

The Drug Problem—A Community Center Experience*

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Introduction

MANY Jewish community centers and Y's are concerned about exposure to and use of drugs by teenagers and young adults. Although there is increasing concern, little has been written about this problem and there have been few opportunities for sharing experiences in Jewish community centers. The authors feel that there is a reluctance on the part of Centers to acknowledge that the problem could exist within their agencies and are also reluctant to share their program experiences. We acknowledge that our own experience in dealing with this problem is relatively recent but hope that this article will begin to explore concerns of Centers and create the first steps in opening a dialogue.

There is no doubt that large numbers of teens and young adults are exposed to and experimenting with drugs. Moe Hoffman, Jewish Welfare Board Washington representative, polled 120 Centers on their reaction to drug abuse, drug education and information. 71 Centers responded, of which 66 reported that the drug problem was of significant interest to them. Percentage figures vary from city to city, but the minimum estimates are that 25 percent of Jewish teenagers are using or experimenting

with drugs.¹ In some areas, estimates are as high as 75 percent.

The authors will not attempt to enter the debate as to the addictive effects resulting from use of marijuana, or its tendency to lead to harder drugs. The authors recognise that at the present time the use of drugs is illegal and can lead to criminal conviction, resulting in a criminal record, stamped passport, inability to be bonded, exclusion from certain jobs, and social acceptability.

Most research indicates that the youngster who uses drugs regularly is usually a disturbed type. A profile of an LSD user emerges from studies and tests done by the Addiction Research Foundation of Ontario on 100 users who obtained LSD on the illicit market. The age group ranged from 15 to 37, with 66 percent between 17 and 21. An average member of this group was from the affluent middle- or upper-class and had a history of emotional disturbance.² The fact that most drug users state that drugs help them work out problems, better adjust to society and improve personal relationships indicates that the Center's focus cannot be directed at the drug usage alone, but to programs developed

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¹ Moe Hoffman, "Use of Drugs Amongst Center Teens," unpubl. paper presented at 58th Annual Meeting. New England Region, Jewish Welfare Board, 1969.

² *The Montreal Star*, March 26, 1969, p. 53.

to help individual member's adaptation to society, improvement of personal relationships and coping with his problems.

Dr. Stanley M. Yolles of the National Institute of Mental Health states "that 20 percent of high school and college students report some experience with marijuana. Generally, more males report involvement. Sixty-five percent of those reporting have used marijuana less than 10 times, with once or twice the commonest response. Another estimate is that between 10 and 15 percent of the teenagers are using drugs, about 1/3 of these regularly. Most experts are in agreement that to say "X" number of high school and college students may be using marijuana does not mean that "X" percent of all or even most communities have been turned on to pot."³

Types of drugs used include marijuana, hashish, sedatives, amphetamines, barbiturates, LSD. Glue sniffing has also been reported. Very few Centers indicated use of hard drugs by members.

Agency Policy

Most agencies have not formalized a specific policy related to Center participants who are using drugs, but it is apparent that many agencies recognize responsibility in dealing with this problem as a primary function of their Jewish Center. A program developed by Samuel Fields YM-YWHA (New York) resulted in the participants developing a norm within their own community, i.e. "that no one would come to the building 'stoned,' nor would they 'turn on' or bring drugs into the building."⁴ The Montreal 'Y' had a similar experience when several members were "floating around" during a Saturday evening pro-

gram. The peer group, concerned that this might eventually lead to curtailment of their program, approached the users themselves and demanded that they not come to the Center in this condition.

The Jewish Centers Association in Los Angeles developed a draft policy statement for submission to their Board, that states, "in keeping with our policies and procedures on liquor, gambling and other anti-social behavior in the Center, and in recognition of the legal and other implications of the use of marijuana, Center staff must enforce this policy which would exclude from the Center anyone who it is believed may be under the influence of drugs or to have them in his possession while in the Center. In the case of minors, parents are to be notified of the exclusion of the child from the Center and the reasons for which this is being done. Anyone suspected to be under the influence of drugs in the Center, who is unable to care for himself, should be given an appropriate escort home.

