

Russian Substance Abusers in Transition:
New Country, Old Problems

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"Dad, now that vodka is so expensive, will you drink less?"
"No, my son, you will eat less." (Russian Joke).

The Commonwealth of Independent States (C.I.S.), formerly called the Union of Soviet Socialist Republics (U.S.S.R.), has one of the highest incidences of alcoholism in the world (Segal 1990). Concerns about alcohol consumption have been evident as early as 1917, when the Russian Tzar, Nicholas II, implemented prohibition (Segal, 1987). The recent political changes in the C.I.S. and the collapse of the Soviet ideology have radically changed the lives of its people and have led to an increase in social problems, including substance abuse, HIV and AIDS (McGrath, 1991). As the doors to the West opened, Soviet immigrants entered a world that had been previously forbidden, bringing their problems with them (Castex, 1992). Clinicians may, thus, find themselves dealing with recent arrivals from Russia and other Republics with limited experience, information, and/or guidance regarding such clients.

The purpose of this chapter is twofold: to explore both the historical and cultural heritage of excessive drinking and drug use in the former Soviet Union and determine the impact of the communist government and its downfall on the abuse of substances, particularly alcohol. The authors will describe the common cultural, social, economic, and ideological aspects of the former Soviet citizen and the implications for therapeutic interventions with substance abusing immigrants from the countries within the former Soviet Union.

BRIEF HISTORY OF THE FORMER SOVIET UNION

The former Soviet Union, now the Commonwealth of Independent States (C.I.S.), is the largest country in the world. The vast area that makes up this country is 8.6 million miles, which is larger than the United States and Canada combined. There are hundreds of different ethnic groups in the C.I.S.; the most numerous are the Russians, although they make up only one half of this entire nation of people. There are dozens of nationalities, from dark-complexioned Muslims to Eskimo-like tribes in the Arctic. There are Ukrainians, Byelorussians, and smaller ethnic

groups, such as the Tartars, the Mongols, and Chinese. There are 112 different languages officially recognized by the census bureaus with many more dialects.

In addition to political changes, the C.I.S. is undergoing tremendous social upheaval. Until recently, central Moscow was a scene of shoving shoppers who were crowded into empty stores or who waited in line for hours for a piece of meat for the family dinner. Today, there are still crowds, but the shops are filled with bright colors and flashy fashions. Russians now have some money and are no longer at risk of being arrested by the secret service when trying to spend it. Russians, who were once worried about American nuclear bombs, are now more concerned about the plight of their own nuclear weapons falling into the hands of former Communist leaders or from further power plant explosions like Chernobyl. Lenin still lies in his Red Square mausoleum, but the line is now longer at the Moscow branch of McDonald's. Hundreds of monuments to the Soviet founder have been torn down, and the city of Leningrad has returned to its original name of St. Petersburg, after its founder, Peter the Great (Benn, 1997). Meanwhile, the former Communists are now free to practice their religions and are returning to the few remaining churches to worship. Some are even sending their children to religious studies.

For the ordinary person, the biggest change in this country has been the freedom to speak - and to starve. When Yeltsin changed prices, which had been frozen for 30 years, inflation went wild. Suddenly, milk, which had been sold for 30 kopecks (1 ruble = 100 kopeks), was now selling for 2 rubles; and that was if it could be found at all. A 5-kopeck bus ride rose to 50 kopecks. Women who stashed 1,000 rubles under their mattresses for their funerals suddenly found their life savings would not even buy a meal for the wake. For the first time, there were beggars in the streets while new wealthy Russians drove by in their Mercedes,. And alcohol and drug abuse became a daily scene in local neighborhoods (Benn, 1997).

Since the October 1917 revolution, and until Mikhail Gorbachev cracked open the wall of the Iron Curtain and came to power in March of 1985, the political life of this country has been ruled by the Communist Party. Following the overthrow of the Tzarist rule of Nicholas II, Lenin,

Trotsky and the Communist Party established the Soviet Union as a federation in 1922 under a complex hierarchy of republics and national areas. While each subdivision was able to establish its own Constitution, with the head of that republic a native, the deputy of the region would be a Russian with close links to Moscow and would remain under the disciplined rule of the Communist Party (Moore, 1989).

It took Gorbachev three years to replace the old, hard-line Communists when he began his restructuring program, "Perestroika". In the Spring of 1989, the Soviet people were allowed to vote in a multi-candidate election. The Communist Party was still the only political party; but, for the first time since 1917, the people could - and would - vote against it.

Recent Soviet history can be divided into three major periods: 1) the period of general stagnation (or the period of slow erosion), associated primarily with the Brezhnev era; 2) the Period of Perestroika and Glasnost, or reconstruction and openness (often referred to as the period of dismantling and dismay) under Gorbachev; and 3) the collapse of Communism and the Soviet Union (which can be viewed as a period of total disillusionment and disorientation) under the current leadership of Boris Yeltsin. Each of these periods impacted the social attitudes, norms, behaviors, and values of the former Soviet citizens as well as their mental health and the use of substances (Kissin, 1991).

