



Review Article

Former Soviet Union Immigrant Illicit Drug Use in Israel (1989-2010): Implications for Prevention and Treatment Policy

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Abstract

Background: Since 1989, former Soviet Union (FSU) emigration policy allowed millions of people to exit to western countries.

Method: This study examined FSU immigrants and their impact on Israeli illicit drug problems reported by police using a method of exploration and estimation suggested by the United Nations Office on Drugs and Crime.

Result: Findings show the country's illicit drug related police reports from 1989 to 2010 largely attributed to FSU immigrants.

Conclusion: Many FSU immigrants have contributed to the country's growth and development. However, others have cost the country to allocate limited resources to address their drug related criminal activity as well as prevention and treatment services. Further research is needed to validate these findings and to understand the advantages and disadvantages of large scale immigration policy to the absorbing nation.

Keywords

Former soviet union immigrants; Illicit drug use; Prevention and treatment services; Police reports; Israel

Introduction

Israel is a country that has been shaped by waves of immigration from different countries and cultures. Since 1989, former Soviet Union (FSU) emigration policy allowed millions of people to exit to western countries. During 1989-1998, the Israeli population of 4.5 million rose about 20 percent primarily from the nearly one million Soviet immigrants, mostly from Russia and the Ukraine, who entered the country. A large proportion of the Russian speaking immigrants had training and education in a variety of technical and professional fields; and, success was an important component of their worldview and culture [1]. However, there were immigrants who arrived in Israel with drug abuse problems and others became addicted during the absorption process [2]. Presently, Russian speaking immigrants are 13 percent of the Israel population. However, they are about 25 percent of the illicit drug users in the country [3]. This article focuses on former Soviet Union immigration and its impact on the country's reported criminal activity attributed to illicit drug use. Discussion

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is given to prevention and treatment policy implications and future research.

Materials and Methods

Israel Central Bureau of Statistics data [4] were examined about population demographics including immigration patterns and files opened by police for illicit drug offenses from 1948 to 2010. Attention was given to the years 1989 to 2010 because of the population rise resulting from FSU immigrants. A method of exploration and estimation suggested by the United Nations Office on Drugs and Crime was used. This methodology allows extrapolation from available data (e.g. police files) to estimate drug problems of concern by determining how many members of the targeted population have such problems and whether that number is changing. "Understanding the number is helpful in assessing the likely impact of drug abuse on society and what level of response may be required alerting policy makers to a worsening situation, or alternatively to provide evidence that prevention and other initiatives may be working" [5]. The limitations of this study are linked to the estimated figures and records of the Central Bureau of Statistics, police reports as well as the blurred criteria used to define immigrant status in the country. Table 1 shows the population and number of drug related police reports in years 1990, 2000 and 2010.

Results and Discussion

Findings show drug related police reports increased with population growth of the country. However, the rise is primarily attributed to FSU immigrants only (Table 2).

There are several explanations for this outcome. First, many of the addicts who immigrated to Israel are a product of their environment where unemployment and criminal activity to finance addiction

Table 1: Illicit drug related files opened by the police and population data.

	1990	2000	2010
All drug related files opened by the police	7797	21712	27839
Drug use	4946	12086	18277
Drug trafficking	2851	2527	5361
Total population	4,821,700	6,369,300	7,695,100
All immigrants	1,503,700	1,971,800	1,860,300
All immigrants: Percentage of total population	31%	31%	24%
FSU immigrant population	185,000	847,600	960,000 (estimate)
FSU immigrants populations: Percentage of total population	4%	13%	13%

Table 2: Total population, drug related police reports, and percentages of all immigrants and FSU immigrants. Pearson's correlation coefficient (r).

	Drug related police reports	Percentages of all immigrants	Percentages of FSU immigrants
Total population	0.945***	-0.923***	0.810***
Drug related police reports		-0.783***	0.643**
Percentages of all immigrants			-0.535*

*p<.05, **p<.01, ***p<.001

is common [6]. Acculturation is another factor. Immigration is a stressful event that may result in a range of problems including those of a mental and physical health nature [7,8]. Also, “acculturative stress” may contribute to a rise of alcohol and/or illicit drug use [9]. Caught between two competing and often conflicting cultures, traditional and newly adopted, immigrants may turn to alcohol and illicit drugs as “coping mechanisms” to reconcile potentially conflicting pressures [2,3,10,11].

Many FSU immigrants have had a significant impact on the economic growth and development of Israel in such fields as science, medicine and many cultural areas [12]. However, such contributions cannot be generalized and applied to all Russian speaking immigrants especially since they are not a homogeneous group coming from Russia, Ukraine, the Caucasus and other countries and regions of the former Soviet Union [13]. The cost to Israel for the country’s gains have been considerable in order to address the needs immigrants experience resulting from underemployment, unemployment, as well as health and mental health problems including drug addiction.

From the perspective of drug treatment prevention and treatment policy, a major challenge exists in terms of how best to address the needs of addicts with culturally distinct background characteristics such as Russian-speaking people. Researchers have not provided compelling evidence that separate programs for immigrants or substance abusers from different ethnic or cultural groups are superior to mainstream efforts. Experts question the cost-effectiveness of such “special” programs and caution clinicians that they must be wary of defining any patient on ethnic or racial-group membership only. This is especially when patient-related variables have been found to have greater implications for successful outcomes such as addiction severity, employment stability, criminal involvement, education level, and socioeconomic status [14]. Nonetheless, clinical observations have shown that drug use services to special populations may be enhanced if their particular needs are considered and met [14-16]. In the case of Russian-speaking addicts, this may mean providing help to deal with difficulties such as personal adjustment and family relations attributed to low income, inadequate housing, unemployment, and underemployment. Among FSU drug addicts in Israel, it has been found that 47.1% never used heroin/opiates before immigration; and, culturally sensitive prevention and treatment services were often not available to address their needs [3,17].

Problems associated with immigration including illicit drug use and related criminal activity need to be further researched over time and across locations for informed policy decision making purposes as well as prevention and treatment services provision. Such research should be conducted utilizing uniform methods of data collection and analyses to generate reliable and usable information about former Soviet Union immigrants not only in Israel but in other countries where they have settled including the United States, Canada, Germany and elsewhere [18]. Also, there is a need for further research of culturally sensitive drug use screening and brief intervention among Russian speaking immigrants in different settings such as primary care facilities, hospital emergency rooms, police stations, and other locations. Such interventions should be studied in terms of how they impact savings for health care, social services and diversion of the criminal justice system.

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