

The JACS Study I: Characteristics of a Population of Chemically Dependent Jewish Men and Women

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ABSTRACT. In order to learn more about chemically dependent Jewish people, and to help dispel the misinformation about them, the authors surveyed individuals who were part of the JACS database.

Data from 379 questionnaires were analyzed and compared with the findings of two general population surveys of Jews and a previous study of Jewish alcoholics.

Seventy-one percent of respondents reported dependence on more than one substance. Alcohol was found to be the most prevalent drug of both primary (54.7%) and secondary (24.5%) dependence. The male:female ratios for all chemical dependents (1.08:1) and alcohol dependents (1:1.006) were lower than observed in national studies of American alcoholic populations, as was also found in a previous study of Jewish alcoholics. The hypotheses that alcoholic Jews suffer from lack of education,

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poor income, alienation or loss of religious conviction failed to be supported by the JACS study.

Alcohol is the drug of choice for chemically dependent Jews. The JACS survey does not support previous ideas about causes of Jewish alcoholism. The relatively large proportion of women found deserves further study. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

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The overwhelming impression in the Western world that Jews are essentially immune from alcoholism dates as least as far back as Immanuel Kant's 1798 observation that Jews and women avoid the appearance of drunkenness.¹ While it is generally accepted that Jews drink ritualistically and socially, drinking pathologies are thought to be rare.²⁻⁴ It seems that Sigmund Freud shared this belief, since he reassured a Jewish patient who expressed concern about his drinking by saying that alcohol would neither help nor harm him; alcohol was for the gentiles.⁵ In the nineteen sixties and seventies, questionnaires mailed to Jewish Federations^a across the United States seemed to bear this out. Low rates of alcohol problems were reported.⁶ Whether this response reflected denial within the Jewish Community,^b ignorance about the disease of alcoholism, the possibility that Jews may be better able or more likely to conceal alcohol/drug involvement than other groups, or whether alcoholism was indeed virtually absent among Jews, the idea that Jews rarely develop alcoholism prevailed. In "A Contemporary Study of Jewish Alcoholism—the Significant Other Point of View," Unkovic et al.⁶ suggest that deterrents to Jewish alcoholism include:

1. The solidarity of the Jewish Community.
2. The emotionally sustained tradition and family organization.
3. The fact that wine is a religious symbol and is first drunk early in life.
4. The fact that alcoholism would be disruptive to the unity of the Jewish people.
5. The religious teachings of Judaism which regulate alcohol consumption.
6. Sobriety is a Jewish virtue.

In addition, the authors state that what alcoholism there is among Jews "can be traced to such causes as: alienation, loss of religious conviction, broken homes and marriages, lack of education and poor income."

The prevalence of alcoholism among American Jews is not known. In some general population surveys, religion is not asked. In others, the number of Jewish subjects tends to be too small to make valid conclusions or comparisons to other groups.⁷ For example, in the National Alcohol Survey of 1990, the percentage of Jews reporting two or more social consequences as a result of alcohol consumption was 00.0, while the percentage reporting three or more dependence symptoms was 6.6. However, the total number of Jews within a sample of 748 was only 19.⁸

On the other hand, some studies claim that this condition is not as rare as had been thought. Blume, Dropkin and Sokolow⁹ note that publications dating back to the 1960s and 1970s document the existence of alcoholism in Jews. The authors were able to locate 100 Jewish alcoholics (58 males and 42 females) in the Long Island, New York area for study, and described the characteristics of this group. Contrary to expectations garnered from the literature that these individuals would be isolated cases, the researchers found positive family histories of alcoholism in 45%, with 21% reporting alcoholism in previous generations. Although earlier authors had speculated that Jews would have to have greater psychopathology to become alcoholic because their behavior would be more deviant from the norm than would be true for alcoholics from other cultural groups (the "sicker" hypothesis), they did not find this to be true in their sample. However, they did find high rates of comorbid sedative addiction, often iatrogenic, and that their subjects reported that being Jewish often interfered with timely diagnosis and treatment.

In 1977, the Commission on Synagogue Relations, a division of the Federation of Jewish Philanthropies, decided to study alcoholism in American Jews. Through the years the Commission has been the eyes and ears of the Jewish Community. For example, the Commission recognized the alarming rate of divorce and separation in the Jewish Community, the specific problems of Jewish singles, the rise of drug addiction among Jewish youth and the special plight of Jews living in poverty. The Task Force on Alcoholism in the Jewish Community was formed under the chairmanship of Marshall Hochauer with the following purpose:

1. To encourage synagogues to open their doors to Alcoholics Anonymous.
2. To educate the rabbinate and the professional leadership in the Jewish Community that a problem exists.
3. To encourage Jewish communal institutions to recognize this problem.
4. To establish seminars for rabbis and social workers to inform them about the nature of alcoholism, how to recognize an alcoholic and where to refer such a person for help.