"The Center cannot condone or tolerate the unlawful use or possession of marijuana (or other drugs) in or about the Center premises. We must be prepared to recognize that adolescents using marijuana 'are in trouble,' risking criminal prosecution and perhaps harmful physical and/or psychological consequences. The Center, should, therefore make every effort within its legitimate function to assist individual adolescents and their families involved in this problem."⁵

The Montreal Y, through a formal board discussion, did not formulate a specific policy, but did go on record stating it would not tolerate the use of drugs within the Center and would report pushers to local authorities. At the

³ Hoffman, *op. cit.*

⁴ Excerpt of letter from Mel Goldstein, Samuel Field YM-YWHA, Little Neck, New York, April 18, 1969.

⁵ Position Statement: "The Increasing Use of Drugs by Teenagers," Jewish Centers Association, Los Angeles, Nov. 20, 1967.

same time, every encouragement was given to staff to work with individuals, families, and member groups to deal with the problem.

The Davis Branch of the Montreal 'Y,' after reviewing the incident reported earlier during a Coffee House Program, discussed the problem and developed a Branch position.

"The Chairman described to the Committee the existing problem in the Coffee House. It was pointed out that at the last Coffee House, it was determined that approximately 10-15 teenagers were 'high' as a result of the use of marijuana or 'hash.' The Chairman reported that the Teen Worker, in consultation with the Teen Council had immediately taken steps to deal with this problem by transmitting through the Teen system of communications the fact that the use of drugs, or coming into a program 'high' is extremely inappropriate and can be a very destructive element for the Coffee House program. The Chairman commended the Teen Council and the Teen Coffee House Committee for the quick and concise action taken in this direction to deal with this major problem.

"Much discussion on the problem ensued and the following points are the critical areas of the discussion.

(a) It was the committee's feeling that the Royal Canadian Mounted Police should be contacted for the purpose of (i) allowing them to become aware that we are cognisant of the problem here; and more importantly, (ii) to prevent them from raiding the program since this would be extremely destructive to the work which is being done here. It was felt that they would cooperate insofar as they have done this in the past, as long as they feel that the staff at the 'Y' are working with the problem.

(b) The Committee felt that what the Teen Council had done had been appropriate, well-timed and was an effective

measure to begin dealing with the problem.

(c) The Committee also felt that we had been successful inasmuch as one of our goals was to try to provide within a structured setting, the opportunity for adolescents to deal with problems that they have on the outside."⁶

These recommendations were subsequently discussed and supported by the Metropolitan Board.

It is important that Agency Boards be involved in developing a policy. This is necessary as there is a high risk element involved in this problem and Board support is required to protect ongoing program. In addition, Board involvement is required in developing realistic objectives. Boards must recognize that this is a community problem and no single agency can effectively deal with the entire problem. Boards must recognize that this is a difficult task, and immediate, dramatic results are not possible.

The Montreal experience has shown that a Board can provide support for experimental programs. A factor contributing to this support was the degree of emotional involvement of the Board members. Staff were careful to interpret that these programs are *experimental*, and despite this caution, supplemental budgets were easily obtained.

Interpretation to Boards emphasized that while staff would support the Association policy, that this policy would not be used as a device in making moral judgments. This is often misinterpreted by Board members as staff approval of use of drugs by teenagers.

Most Board members accept the "stepping stone" concept and the psychological dependence needs of marijuana users. They reject the imposing argument that teenagers present to staff that the adults'

⁶ Extract from Minutes of Meeting of Davis Branch, Teen Committee, Montreal, Feb. 13, 1969.

anti-marijuana campaign is hypocritical when compared to the dangers of alcohol and nicotine consumption. In spite of Board members' feelings, they have accepted staff interpretation as to their role and have provided support for experimentation.