The Stagnation Period

The "stagnation period" was characterized by the political "cold war", social stagnation, and the "slow erosion" of the economy. This politically authoritarian period lasted from 1960 until the mid-80's. These dynamics led to mental conflicts and social isolation among the Soviet people. People felt mistrustful toward authority figures and society in general, while trying to maintain traditional family values and beliefs and hope for a better Communist way of life. On the emotional level, hostility was suppressed because it was unsafe to express it openly. Behaviorally, there was a tendency toward general passivity along with attempts to utilize and manipulate the system to obtain basic human needs and services such as food, housing, and

medical care. Intoxicating substances were used to cope with the pervasive feelings of powerlessness and insecurity.

The Dismantling Period

The period, known as the era of Perestroika and Glasnost, began with Gorbachev's rise to power in the mid-1980's and opened previously censored doors to the West. This opening led to exposure and an international awareness of the crimes and abuses of previous political leaders as well as the problems perpetuated by the current one. Psychological reactions during this period included disillusionment with the Communist ideology and hope for the emergence of some democratic values. Emotionally, there was much fear and anxiety about the future of Russia as well as feelings of being fooled, manipulated, and victimized by their leaders (Kissin, 1991).

For the first time, many began to question traditional family values and ties and openly expressed hostility towards authority. Physical confrontation and violence, both in the family and in the streets, became more prevalent. An increase in extra-marital affairs, in substance abuse, and in drug addiction among teenagers also became evident. Open sexual promiscuity, prostitution and freedom of sexual expression increased the prevalence of, and contributed to the spread of, HIV and AIDS (Specter, 1997).

The Disorientation Period

The years between 1992 and 1997 have been characterized as the Disorientation Period as evidenced by the total collapse of the Soviet system. The cognitive response to this was described as one of confusion and disorientation, with a corresponding emotional reaction of panic and fear. Behaviorally, this stage of disorientation resulted in a hoarding of material possessions and an unprecedented desire (and opportunity) to flee Russia. The decline of traditional beliefs and values, spiritual emptiness, and interrupted societal development forced the former Soviets to abandon their roots, ideologies, and ethics. These factors resulted in further increase in alcohol and drug abuse among the Russian population (Kagan, 1995-6).

Religion

The atheist propaganda promoted by the Communist Manifesto attempted to keep the Soviet people from openly practicing their different religions. Consequently, many Russian Orthodox grandmothers kept their religious icons, Bibles, and candles hidden. They often took their children and grandchildren to be baptized in secret. Likewise, many Jewish families secretly tried to practice their religious traditions and observe their holidays at great risks to themselves and their families. The majority of the former Soviets, however, grew up without any religious or spiritual beliefs. Even Alcoholics Anonymous meetings, which emerged after “Perestroika”, were held in secret because the “higher power” concept was viewed as quasi-religious by the Communist regime.

DRINKING IN PRE-REVOLUTIONARY RUSSIA

It has been said that vodka is the lifeblood of the Russian culture and, conversely, that drinking is the Russian curse. For hundreds of years, bingeing was characterized as a "Russian style" of drinking. Russia has been called the land of the endless toasts and a nation of male bonding through the bottle. While professional literature on Russian and Soviet pianstvo (drunkenness) is limited, drinking to get drunk is an important Russian custom that has been documented since ancient times.

In pre-Revolutionary Russia, it was considered safer to drink alcohol than water. It was believed that rum, gin and brandy were nutritious and healthy. "Spirits" were viewed as being able to cure colds, fevers and snake bites. Drinking alcohol enabled hard working laborers to enjoy a moment of happy camaraderie, and public intoxication was customary. As pointed out by Segal (1990), "Communal intoxication was an important social custom among ancient Slavic tribes. All events of public significance - from wedding celebrations to religious holidays - were ritualized with alcohol. When a Slavic child was born, or when he grew up, when seeds were planted, or when the harvest was in, when the enemies were dispersed, or when the beloved died - at every point in the social cycle of a tribe, general drunkenness prevailed" (p. 1).

While drinking in Moscovite Russia was more moderate and took place mainly at home., the Slavs, who settled in Kievian Russia in the ninth century and became its rulers, practiced a style of drinking in which people customarily drank until they became quite intoxicated. Segal (1990) stated that, according to legend, the Varangian Prince Vladimir, who reigned in the Tenth Century Kievian Russia and accepted Christianity in 988 A.D., rejected Islam because the latter prohibited alcohol. 'Drinking is the joy of the Rusi,' declared Vladimir; 'we cannot do without it'. His statement survived as a virtual slogan for Russian behavior through the ages (p. 2).