Twenty-two years after the formation of the Task Force on Alcoholism in the Jewish Community, and in spite of their efforts at education, the idea that Jews do not become alcoholics remains the predominant opinion about alcoholism in the Jewish Community.

This continuing impression is disturbing because: (a) it contributes to the denial process in active alcoholics and their families, delaying intervention and treatment, (b) it discourages accurate diagnosis by health professionals, who fail to consider alcoholism in Jewish patients, (c) it inhibits leaders of the Jewish Community from addressing the problem, and (d) it hinders members of individual congregations from seeking help within the Jewish Community. Because there have been so few studies of chemically dependent Jewish populations and because of the persistence of misinformation, the authors, with the enthusiastic cooperation of the Board of Directors and staff of JACS (Jewish Alcoholics, Chemically Dependent Persons and Significant Others) decided to compile additional data on chemically dependent Jews and their significant others.

METHOD

One of the most important results of the Task Force on Alcoholism in the Jewish Community was the creation in 1979 of JACS. Now a program of The Jewish Board of Family and Children's Services of New York, JACS acts as a resource center and information clearinghouse on the effects of alcoholism on Jewish family life. JACS also sponsors biannual spiritual retreats for Jewish chemical dependents and their significant others. JACS today maintains a database of the names and addresses of approximately 3,000 individuals. It is estimated that 30-35% of this database consists of Jewish alcoholics, other drug addicts and members of their families. The remaining individuals listed in the database are treatment professionals, rabbis and leaders of the Jewish Community, as well as persons with primary addictions other than alcohol or drugs. A survey of this database was used for the present study.

A questionnaire was first developed, based on a review of the literature and previous research. Next, the questionnaire was tested in a pilot study of 40 chemically dependent Jewish men and women from the New York Metropolitan area, after which a self-administered anonymous mail survey was conducted. The final survey instrument requested 56 closed-ended and four open-ended responses and was divided into five sections:

1. Addiction/'Codependency'
2. Recovery
3. Religious affiliation

4. Support from the Jewish Community
5. Demographics

The specific study group was defined as chemical dependents and significant others who were born Jewish or converted to Judaism and have current addresses listed with JACS. For the purposes of this study, "Jewish" was defined as born to either one or both Jewish parents, or converted, regardless of affiliation. The term "chemical dependents" was used to include both alcoholics and addicts. "Alcoholics" and "addicts" were defined as individuals who had been professionally diagnosed or considered themselves to be alcoholic or addicted, and a "recovering" alcoholic or addict was defined as an alcoholic or addict who is abstinent as a result of intervention, treatment (inpatient or outpatient), counseling, psychotherapy and/or participation in a self-help program of recovery. "Significant other" was defined as an individual who is either a family member or is or has been closely connected to an alcoholic or addict and has been directly affected by his or her substance dependence. The authors are aware that the definition of "significant other" is very inclusive, but it is based on current usage, and the nature of JACS services.

Three thousand questionnaires were mailed in April 1998. Recipients of the questionnaire who were not alcoholic, chemically dependent or a significant other were asked not to complete or return the questionnaire. It is estimated that out of the JACS database of 3,000 individuals, there were a possible 1,100-1,300 chemical dependents and their families who were eligible to participate in the survey. This figure is based on the number of individuals listing membership in a 12-step program of recovery from a primary addiction for drugs or alcohol such as Alcoholics, Narcotics, Cocaine Anonymous, or membership in family programs such as Al-Anon, Naranon, and Adult Children of Alcoholics. Fourteen hundred and forty listings were interested professionals (doctors, therapists, social workers) and rabbis. Other categories contained within the database were leaders of the Jewish Community, treatment centers, and philanthropic organizations/individuals. A decision was made however, to survey the entire JACS database, in order to obtain the largest possible sample. Six hundred and five completed questionnaires were returned. The questionnaires were sorted, and those surveys that listed a primary addiction other than alcohol or drugs (gambling, food addiction etc.), or family members of the above, were discarded, leaving 538 valid responses. Taking into consideration relapses, changes of address, and the assumed death of some individuals on the list, a conservative assessment of response rate is approximately 45 percent.

The responses were coded and programmed into SPSS (Statistical Package for the Social Sciences) for statistical analysis. All coding, cleaning and tabulation of the data followed strict standard procedures.

RESULTS

Sample

The final sample was characterized as follows: Forty-five percent of the respondents ($N = 242$) were chemically dependent, but not significant others (Group A); 25 percent ($N = 137$) were both chemically dependent and significant others (Group B); and 29 percent ($N = 159$) significant others but not chemically dependent (Group C). The characteristics of the first two categories, all chemical dependents, ($N = 379$) will be presented in this paper. The characteristics of those respondents who identified themselves as significant others only will be presented in a subsequent paper.

