria. They were either unavailable or unable to respond to the questionnaires during the first week of their stay in the communities, they were neither Israeli-born nor FSU immigrants, and they were not alcoholics or people dealing with both drug addiction and mental illness.

Most of the participants in the study were men ($n = 178$), and the remainder were women ($n = 35$). Participants ranged in age from 18 to 55 years ($M = 30$ years of age), and their average level of education was ten years of schooling. Significant differences between the groups were found in age, marital status, number of children, and education level. Israeli-born participants were older than those who immigrated from the FSU: $M = 34.4$, $SD = 8.9$ versus $M = 26.6$, $SD = 6.6$, respectively; $t = 7.06$, $p < 0.001$. Among the group of immigrants, the number of unmarried participants was greater than among the Israeli-born group ($n = 72$, 69.9 percent versus $n = 61$, 55.5 percent, respectively): $\chi^2 = 7.76$, $p < 0.01$. In addition, the number of Israeli-born participants who had children was greater than the number of immigrants who had children ($n = 54$, 49.1 percent versus $n = 32$, 31.4 percent, respectively): $\chi^2 = 6.89$, $p < 0.05$. Finally, the number of years of schooling was lower among the Israeli-born participants than among the immigrants: $M = 9.5$, $SD = 2.7$ versus $M = 10.9$, $SD = 2.3$, respectively; $t = 3.89$, $p < 0.001$. These differences were controlled for while comparing between the groups.

Instruments

Socio-demographic questionnaire. The questionnaire included the following socio-demographic data: gender, age, number of years of schooling, marital status, number of children, and number of siblings. In addition, the questionnaire included other data relating to the severity of the individual's addiction, such as: use of alcohol and drugs (types of drugs, modes of drug use, addiction career, and age at which drug use began).

Perceived self-efficacy in resisting the temptation of drugs (Annis and Martin, 1985). The questionnaire contained 30 items examining the expectations of people being treated for addiction in terms of their ability to resist the temptation of drugs (for example: "I'm sure I can resist the temptation and will not use drugs even if I am bored"). The questionnaire was translated into Hebrew by Benbenishty and Amram (1995). For each item, participants were asked to evaluate their self-efficacy in resisting the temptation of drugs on a five-point Likert scale ranging from 0 ("I'm sure I cannot resist the temptation and will begin using drugs") to 5 ("I'm sure I can resist the temptation and will not use drugs"). The items related to four dimensions:

1. unpleasant feelings (e.g. depression, a feeling of "no way out");
2. pleasant feelings (situations associated with having fun, such as happiness, security, mellowness);

3. conflict with others (e.g. tension, rejection); and
4. social pressure to use drugs.

The Cronbach's α internal consistency of the four components was high (between 0.89 and 0.94). The correlations between the four components were also high. Due to the high correlation which was found between unpleasant feelings and conflict with others, these two components were combined into one, which was referred to as "negative feelings." In addition, one overall score for the entire questionnaire was derived by calculating the mean of the evaluations on all 30 items. The Cronbach's α for internal consistency for that index was high (0.97).

Family support (PSS-FA; Procidano and Heller, 1983) included 20 items, which examined perceived social support from family (for example: "My family enjoys hearing what I am thinking about"). For each participant, one score was derived by calculating the mean score on all of the items in the questionnaire: the higher the score, the stronger the participant's perceived social support from the family. The questionnaire has been used with various Israeli populations (Schiff, Schiff, & Mintzer, 1995). Cronbach's α in the current study was $\alpha = 0.90$.

Procedure

Data collection began in January 2006 and ended in August 2007. The Addiction Service of the Ministry of Welfare and Social Services, which supervises the therapeutic communities, approved access to the members of these communities. In addition, the research was supervised by a steering committee consisting of the Director and Deputy Director of the Addiction Service, as well as representatives and directors of the services.