Peter the Great, who ruled Russia between 1682 and 1725, was himself known to enjoy heavy drinking and insisted that his servants match him drink for drink (Segal, 1990). It is common knowledge that when a Russian wants a drink, he gestures by tapping his throat with his finger, signaling that the server should "set him up". This custom is believed to have originated during the time of Peter the Great who rewarded his loyalists with free drinking privileges by branding them under the chin. These men could then walk into any "kabak" (bar) and flick their throat, demonstrating their privilege to be "set up" for a free drink (Gibbons, 1992).

Throughout Russian history, its princes tried to maintain a firm control on alcohol production, and there were various Tzarist efforts to control drinking as a way of decreasing crime, violence, and poverty. Temperance Societies began as early as 1856 under the direction of the Russian Orthodox Church in order to control the illegal production of alcoholic beverages. However, according to Segal (1990), attempts at prohibition turned out to be detrimental for the Tzarist and later provisional governments since they eliminated the traditional outlet for feelings of dissatisfaction, envy, and rage.

DRINKING IN THE POST-REVOLUTIONARY PERIOD

Following the October Revolution in 1917, the Communist Party and the Soviet regime initiated and maintained a rigid revolutionary and atheistic doctrine. Among the various proclamations was the theme that drunkenness could turn the country back to capitalism, and that this drinking was considered an "immoral behavior". However, neither the revolutionary consciousness nor

the severe punishments given to public drunks had much impact on the level of drinking among the Soviets (Segal, 1987).

During WWII, Stalin, himself the child of an alcoholic father, rationed the soldiers' daily intake of vodka. It became common practice for Soviet servicemen to exchange their last piece of bread for vodka, and millions of Russian soldiers got drunk to fight for their "matushka Rus" (beloved mother-Russia). About 60 million Russians died during the war.

Following the war, Stalin and his "apparat" (cabinet) organized mass arrests for those who "betrayed" Rodina (the mother land) during the war. These "betrayers", as well as innocent victims of his anti-Semitic campaign, were persecuted and executed. Thousands of people were sent to labor camps in Siberia where they died of malnutrition and from forced labor. The consequences of these dynamics on the Soviet population were devastating: families were broken, people were traumatized, and the quality of life in the post-war Soviet Union was very poor. Segal (1990) claims that these factors made Russians ripe for epidemic alcoholic drinking.

THE ROLE OF DRINKING IN RECENT SOVIET HISTORY

Throughout Russia's history, alcohol - primarily vodka - was used as an effective coping mechanism. The Soviet totalitarian regime emphasized the loss of individuality and total immersion in the omnipotent societal group. Opposition or deviation from this societal norm was punishable by execution, imprisonment, ostracism, loss of employment and/or political restraint. This reality reinforced, and often dictated, a social style which is often associated with pre-alcoholic personality traits (Segal, 1986). These traits are characterized by passive-aggressive behaviors towards authority figures, difficulties in interpersonal relationships, low self-esteem and feelings of boredom, loneliness and hopelessness.

In their efforts to control the feelings of isolation and alienation, Soviet citizens used alcohol and the social activities associated with its use as a means of creating an *illusion* of friendship where real companionship was politically dangerous. Since they were deprived of the freedom of expression and could not reveal their thoughts and opinions publicly, a drinking sub-culture

emerged. This "kitchen culture" determined that a night in the kitchen, accompanied by a bottle of vodka, was the only safe place to discuss political issues and to share one's personal problems.

Since the Soviets could not even imagine expressing their feelings openly, they never learned the skills necessary to do so. One had to appear cheerful and enthusiastic and had to always demonstrate support and agreement with political and social issues, even if one genuinely disagreed with them. The Soviet system was always correct; the capitalistic system, the enemy, was viewed as "destructive, inhumane, and evil." This paranoid, split view of the world was promoted in education and in the media.

According to Dr. Olga Marlin, a Czechoslovakian psychologist who now works in New York City, growing up in this kind of atmosphere can make people feel dissociated, guilty, and ashamed (Marlin, 1990). In the totalitarian society, aggression was projected to other individuals, groups, or systems (Marlin, 1994). There was a constant search for the external forces, or outside enemies, that were responsible for all the social and economic disadvantages of the nation and for the personal problems of the individual citizens. The changing political and economic climate in the C.I.S. made life even more difficult and, as a result, further encouraged alcohol and drug use as an escape.

In 1985, administrative measures were established to control individual alcohol purchases and the hours of operation the liquor vendors were allowed to be open. History was repeated when criminal penalties were imposed on those identified as alcoholics. Purchasing a bottle of vodka in a liquor store required incredible endurance. People would stand from three to five hours in line - in the rain, the snow and in sub-zero temperatures - hoping that supplies of vodka would be available when it was their turn. To meet the high demand, illegal "black markets" developed. One could simply go up an alley, walk into a park, or enter a taxicab and have well stocked dealers in blue coats ready and able to satisfy the need. During this time of "controlled prohibition", many alcoholics drank perfumes, anti-freeze, and household cleaning fluids. Illegal alcohol production increased sharply with 40 percent of the "samogon" (moonshine) being

manufactured in the cities (Segal, 1990). The ineffectiveness of these prohibition efforts and the lack of recognition and disregard for the social, psychological, and medical services needed to address the high rate of alcohol problems forced the regime to stop enforcing the prohibition.