Comparing the two groups of chemical dependents (Groups A and B), there were a significantly higher percentage of men in Group A than in Group B ($p \leq .001$) (Table 1). Fifty-one percent of the respondents in Group A were married and 21.7% divorced; thirty-five percent of those in Group B were married and 28% divorced (Table 2).

The population consisted of the following religious identification categories:

1. Orthodox (10% of total chemical dependents).^{c,d} This category was sub-divided into "Ultra" Orthodox (8 respondents in Group A; 2 in Group B), "Traditional" Orthodox (7 respondents in Group A; 8 in Group B), and "Modern" Orthodox (7 respondents in Group A; 6 in Group B).
2. Conservative (28% of total chemical dependents).^e Conservative was sub-divided into "Traditional" Conservative (39 respondents in Group A; 10 in Group B) and "Liberal" Conservative (37 respondents in Group A; 18 in Group B).
3. Reform (32% of total chemical dependents).^f This category included those who classified themselves as either Reconstructionist^g (12 respondents in Group A; 5 in Group B) or Reform (64 respondents in Group A; 39 in Group B).
4. Non-affiliated (30% of total chemical dependents). Of those respondents who classified themselves as either non-affiliated with any formal religious institution or movement, or Jewish identified, non-practicing, 61 were in Group A and 42 were in Group B.

For religious identity in which raised, a category "non-Jewish" was added for those who had converted as adults. Of the 31 respondents classified as converts, 13 were alcoholic/chemically dependent, 11 were both chemically dependent and significant others and 7 were significant others only.

TABLE 1. Population by Gender

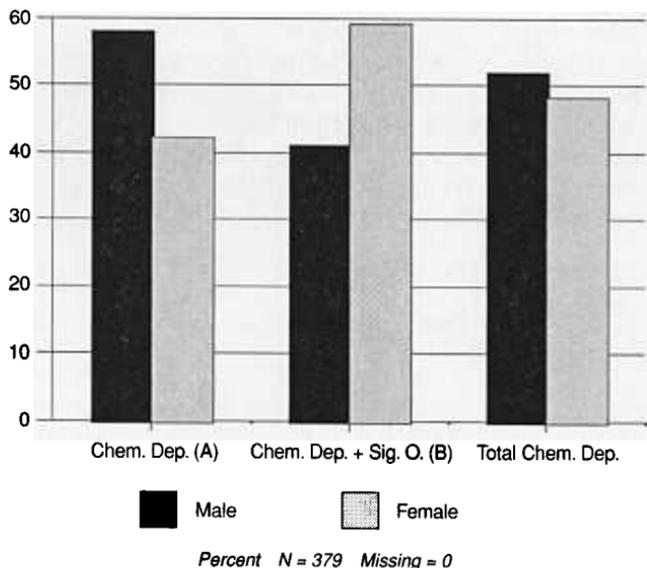
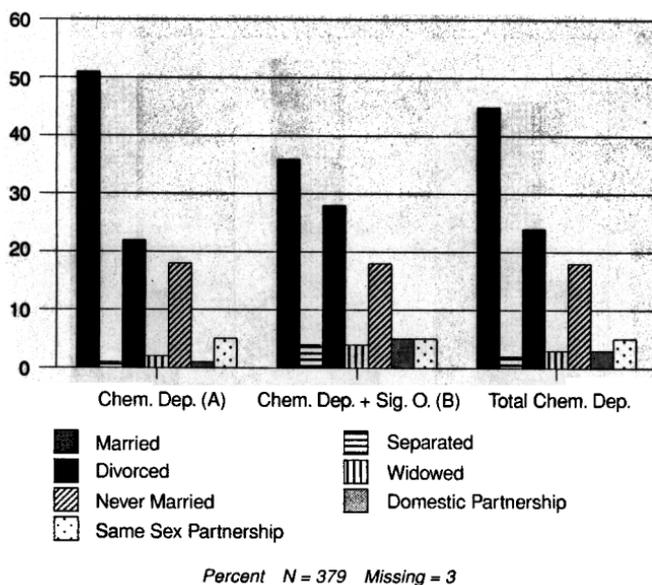


TABLE 2. Population by Marital Status



The age range was between twenty and eighty, with a mean age of 49 (Table 3). Groups A and B did not differ significantly in age. The median household income was \$60,000 per year, with 28% of respondents reporting incomes of \$100,000 per year or over (Table 4). The median of the highest level of education was graduation from college, with 47% obtaining graduate degrees or higher (Table 5). There was no correlation between length of sobriety and income or education. However, those that were both chemically dependent and significant others (Group B) had lower levels of income and education than those who were only chemically dependent (Group A) ($p \leq .001$).