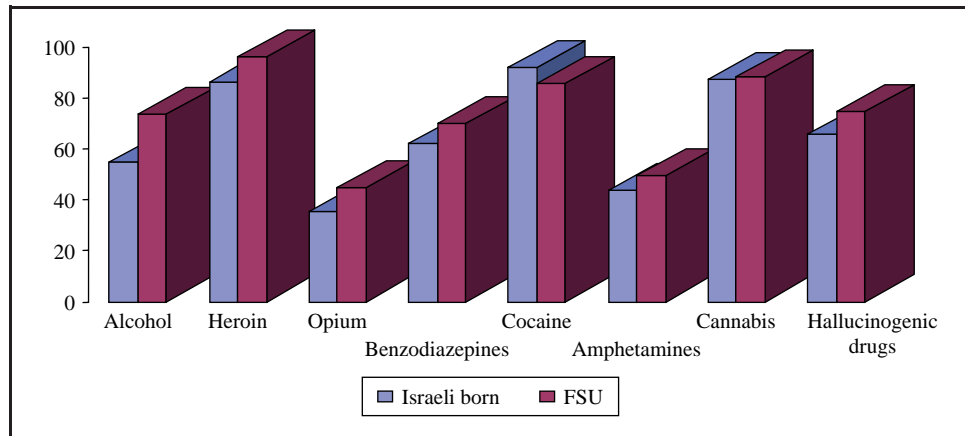
Research assistants who worked in the communities (social workers, counselors and a nurse) distributed the questionnaires. All of the assistants were briefed by the first author. Participants signed a consent form to participate in the study.

Results

Differences between Israeli-born addicts and FSU immigrants

Characteristics of drug use upon entry into the community. Figure 1 shows the distribution of drug use amongst the two groups of participants, by type of drugs used. It indicates that most of the addicts used heroin (91.1 percent), cocaine (98.7 percent), and cannabis (87.8 percent). Smaller percentages of participants used hallucinatory drugs (70 percent), benzodiazepines (65.7 percent), and alcohol (63.8 percent), and even fewer used amphetamines (46.5 percent) and opium (39.9 percent). Regarding the use of alcohol, χ^2 tests revealed significant differences between the two groups of participants ($\chi^2=0.53, p < 0.01$), and in the use of heroin ($\chi^2=6.22, p = 0.05$): the frequency of alcohol and heroin use was higher among

Figure 1 Distribution of use of different types of drugs by research groups



immigrants from the FSU than among their Israeli-born counterparts. Regarding the other types of drugs, no significant differences were found between the two groups.

Of the four modes examined in the study, the most serious was injection, followed by chasing, smoking, and snorting. In addition, the most serious mode of drug use performed by each participant was examined (For the distribution of modes of drug use for the participants in both study groups, see Figure 1). χ^2 tests comparing modes of drug use among the two groups of participants revealed significant differences: ($\chi^2=57.98, p < 0.001$). As shown in Figure 1, the prevalence of injection was higher among the immigrants from the FSU, whereas the prevalence of smoking and chasing was higher among the Israeli-born participants.

In addition to examining types of drugs and modes of drug use, the participants' length of drug-free time before entering the community was examined, and a significant difference was found between the two groups. Among the Israeli-born participants, the number of drug-free days was higher ($M=114.62$) than among the participants from the FSU ($M=96.97$).

Perceived self-efficacy in resisting the temptation of drugs. Perceived self-efficacy was examined based on four measures: an overall score, and scores on the three components: negative feelings, pleasant feelings and social pressure. MANOVAs for the three components revealed significant differences between the Israeli-born participants and the immigrants: $F(3, 209) = 2.86, p < 0.05$. In addition, a significant difference was found between the two groups on the overall score: $F(1, 211) = 6.04, p < 0.05$. Table I presents the means and standard deviations for perceived self-efficacy in resisting the temptation of drugs, as well as the findings of the analyses of variance. As can be seen, significant differences were found in all of these measures: the means were higher for the Israeli-born participants than for the immigrants. In other words, the Israeli-born participants experienced fewer negative feelings and less social pressure than the immigrants. Concomitantly, the Israeli-born participants experienced more positive feelings and generally appeared to perceive themselves as better able to resist the temptation of drugs compared to the participants from the FSU.

Family support. One-way MANOVA revealed a significant difference between the two groups in regard to this variable. Table I indicates that the mean scores for family support were higher among the Israeli-born than the FSU participants.

Dropout rates. Figure 2 shows that the dropout rate from the therapeutic communities was higher among the Israeli-born participants than among the immigrants: 48 participants from the FSU remained in the communities (47 percent of the immigrants from the FSU who had entered the communities), versus 33 Israeli-born participants (30 percent of the Israeli-born participants who had entered the communities). Mantel-Cox χ^2 tests revealed a significant difference between the Israeli-born participants and the immigrants from the FSU.