CURRENT ALCOHOL AND DRUG USE

Data on current per capita consumption of alcohol among the former Soviet republics is limited, and official statistics regarding social problems tend to be unreliable. From the 1950's to the 1970's, a group of Soviet researchers studied the problem of alcoholism by conducting national surveys. However, this research was considered antisoviet propaganda, and its publication was censored (Segal, 1986). Segal (1990) estimated that the per capita consumption of alcoholic beverages in the U.S.S.R. in 1985 was eight times higher than the per capita consumption prior to the 1917 Revolution and three times higher than the consumption in the United States. The rate of violent alcohol-related crimes was 10.5 times as high as that in the United States. The reduction of work productivity in the Russian economy due to alcoholic drinking is six times that of the United States (Segal, 1990).

More recent estimates indicate that sixty percent of the Russian work force abuses alcohol (Anderson, 1992). Out of 148 million people, there are approximately 15 million "chronic alcoholics", and the number of "heavy drinkers" is three to four times that number. In 1990, in St. Petersburg alone, a city of 4,672,000 people, there were approximately 80,000 substance abusers, predominantly alcoholics, and 60,000 suicides, many of which were alcohol-related. Moreover, there were 19,000 deaths from acute alcohol poisoning, and, of the 22,000 murders, 80 percent were alcohol-related (Yandow, 1992). In Moscow, a city of 10,446,000 people, about 145,000 patients were registered in the city's largest Narcological (alcohol and drug abuse) Hospital #17 during 1992. Of these, 95 percent were in the most severe stage of the disease, and about ten percent were women. One in every ten was a teenager (personal communication, Dr. E. Drozdov, head physician, March 1992).

Since the collapse of the Soviet Union in 1991, the abuse of other drugs has reached epidemic proportions. Currently, there is an increasing use of marijuana, cocaine, heroin, and prescription drugs. In addition, there are significant increases in sniffing inhalants such as glue, paint, and homemade synthetic drugs among adolescents. Russian officials document a general increase in cross addiction due to the rapid rise of the Russian Mafia which has acquired the technology and chemicals for producing heroin (Davis, 1994).

TREATMENT APPROACHES IN THE FORMER SOVIET UNION

Following the 1917 Revolution, alcoholics who were drinking on the job or displaying public drunkenness were picked up by the militia (soviet police), registered with the government, and the word "alcoholic" was stamped on their domestic passport (Segal, 1990). During the "soviet era", there was an established procedure of sending alcoholics to "sobering-up stations". This "station" was the unique soviet creation for overnight detoxification, stabilization, and public humiliation.

While intoxicated or in the state of withdrawal, if the person displayed psychotic symptoms, they were transported to the local psychiatric institution. For medical complications due to alcohol poisoning, treatment options included admission to the narcological unit at the psychiatric facility or to the narcological facility at the associated factory or plant. The family of this "captured" individual was made responsible for payment of the involuntary detoxification at the sobering-up station, and the person's photograph was posted at the place of employment as a warning for others whose drinking could get out of control.

Inpatient narcological treatment, which often included the use of "labor therapy" (an important aspect of the Communist ideology), was provided at a facility that was usually affiliated with the sponsoring factory or plant. This type of treatment facility was known as a "Labor-Prevention- Rehabilitation" camp. Treatment included the surgical implantation of "torpedoes" into the patients' backs. These "torpedoes" contained antabuse-like drugs that created severe nausea and pain if the alcoholic drank again. At times, due to lack of proper

medical supplies, surrogate drugs were utilized as "placebos" and dispensed to patients when supplies for the proper medications were not made available. Like the "torpedoes," these medications caused toxic consequences in the body, often creating severe nausea and pain, if the alcoholic ever tried to drink again. Alcoholics who refused treatment were labeled as "anti-social elements" and were required to do hard physical labor. Once discharged from the hospital, they were usually unable to find work; and, if ever caught drinking again, they were literally thrown back into the hospital (Gibbons, 1992) where they were injected with painful drugs to "discipline" them.

Current substance abuse treatment also explores the use of alternative and herbal medicine. These techniques are based on the use of biological methods similar to the practices utilized in homeopathy, which is often associated with folk remedies.

In addition, detoxification, psychotherapy, and pharmacotherapy (such as antabuse) are still commonly used. According to Dr. Drosdov, Director of Narcology #17, treatment methods used at his facility include those that arouse the patient's disgust for alcohol through Pavlovian behavioral methods and re-coding (hypnosis). These approaches claim to have effective treatment outcomes and no side effects (from an interview with Dr. Drosdov, March 1992).