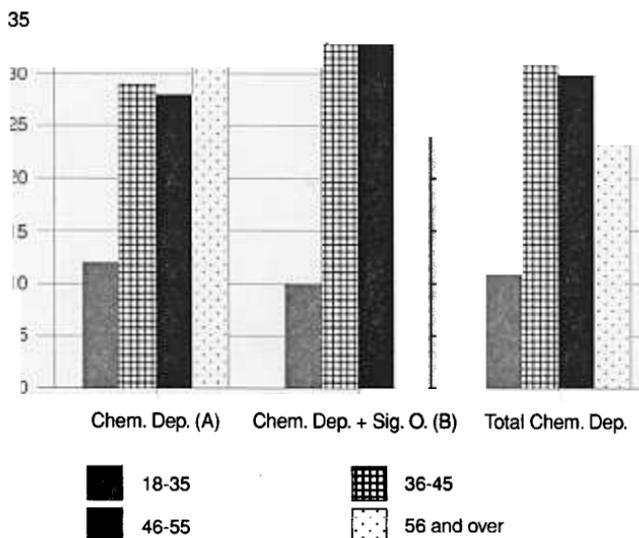
Primary and Secondary Addictions

The terms "alcoholic" and "chemically dependent" were defined in the questionnaire as follows:

"By alcoholic or chemically dependent we mean addiction to one or more of the following: alcohol, sedatives, tranquilizers, marijuana, hallucinogens, cocaine, opiates (e.g., heroin), amphetamines, or any other addictive drug, whether prescribed or not."

The respondent was asked to choose one of the categories for primary addiction, secondary addiction and for first drug used. Alcohol was the primary

TABLE 3. Population by Age Distribution



Percent N = 379 Missing = 0

TABLE 4. Population by Annual Household Income

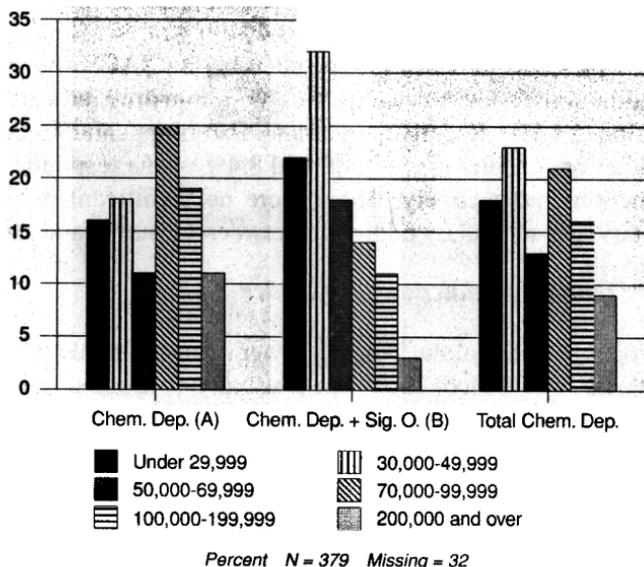
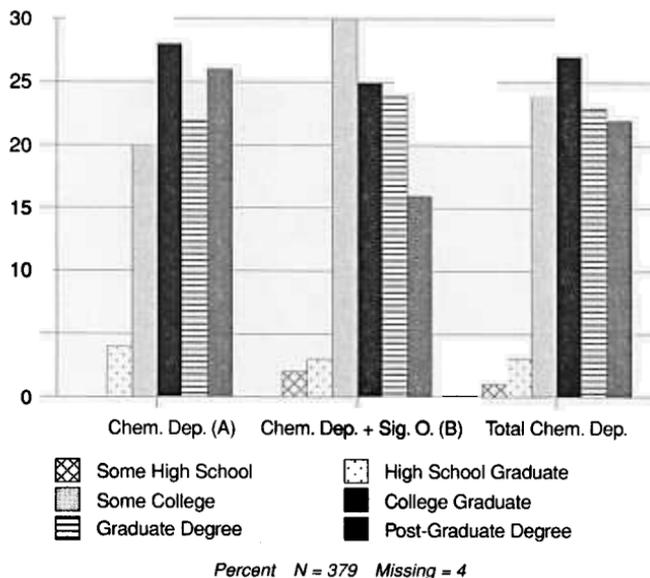


TABLE 5. Population by Educational Attainment



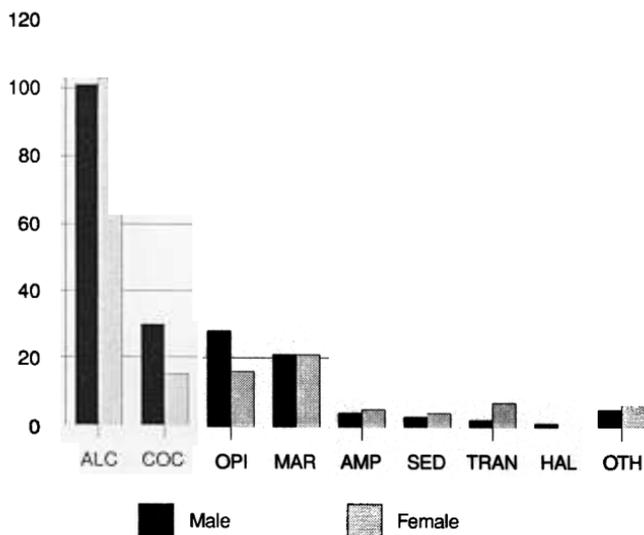
drug for 54.7% of the total chemical dependents; cocaine, 11.8%; opiates, 11.6%; marijuana, 11.3%; tranquilizers, 2.4%; amphetamines, 2.4%; sedatives, 1.8%; hallucinogens, .3% and other, 3.7%.