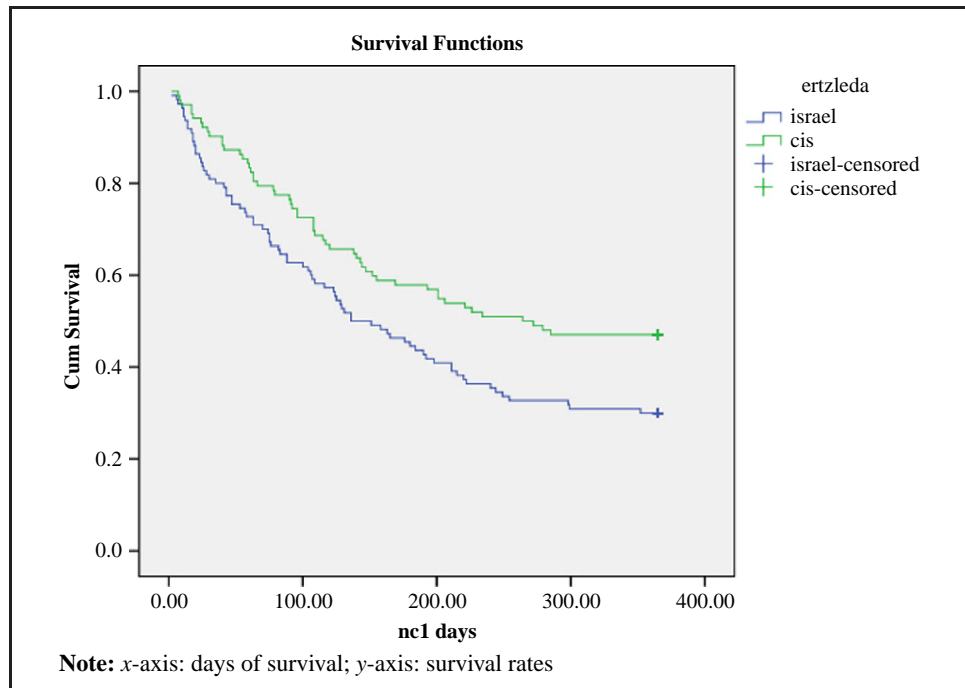
Discussion

The findings indicate that the immigrants from the FSU were younger than the Israeli-born participants and had more years of schooling, fewer children of their own, and fewer siblings

Table I Means and standard deviations of perceived self-efficacy in resisting the temptation of drugs and family support, and results of analyses of variance

| Indices | Israeli-born | | Immigrants from the FSU | | $F(1, 211)$ |
|-------------------|--------------|------|-------------------------|------|-------------|
| | M | SD | M | SD | |
| Overall score | 2.19 | 1.45 | 1.73 | 1.31 | 6.04* |
| Negative feelings | 1.50 | 2.11 | 1.67 | 1.36 | 4.88* |
| Pleasant feelings | 2.97 | 1.67 | 2.47 | 1.52 | 5.20* |
| Social pressure | 1.71 | 1.62 | 1.17 | 1.36 | 6.85** |
| Family support | 3.05 | 0.88 | 2.77 | 0.78 | 5.86* |

Note: Significant at: * $p < 0.05$ and ** $p < 0.001$

Figure 2

in their families of origin. These characteristics are consistent with the general profile of immigrants who arrived in Israel from the FSU during the 1990s (Leshem and Sikron, 1998).

More severe characteristics of drug use were revealed among immigrants from the FSU than among their Israeli-born counterparts. The proportion of participants from the FSU who used alcohol and heroin was greater than that of the Israeli-born participants. Heroin is considered to be one of the harshest and most addictive drugs in existence, and heroin addicts develop a high tolerance for the drug (Inaba and Cohen, 2004). In addition, it was found that the main mode of drug use among immigrants from the FSU was injection. Notably, injection is considered to be the most serious mode of drug abuse “because it bypasses most of the body’s natural defenses, thereby exposing the user to many health problems, such as hepatitis B and C, abscesses, HIV infection, and undissolved particles or additives that can cause embolisms, infections, or other illnesses” (Inaba and Cohen, 2004, pp. 44-5).

Another difference between the two groups was manifested in alcohol consumption: the number of immigrants from the FSU who consumed alcohol was higher than the number of Israeli-born participants who did. This finding might be attributed to the apparent pervasiveness of alcohol in Russian culture, where it is said that 15 million out of 148 million people are considered to be “chronic alcoholics” (Kagan and Shafer, 2001). Alcohol has a destructive effect on liver function, the digestive system and the heart. It can also cause cerebral deterioration and even death (Inaba and Cohen, 2004).