Alcoholics Anonymous (AA) only emerged after "perestroika", when meetings were still held in secret. This was due to the difficulty former soviets had in embracing the "Higher Power" concept taught in the 12-steps, which was considered too religious or was associated with the negative power of the totalitarian regime. There was resistance to attending AA meetings because of the general mistrust towards organized activities which resembled common practices of the "collective" ideology. In addition, the expense of printing information about when and where meetings were held was prohibitive, and the necessity of relying on word of mouth to obtain meeting information compromised the anonymity of its members (Shafer, 1994).

Although some Russian clinicians have embraced the disease concept and the medical model of addiction treatment, there is a general lack of knowledge and understanding of the social and

psychological aspects of addiction, particularly as they apply to family dynamics (interview with Dr. Balashov, March 1992). For example, there is a lack of knowledge of such concepts as enabling and co-dependency, terms associated with the family's response to substance abusing members. Therefore, professionals tend to view the family members of the substance abuser as helpless victims. In general, there is no help or support offered to the families of substance abusers. Moreover, there is no understanding of confidentiality, a concept unfamiliar not only to persons receiving substance abuse treatment but to clinicians as well. As in other developing nations, alcohol and drug prevention efforts have not been viewed as important priorities of the central government in the former Soviet Union.

RUSSIAN SUBSTANCE ABUSERS IN THE UNITED STATES

During the fiscal year of 1996, 19,668 immigrants came to the United States from Russia and another 21,079 came from the Ukraine (United States Department of Justice, 1997). From 1994 to 1996, 59,521 Ukrainians and 49,477 Russians immigrated to the United States for a total of 108,998 immigrants (United States Immigration and Naturalization Service, 1997).

Unfortunately, statistical data on the refugee problem are only estimates; often, they are inaccurate (Mupedziswa, 1997). There is even less documentation available on the prevalence of alcohol and drug problems among C.I.S. immigrants in the United States. However, since approximately 20 to 25 percent of the population in the former Soviet Union have alcohol and drug histories (Davis, 1994), it may be estimated that there is a similar proportion of the problem present in the Russian-speaking immigrant communities in the United States. Based on the above data, one may speculate that, out of forty thousand people who immigrated from Russia and the Ukraine in 1996, eight to ten thousand have problems related to alcohol and drug use.

Impact of Immigration

The correlation between substance abuse problems and immigration, as related to adjustment, resettlement, and acculturation, must be taken into consideration when working with substance abusing clients from the former Soviet Union. Immigration is experienced as a series of losses,

including loss of homeland, loss of family and friends, loss of professional and social status and loss of established personal identity (Castex, 1996). Such losses are both environmental (focusing on changes taking place outside of the individual) and internal (relating to cognitive adjustments and to the psycho-cultural challenges of the new life) (Kagan, 1995-6). Challenges to self-image and personal identity include feelings of confusion, inadequacy, insecurity, and hopelessness, all of which contribute to the weakening of the individual's sense of self-worth. Depression, which often develops following immigration, can be seen as a reaction to these losses. Social isolation, disruption of family and social ties, and the lack of services in their native language exacerbate the difficulties of Russian immigrants. Moreover, even rapid acculturation can increase isolation and maladjustment since the rapid acceptance of new values and belief systems leads to increasing separation from the group of origin, thus, weakening the support from that group (Goldstein, 1984).

Adjusting to life in the United States can be overwhelming. Given the limited choices in the former Soviet Union, Russian immigrants are confused with the numerous choices available in the U.S. Despite the fact that the majority of Russian immigrants are highly educated and sophisticated, they are unprepared for the absence of such services as housing, child care, employment, and free medical and dental care that they received at home. Moreover, Russian immigrants tend to be extremely resistant to using traditional mental health services, demanding medical and social services which had been provided free of charge in their former country.

Separated from their families and friends, some immigrants cope with the stresses caused by the discrepancies between their expectations and the realities of life in their new home by turning to alcohol and drugs. In addition, the greater availability, inexpensiveness, higher level of alcohol concentration, and higher quality of alcoholic beverages in the U.S. results in behavior drinking among those immigrants already reliant on the use of alcohol to cope with life.

Additionally, due to years of poor diet and medical care, Russian immigrants often arrive in the United States with serious medical problems. Such problems may require prolonged use of prescribed medications and often result in abuse and dependency on the prescribed drugs.