Seventy-one percent of chemical dependents in the JACS survey reported having dual addictions. Alcohol was the most common drug indicated as a secondary addiction (24.5%). Sedatives and tranquilizers appeared frequently as a secondary addiction, occurring at 10.8% and 8.4% of the respondents reporting dual addictions, respectively. There were no significant differences in drugs of primary and secondary addiction between Group A and Group B.

Primary and Secondary Addictions by Gender

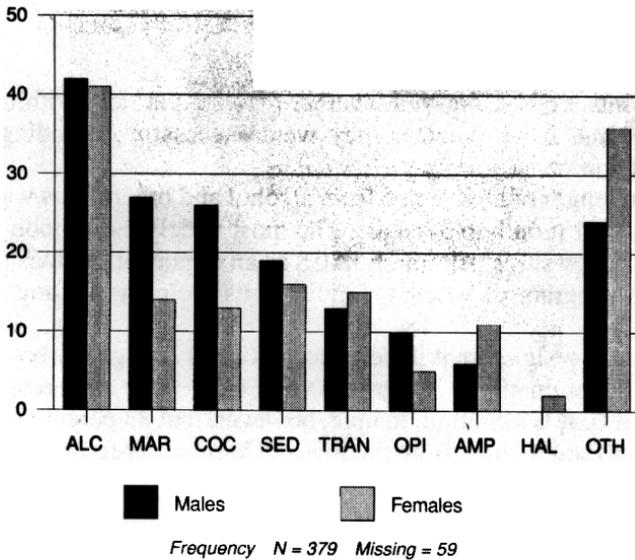
Blume, Dropkin and Sokolow,⁹ found a lower male-to-female ratio (1.4 to 1) in their sample of Jewish alcoholics than is usually encountered among alcoholics of other cultural groups, but could not say whether this was true of Jewish alcoholics in general. Their findings were replicated in this survey, where there was almost an identical number of males and females with primary and secondary addiction to alcohol (male to female ratio: 1 to 1.006, Tables 6 and 7). Male to female ratios usually reported among American alcoholics are significantly higher, for example, 2.4 to 1, in the National Longitudinal Alcohol

TABLE 6. Primary Addiction by Gender



Frequency N = 379 Missing = 4

TABLE 7. Secondary Addiction by Gender



Epidemiologic Survey.⁷ Again it was impossible to say if this gender distribution is characteristic for all Jewish alcoholics.

The only two categories of drug addiction in this survey in which gender differences were found were cocaine and opiates, where males had a 50 per cent higher rate of primary and secondary addiction than females.

Recovery

Chemical dependents in the survey were given a multiple response question (indicating all categories that applied), regarding modes of recovery and/or treatment programs and were asked to relate their effectiveness as (1) very helpful, (2) somewhat helpful or (3) not helpful at all (Tables 8 and 9). The categories were as follows:

1. Alcoholics Anonymous/Narcotics Anonymous/Cocaine Anonymous (AI-Anon/Alateen/Adult Children of Alcoholics/Naranon for significant others)
2. Short-term inpatient (4 weeks or less)
3. Long-term inpatient (more than 4 weeks)—absent in the significant other category
4. Out-patient addiction treatment program (non-residential)

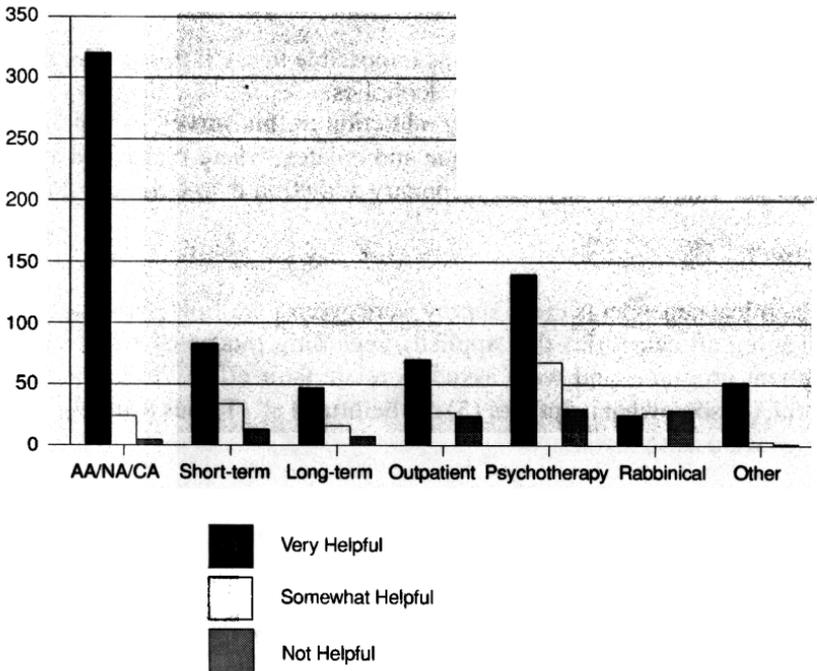
5. Psychotherapy
6. Rabbinical counseling
7. Specified other