Regarding perceived self-efficacy in resisting the temptation of drugs, the findings indicate that at the time they joined the therapeutic communities the participants’ levels of perceived self-efficacy in resisting temptation were lower among the immigrants from the FSU than among their Israeli-born counterparts. The first stage in coping with the temptation of drugs is acknowledging the problem of addiction. Given the cultural background from which they came, where heavy alcohol consumption may have been seen as a natural part of life, it is possible that some of the FSU immigrants did not consider themselves to be “addicted,” nor did they see addiction as a problem requiring special attention or treatment. In addition, their family members might not have been aware of the symptoms of the problem or of

intervention strategies (Kagan and Shafer, 2001; Leipzig, 2006). Therefore, it would be difficult for them to identify a family member with addiction or refer him/her for treatment (Kagan and Shafer, 2001; Leipzig, 2006).

The second stage of coping with the temptation of drugs involves the need for former addicts to adopt coping strategies which would help them identify dangerous situations that might cause them to return to drug use (Annis and Davis, 1988). As previously noted, FSU immigrants do not usually request institutional treatment, and therefore acquire fewer coping strategies (Levinthal and Jacobi, 1999) to help them resist the temptation of drugs. They might then drop out of treatment altogether, at which point they would no longer receive the support and guidance necessary for the continuation and completion of the rehabilitation process.

The findings revealed that when the participants entered the therapeutic communities, the immigrants from the FSU reported significantly lower levels of family support than did the Israeli-born participants. A possible explanation for this finding relates to the process of immigration as experienced by the families of the addicts who moved to Israel from the FSU. Even the smoothest immigration experience is disruptive and can result in markedly changed family roles and family life patterns: the parents might become disoriented in their new environment and lack confidence in their ability to function as parents. As a result, their children may be forced to cope with their new society and environment on their own, without support (Slonim-Nevo and Mirsky, 2002).

In summary, it appears that when the FSU immigrants entered the therapeutic communities, they were already at a higher risk for severe drug and alcohol use than were their Israeli-born counterparts. In addition, they had fewer coping resources than the Israeli-born participants, their perceived self-efficacy in resisting the temptation of drugs was lower, and they received less family support than the Israeli-born participants.

Despite these disadvantages, the percentage of immigrants who completed the treatment process was higher than the percentage of Israeli-born participants. This finding might be attributed to differences between the two groups in terms of their ability to adjust to the therapeutic community setting. Notably, the structure of the therapeutic community may have been similar to the family and social environment that prevailed in the FSU, where the immigrants were raised. The immigrant participants' parents had grown up under the Communist regime (Slonim-Nevo *et al.*, 1999), and as a result may have exerted authority by setting rigid boundaries and imposing prohibitions on their children, even to the point of isolating the child and ignoring the child's needs (Leipzig, 2006). Shor (2000) interviewed 273 FSU immigrant parents in Israel and presented them with situations describing children's misbehavior. In response to these scenarios, the FSU immigrant parents were most likely to suggest as disciplinary methods either setting "restrictions" for the child and/or "ignoring" the child (Leipzig, p. 225). Consistent with the idea of "restrictions", the therapeutic community setting is structured and clear, and therefore perhaps a familiar setting for the FSU immigrant population. The counselors, some of them former addicts, adhere to strict rules and regulations as manifested in the planning of times, places and goals of the various activities (Sela, 2002). Additionally, because FSU immigrants were educated in a system that emphasized self-control, cognitive functioning, and higher education (Mirsky and Praver, 1992), it can be assumed that they might have been more open to the cognitive and behavioral therapeutic approaches applied in the therapeutic communities, which also focused on those aspects.

Some limitations of the study need to be mentioned. Although the studied FSU population included individuals from different states within the FSU (states that perhaps differed in terms of their characteristics and norms), they were treated in the study as one homogeneous group, in light of the difficulty involved in conducting statistical analyses among a large number of small subgroups.

Second, we related to all the therapeutic communities as if they were one and the same. However, in two of the communities, the treatment process lasted eight months, and in the others, it lasted one year. In addition, as mentioned in the introduction, each of the communities emphasized specific aspects unique to them, and this emphasis might have

affected the therapeutic process as well as the research variables. Notwithstanding these limitations, however, the external validity of the study was high, as it included all the communities serving drug addicts in Israel.

To summarize, the findings of the study revealed that the percentage of immigrants from the FSU who remained in the communities until treatment was complete was higher than that of the Israeli-born participants. This finding suggests that the communities are an appropriate rehabilitative setting for immigrants from the FSU. In addition, these individuals were characterized by relatively low levels of family support, and their perceived self-efficacy in resisting the temptation of drugs was lower than that of the Israeli-born participants. Thus, it would be worthwhile to develop programs aimed at familiarizing these participants with the therapeutic community setting and preparing them for the process. The programs would emphasize the importance of treatment in general, and focus on teaching the FSU immigrants strategies for resisting the temptation of drugs.

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