The recent developments of economic globalization has increased drug trade in the former Soviet Union as well as the activities of the Russian Mafia in the United States. Cocaine and heroin are now available and prevalent among younger immigrants from the C.I.S (Shafer, 1997). Due to the lack of education and prevention efforts in Russia, these young people are not familiar with the dangerous consequences of illegal drugs and often find their new American identity in the easily accessible drug culture as exemplified in the following case:

Dennis is a twenty year old Jewish male from Russia who was brought to a substance abuse clinic for help with his heroin addiction by a new friend who was a patient at the drug free clinic. Dennis, who had only been in the United States a couple of months, had emigrated from home in order to fulfill his dream for a life better than the miserable, hopeless existence he had been living with his mother in a small Russian village. Dennis' parents divorced when he was a child, and he had no contact with his father since then. When Dennis was seventeen, he received a letter from his father, who had emigrated to the United States, inviting him to come to America. Dennis had to wait for three years before he was able to obtain his visa to enter the United States. Upon arrival in the U.S., Dennis finally saw the father whom he hardly recognized. He soon realized that his father was unable to provide financial support or emotional care for him. In addition, Dennis reported that his father's new wife considered him a burden and a threat to the family's financial stability. He left his father's apartment after having a violent argument with his stepmother. Dennis was suddenly homeless with no money, no food, and no idea as to how to speak English. He lived on the streets of New York for two months, learning "street" language to survive. He made friends with

drug dealers who introduced him to heroin and the drug lifestyle. He felt welcomed and accepted. Soon, Dennis started shoplifting to support his habit. Claiming to be suicidal and in a state of acute withdrawal, Dennis showed up at the treatment center half dressed and begging for help. He was taken to a psychiatric emergency room. He was denied admission to an in-patient unit because he was not deemed to be in a medical or psychiatric emergency. Moreover, he lacked insurance coverage and did not have the proper legal documents in his possession. Several days later, the friend that had initially brought Dennis to the center reported that Dennis was thrown from a second floor window by a drug dealer. He suffered broken legs and an injured back, requiring hospitalization. Two months later, Dennis returned to the treatment program for Russian-speaking substance abusers and began his process of recovery.

Family Violence

Due to limited control of their environment, it was not unusual for men in the former Soviet Union to displace their rage and powerlessness on their family members. The institutionalization of domestic violence is reflected in the Russian joke that if a husband does not beat his wife then he does not love her. While data regarding spousal and child abuse among immigrants from the former Soviet Union is difficult to obtain, it is a common dynamic that has to be carefully assessed. It is not unusual that both substance abuse and violence become more problematic when a couple has to face the full range of resettlement and acculturation difficulties in addition to preexisting marital complications. For example:

The Z.'s family consisted of a husband, wife, and their ten-year-old son. They emigrated from the Ukraine four months prior to their first visit with a Russian speaking therapist. Mr. Z., who was an English teacher prior to immigration, was

finally offered a job interview; however, he got lost on his way and missed the interview. Subsequently, he got severely drunk and became violent during a fight with his wife. After a neighbor called the police, the couple was referred and agreed to seek help at a mental health center with a Russian speaking clinician.

During the assessment, it became evident that Mr. Z. had a 10 year history of alcoholic drinking. He frequently abused his wife verbally and beat her several times when intoxicated, believing that his wife was unfaithful even though she kept denying the allegation. Mrs. Z. had made an attempt to separate from her husband by moving in with her parents but returned in a short time. She claimed that Mr. Z. was a very nice person while he was "normal", meaning sober, and she always forgave him because he apologized and told her he loved her. Mrs. Z appeared to have low self-esteem and was dependent on her husband for validation and for her emotional well being, in spite of his constant abusive behavior. While in the Ukraine, Mr. Z.'s drinking patterns included periods of calm, which provided some stability and structure for the family. However, after immigrating to the U.S., his drinking became more chronic and the violence more frequent. Mr. Z's verbal insults, threats, emotional neglect, and physical fights with his family were all indicators of alcohol related domestic violence which were exacerbated by problems associated with immigration and resettlement.

TREATMENT OF FORMER SOVIETS IN THE UNITED STATES

The pressures of immigration, cultural dissonance, mistrust of authority figures, and family problems all compound the treatment of the immigrant substance abuser. In general, Russian immigrants are not interested or willing to participate in therapy, especially substance abuse counseling. Based on their experiences in "the mother country," they fear being stigmatized and punished for their problems. Most of all, they fear that exposing their substance abuse problems can affect their political and social status in the United States. The difficulties working with

Russian immigrants are exacerbated by the lack of awareness of a disease concept by family members, Russian professionals, and community leaders. Few employers, generally immigrants themselves, are knowledgeable about Employee Assistance Programs and effective ways to deal with problem employees. In addition, language barriers and little or no insurance benefits contribute to the difficulty of obtaining substance abuse services.

In treating substance abusing clients from the former Soviet Union, the clinician needs to take into account such issues as extensive denial, lack of trust, importance of psychoeducation, misunderstanding of spirituality, resistance to the 12 steps and family dynamics.