Respondents were also asked whether they sought help within the Jewish Community, and if so, whether they were successful in finding assistance through that source.

The mean length of abstinence from alcohol and other drugs was 9.2 years, with a range of 1 month to 37 years. The most widely used mode of recovery was 12-step fellowships. Although JACS as an organization does not promote any specific program of recovery, most of its members belong to self-help groups.

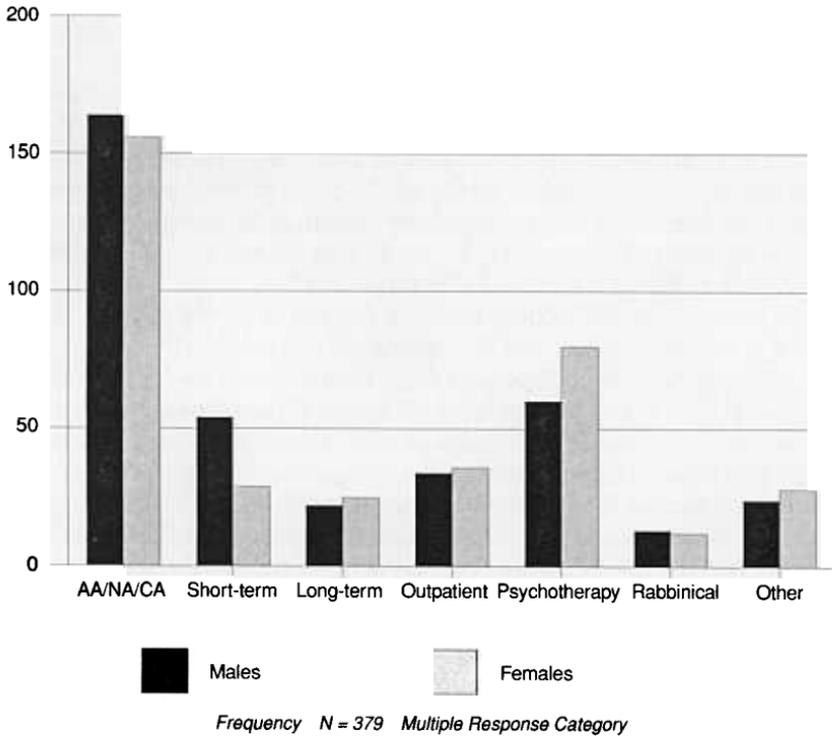
There were no significant differences between ratings of recovery modes among the denominational subgroups, nor were there differences between groups A and B. It is important to note, however, that 83 percent of the 113 respondents who sought help from the Jewish Community for alcoholism/chem-

TABLE 8. Ratings of Recovery Modes for Chemical Dependency



Frequency N = 379 Multiple Response Category

TABLE 9. Recovery Modes Rated Very Helpful by Gender



ical dependency received little or no help at all. (This does not include help received from JACS.)

DISCUSSION

The purpose of this study is not to report on the frequency of alcoholism and addiction within the Jewish Community, but to describe a largely recovering chemically dependent Jewish population. Nevertheless, while preparing this report, each of the authors was surprised at the incredulity of several colleagues, who had to be reassured that “yes, Jewish alcoholics and other drug addicts exist, in sufficient numbers to be studied quantitatively.”

To test the hypothesis that Jewish addiction is a result of lack of education or low income as suggested by Unkovic, Adler and Miller,⁶ we compared the chemical dependents in the JACS sample with two general Jewish population surveys of adults. The Council of Jewish Federations National Jewish Popula-

tion Survey was conducted in 1990 to determine whether significant changes had occurred in the social, demographic and religious structure of the American Jewish community since their previous study of 1970-71. This sample was obtained by random digit dialed (RDD) telephone interviews across the entire United States, and yielded a total of 2,441 responses.¹⁰ The 1991 New York Jewish Population Study was conducted by United Jewish Appeal-Federation of Jewish Philanthropies. The basic goal of that study was to develop a comprehensive socio-demographic profile of the Jews of the Greater New York area in order to provide a systematic and empirical basis for communal and campaign planning. The New York sample was obtained by RDD telephone interviews and yielded a total of 4,006 responses.¹¹

There are obvious differences between the JACS survey and the National and New York surveys. The JACS respondents were primarily east coast residents with approximately 75 percent from the Greater New York area. However, general comparisons are possible. The JACS population reported higher median household incomes and levels of educational attainment than both the National and New York populations. Taking into account the time differences between surveys and the differences in geographic location, it is safe to say that the JACS population did not support the hypothesis that chemical dependence (or alcoholism) in Jews results from deficiencies in education or income for men or women, as shown in Tables 10-12.