"Double Denial"

The majority of former Soviets do not recognize various mental health and substance abuse problems as requiring special consideration and treatment. Among former Soviets, drug abuse is considered a moral problem that produces embarrassment and shame for family members; alcohol abuse is accepted as "natural," particularly for men. "I am not crazy," and "I am not an alcoholic!" are the typical responses among such individuals.

Due to the tendency of immigrants from the former Soviet Union to cover up their addiction and related family issues, denial of alcohol and drug use provides a challenge for clinicians. Most clients seek help for family, medical, or concrete services, not for their substance abuse problems. Since many Russian speaking clinicians in the United States are themselves unfamiliar with the signs, symptoms, and interventions related to substance abuse, it is very difficult for them to identify these problems with their clients. Additionally, Russian clinicians tend to hold the same cultural values as their clients, and the resulting "double denial" means that immigrant substance abusers and their family members are often undiagnosed and untreated until a crisis occurs or until the problem reaches the progressed stage of the disease.

Therefore, it is extremely important that social service providers receive training that emphasizes the specific cultural issues related to substance abuse in the Russian speaking immigrant population. To address the lack of substance abuse information and education in the

Russian speaking community, there is a need for aggressive outreach and prevention efforts to be provided through community based organizations and centers.

Issues of Trust

Clinicians need to be aware of and sensitive to the punitive treatment and political tactics used in the former Soviet Union. It is important to consider the client's distrust towards psychiatric and substance abuse treatment facilities. The traditional American treatment methods based on self-disclosure, trust, and group support seem to be culturally inappropriate for Russian substance abusers. The concept of confidentiality is viewed by Russian clients with skepticism and misunderstanding. For example, it is not unusual for a client to say, "I know this is confidential, you explained that to me; but, please don't share what I am about to tell you with anyone."

Former Soviets are accustomed to having their privacy violated by the secret police, the KGB, and by other authority figures. As indicated earlier, public humiliation and the use of punishment as a form of treatment was common. Consequently, self-disclosure and revealing personal information in front of strangers, a standard in group practice and in 12 step programs, are very threatening to former Soviet immigrants. It usually takes much time and great skill to establish rapport and trust with Russian substance abusers. Therefore, training for service providers needs to include sensitivity to confidentiality and privacy, terms unfamiliar to former soviet citizens.

Importance of Psychoeducation

An important aspect of treatment with the former Soviets is the use of psychoeducation. Such an approach is needed in order to introduce the client to the treatment models used in the United States, such as the bio-psycho-social disease concept and the use of 12 step self-help groups. Psychoeducation with family members should include detailed explanations of such concepts as confidentiality, co-dependency and family dynamics, clients rights, and voluntary participation in treatment. Training curriculums should emphasize the signs and symptoms of alcohol and

drug abuse, culturally sensitive clinical interventions, and community resources available, such as Alcoholics Anonymous, Al-Anon and other support services. These training workshops need to be provided to social service, health, and mental health professionals from the former Soviet Union as well as to the Russian-speaking community at large.

Understanding Spirituality

It takes time for clients from the former U.S.S.R. to understand the concept of spirituality and to internalize it into their recovery process. This transition is quite difficult due to the influence of the atheist propaganda promoted by the Soviet totalitarian regime which attempted to keep people of many different religions and spiritual beliefs from openly practicing their traditions. These experiences, ingrained from the Communist era, contribute to the tremendous resistance of Russian-speaking immigrants to accept and follow the principles of the 12-step programs which are an integral part of the substance abuse treatment philosophy in the United States. For instance, the term "higher power" can be misinterpreted as being associated with "big brother" governmental agencies. However, there is hunger for spirituality among former Soviets. Exploring historical, familial, spiritual and religious beliefs and practices prior to the Soviet totalitarian takeover is an important tool in healing and recovery for the Russian substance abusers.

The American concepts of group and family dynamics utilized in culturally sensitive treatment programs should introduce Russian-speaking immigrant family members to the mutual process of sharing personal information and expressing feelings in front of strangers. The 12-step programs, such as Al-Anon, is new and completely foreign to immigrant family members; therefore, they usually refuse to participate in any self-help groups due to the tremendous fears associated with attending such a meeting. There is a strong reluctance to reveal and discuss family problems in an open forum. Thus, it is important to create a specially tailored, culturally sensitive group for family members, usually wives of alcoholics. This group should have a safe,

secure, and non-threatening environment and be run in their native language by a trained clinician instead of a peer who cannot be trusted.

Family Dynamics

As with other populations, substance abuse in the Russian immigrant community is strongly associated with family problems, particularly, as pointed out earlier, with domestic violence. As in many other families, substance abuse among families from the C.I.S. interferes with the establishment of boundaries between family members and distorts the roles and responsibilities within the family structure. It also serves to regulate issues of intimacy and distance in family relationships (Steinglass 1985). In addition, life in a totalitarian state leads to adherence towards the values of collectivism, interdependence, ambivalence towards authority figures, and extremely close family ties. While adaptive within a totalitarian regime, such dynamics become maladaptive in societies such as the United States where the focus is on individualistic, capitalist ideology. For example, close family ties - essential for survival in a pervasively hostile, paternalistic, oppressive environment - can become enmeshed and dysfunctional and less equipped to assimilate once the family relocates to the United States (Halberstadt, 1992). Since families in transition have a tendency to become enmeshed and protective of its members, the opportunity is ripe for Russian families to exhibit extreme controlling and enabling behaviors characteristic of substance abusing families.

The children of enmeshed families, often the victims of physical and/or sexual abuse, develop typical survival roles. They feel hurt, abandoned, lonely, rejected, and confused. In addition, they often resort to acting out or taking on the role of the caretaker. For example:

Alex, a 16 year old boy, was referred by the Family Court following a robbery attempt. His family consisted of his mother, Mrs. A, his 18 year old brother; and his stepfather, Mr. A. The family immigrated from Russia five years ago and was living in an apartment in a large city. Mr. A. was now a successful businessman while Mrs. A worked as a dog-groomer. Due to hyperactivity and learning

problems, Alex attended a special education class in a public school. He had behavioral outbursts and had difficulty communicating with his step-father. During a joint session with Alex and his mother, it became apparent that Mr. A., an undiagnosed alcoholic, had been constantly abusing his wife and children, especially when drunk. The verbal and physical abuse was taken as a norm within the family. Although severely beaten at times when she tried to protect Alex, Mrs. A. denied any family problems and claimed that her husband was just a little too rough for the boy.

It was only following an episode in which Mr. A, who was severely drunk, threatened his wife with a knife and the police were called by her older son, that Mrs. A. admitted that there were some problems in her family. She agreed that her husband was probably an alcoholic, but she felt that nothing could be done about it.

Shortly afterwards, Alex took a "BB" gun and began to shoot people on the street from his apartment window. Once again, the police were called. Alex was placed in a special school for emotionally disturbed children and prescribed medication. At this point, the whole family was seen together. Confronted by her oldest son and concerned about Alex's behavior, the mother agreed to participate in a women's group. Mr. A. agreed that he would "do something" about his drinking although he denied that his drinking caused his family any trouble. He viewed his hard drinking as "normal," appropriate behavior for any Russian man. He refused to attend a Russian-speaking AA group.

However, following a couple of individual and family sessions, he has stopped abusing his step-son and wife. Slowly, the family is beginning its recovery process. The healing process is taking much longer due to the cultural acceptance of hard drinking and domestic violence among Russian families.

Substance Abuse Treatment Issues for Russian Women

There is very little data on the prevalence of substance abuse among women in general and even less on Russian-speaking immigrant women. From a cultural perspective, Russian women have greater difficulty identifying and accepting substance abuse within themselves. This is due primarily to the enmeshed mothering, enabling, care-taking, and codependent behaviors dictated by the Communist ideology which have been internalized as positive female traits of the Soviet woman.

Alcoholic families in Russia were the very core of ongoing verbal abuse, emotional neglect and domestic violence. These behaviors were commonly present in Russian families and were culturally acceptable and socially appropriate. They were even reflected in the Russian joke that stated if a husband didn't beat his wife, then he didn't love her. The usual response of abused women in Russian families was to let the abuser set the rules, follow his lead, withdraw from friends, use substances, and deny any problems in the family. Women were expected to accept these family dynamics as normal, and would secretly turn to substance use as a coping mechanism through self-medication. It was common for a wife to accompany her husband in his drinking binges in efforts to control, or curtail, the amount of his intake of alcohol.

There are additional barriers to treatment with Russian substance abusing women. These include access to gender-specific treatment facilities, lack of community-based social support centers, absence of HIV/AIDS culturally sensitive counseling programs, and services for special populations such as the elderly and pregnant women.

CONCLUSIONS

Bruised and battered after many years of totalitarian regimes under Lenin, Stalin, Kruschev, Brezhnev, and other leaders, the Soviets have kept their souls buoyant with the ever-present bottle of vodka which symbolized friendship, community, and hospitality. Most immigrants from the former Soviet Union move to the United States with the hope of a new and better life.

Some of them are ready to accept new challenges and stop old coping behaviors, such as "escaping through the bottle." Those who are not capable of overcoming their problems with alcohol or drugs, and who have been in denial for a long time, need specific, culturally sensitive treatment approaches. The correlation between substance abuse problems and immigration, as related to adjustment, resettlement, and acculturation, must be taken into consideration.

Services, such as education, aggressive outreach, early identification of at-risk populations, and early intervention with family members, play a critical role in working with Russian immigrant substance abusers.

It is important to offer community-based services that provide information and education about "signs and symptoms" of the substance abuse/dependence and about referral information for treatment. It is also important to involve Russian-speaking mental health professionals who can culturally integrate Russian substance abusers and their families with American services and treatment facilities.

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