Furthermore, being a chemically dependent Jew does not seem to imply being alienated from one's religion or culture as hypothesized by Unkovic and colleagues⁶ and others. The study sample reported that:

1. Jewish culture was reported to be very important to 64 percent of respondents, and of no importance to only .06 percent.
2. Fifty-nine percent of respondents belong to a synagogue.
3. Fifty percent attend religious services on a regular basis and 27 percent attend once a week or more.

There was no relationship between the number of years of recovery and religious attitudes and behavior reported by JACS subjects. Respondents reported that they were participating in Jewish cultural and religious activities even when in the active phase of chemical dependency. Ninety-one percent of those

TABLE 10. Median Household Income

JACS Survey, 1998	\$65,000
National Jewish Population Survey, 1990	\$39,000
NY Jewish Population Survey, 1991	\$50,100

TABLE 11. Educational Attainment of Adult Jewish Men

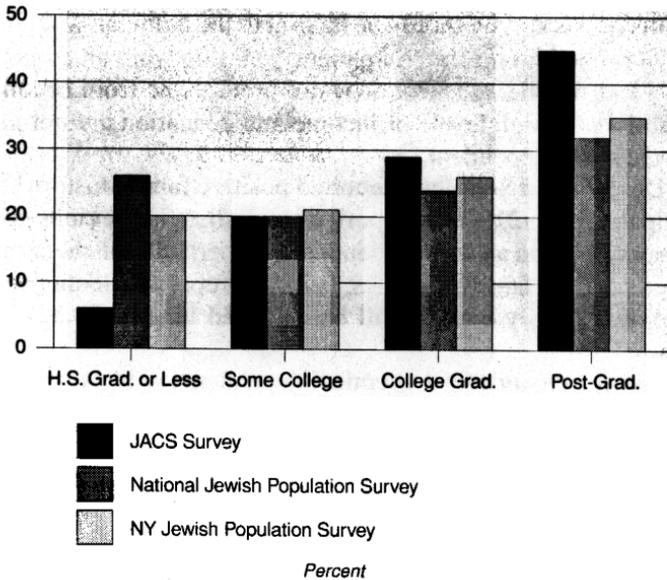
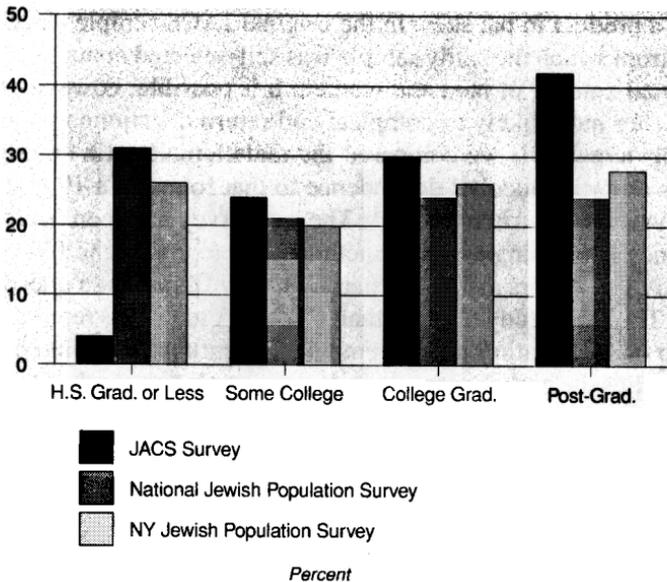


TABLE 12. Educational Attainment for Adult Jewish Women



respondents who are members of 12-step fellowships reported an increased commitment to Judaism in sobriety.

The results of this survey should be helpful to the clinician when confronted by the denial process in the Jewish patient suffering from an addictive disorder. It is evident that being a Jew does not protect one from becoming alcoholic. Exceptionally high levels of income and education are not unusual for the Jewish chemical dependent.

Blume, Dropkin and Sokolow⁹ reported positive family histories in 45% of their participants, with 21% who reported alcoholism in previous generations. The JACS survey found an almost identical number; 48% of chemical dependents reported positive family histories, and 22% reported alcoholism in previous generations. Family history will be explored in greater detail in a later publication.

Almost eighty percent of the chemical dependents in the survey reported a primary or secondary addiction to alcohol, this being the largest response category regardless of any other intervening variable. The only exception was "Ultra"-Orthodox males who had equally high primary addictions to marijuana and cocaine. This finding indicates that rather than having an immunity to alcoholism, chemically dependent Jews tend to choose alcohol as drug of dependence.

The equal number of males and females among Jews who reported primary and secondary alcohol addiction was striking in this sample as it was in the sample of Blume, Dropkin and Sokolow.⁹ It is unlikely that the male:female ratio was a product in the skew in the original JACS sample since the overall database from which the study sample was self-selected contained an approximately equal number of men and women. It is possible, however, that female alcoholics are more likely to complete and return questionnaires of this type. To test this hypothesis we compared the male:female ratio among JACS respondents reporting alcohol dependence to that found in a 1998 membership survey of Alcoholics Anonymous.¹² The AA survey has been conducted every 3 years since 1968 using a similar methodology to that of the JACS study. Respondent AA members are free to participate by filling out a questionnaire, or to refuse. The 1998 study of more than 6,000 AA members reported a male:female ratio of 2:1, a ratio that has remained essentially unchanged for the past ten years. Thus the higher percentage of women among alcoholics surveyed as part of the JACS study is unlikely to be solely due to a female bias in self-selection. As this was a survey of recovering addicts/alcoholics, it is possible that female Jewish chemical dependents may be more likely to recover than Jewish males, and the male:female ratio might be skewed by that fact. Further research on Jewish alcoholics and other drug addicts should explore this phenomenon.

Differences in gender, marital status, education and income were found when comparing the chemical dependents who did not report status as a significant other (Group A) with those who reported both (Group B). The explanation for these differences is not clear. Similar studies of chemical dependents in the general population compared on the basis of status as a significant other could not be found for comparison. The role of the status of significant other in the JACS population will be explored further in a later paper.

Limitations of this study include the nature of the study population, a self-selected subset from within the membership of a Jewish-identified organization for alcoholics, other drug addicts and significant others. Chemical dependents who were born and/or raised in the Jewish faith but have converted to other belief systems and do not currently identify as Jews would be unlikely to be represented in the sample. Furthermore, since only about 45% of the questionnaires were returned, the characteristics of those who took part in the survey may not fully represent the entire JACS population. The similarity in findings to those of Blume et al.,⁹ in spite of the fact that subjects in the Blume study were recruited by a very different method (from a treatment program, by posting notices and by word of mouth), provide some reason to believe that the data are representative, of at least a subset of chemically dependent Jews: those who accept their status as chemically dependent, identify as Jewish and are willing to take part in a survey. In addition, the sample represents the largest group of chemically dependent American Jews described to date, and can thus help in understanding this under-recognized minority among the alcoholics and addicts in the general population.

Finally, the message to the Jewish Community from the analysis of the JACS sample is clear from the findings discussed above. Chemically dependent Jewish people and their families exist and need help but those that seek recovery are often unable to find the help they need within their own communities. The study demonstrates that chemically dependent Jews respond to the same therapeutic methods that help other alcoholics and addicts. Ninety-seven percent of respondents rated educating rabbis and the Jewish Community as extremely important. The authors agree, and hope that this study will help to stimulate that education, both within the Jewish Community and in society as a whole.

NOTES

a. Jewish agencies and institutions working together for humanitarian and philanthropic objectives in specific geographic areas.

b. By "Jewish Community" the authors refer to self-defined Jewish adults living in the United States, Jewish congregations and Jewish-identified organizations active at the national and local levels.

c. All percentages are rounded; 4 are missing of the total sample.

d. Orthodox Judaism is not a unified movement with a single governing body, but rather many different movements adhering to common principles. All of the Orthodox movements are very similar in their observances and beliefs, differing only in the details that are emphasized. They also differ in their attitudes toward modern culture and the state of Israel. They all share one key feature: a dedication to Torah, both written and oral around whose rules and rituals they organize their lives.

e. Conservative Judaism holds that the laws of the Torah and Talmud are of divine origin, and thus mandates the following of halakha (Jewish law). At the same time, the conservative movement recognizes the human element in the Torah and Talmud, and accepts modern scholarship which shows that Jewish writings also show the influence of other cultures, and in general can be treated as historical documents. The movement believes that Judaism has constantly been evolving to meet the needs of the Jewish people in varying circumstances, and that a central halachic authority can continue the halachic evolution today.

f. Reform Judaism views both the oral and written laws as a product of man's hand (specifically, it views the Torah as divinely inspired, but written in the language of the time in which it was given). The laws reflect their times, but contain many timeless truths. The Reform movement stresses retention of the key principles of Judaism. As for practice, it strongly recommends individual study of the traditional practices; however, the adherent is free to follow only those practices that increase the sanctity of their relationship to God. Reform also stresses equality between men and women.

g. Reconstructionist Judaism defines Judaism as the evolving religious civilization of the Jewish people with strong commitments both to tradition and to the search for contemporary meaning. All Jews are encouraged to enhance their own lives by reclaiming their shared heritage and becoming active participants in the building of the Jewish future.

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