Center Boards will have to face the problem of drug use when establishing personnel policies. The San Francisco United Jewish Community Centers now include as a regular part of their staff hiring interview procedure, various questions of personal drug use and attitudes towards drugs, and do not hire drug users. Based on the assumption that most college students have had the opportunity to use drugs, the need to establish specific personnel hiring practices has increasing importance. Centers' reports indicate that the greatest test of these personnel policies is the hiring of Camp staff. Personnel Committees will have to determine whether a policy of not hiring drug users is an infringement on personal liberties, even though they might base their decision not to hire on a legal point of view.

Work with Authorities and Other Institutions

Very few agencies have reported that they cooperate with the legal authorities on the drug problem. The Samuel Field 'Y' has not been asked by the authorities for cooperation, nor do they anticipate volunteering help to them. They generally find that the District Attorney's Office, particularly at points of political stress, like elections, become very cognizant of the drug problem. Their action in many instances is to prosecute and persecute.⁷

On the other hand, the Montreal Y has developed excellent contacts and re-

lationships with the RCMP. Support was provided to continue programs with assurances from the RCMP that they would not conduct searches or raid the premises during the program. The staff of the Y were able to obtain the confidence of the RCMP with respect to the preventative qualities of their program. The RCMP indicated no desire to arrest users, as they felt in this area the Y could be of much greater help. They did, however, indicate interest in the reporting of pushers and primarily to use this information to locate the source of supplies.

The RCMP encouraged contacts with the Juvenile Court to obtain information on users and arrests so that we could immediately provide services available to the individual and the family. This is now being explored.

As part of its in-service training program, the Montreal 'Y' used non-professional organizations and psychiatrists, (who have direct contact with drug users). In addition to the educational advantages, the staff were able to incorporate selected aspects of this information into their practice.

The Neighborhood House Branch of the Montreal 'Y,' in cooperation with a local high school is developing a joint program to tackle the problem of drugs. The initiative was taken by both the principal of the school and the Branch director and grew out of a Home and School (PTA) meeting which the Branch director attended.

This joint program is now in the developmental stages and a committee is being formed to a) list central agencies for referral, b) to explore what can be done to begin to meet the problem, c) involve other significant agencies, individuals and groups of individuals, (e.g. merchants), who have contact with teens, to join in a coordinated approach.

The school has developed a drug con-

⁷ Goldstein, *op. cit.*

trol group which consists of three teachers who have taken a course on "drugs" and who are responsible for all the drug problems which face the school.

The Davis Branch of the Montreal 'Y' has been reluctant to develop joint programs on drugs with their local high school. The hostility of the students toward the school administration does not provide an atmosphere for successful joint program development. However, despite the apparent attitude of the school administration, the teen worker has maintained an on-going dialogue with guidance staff to discuss and refer individuals with specific problems.

Many schools, depending on the training of its guidance people provide individual counselling and referral service. All guidance personnel receive information on drugs, prepared by the School Board, which can aid in their ability to provide help.

It must be understood that tackling the drug problem at this time is a relatively new experience for most institutions in Montreal. For this reason we cannot be too critical, nor pre-judge programs and approaches being employed. What is important is that agencies confronted with the problem should continue to explore, experiment and cooperate with others in the hope that a sharing of information will lead to a coordinated method of dealing with drug abuse.

Use of Other Services in the Community

During the past several years, a number of unique services dealing with drug abuse have been developed in Montreal. In most cases, these services have been provided by untrained workers; however, we believe that many of these groups are giving very valid, effective help to individuals, and that we can learn a great deal from them. The fact that these

workers are non-professional tended to alienate Montreal professionals from useful contact with them. Many of their programs are experimental and our Centers must be receptive to ideas developed by these new organizations. We must not let our professional bias stand in the way. At the same time, we must develop within our agencies the freedom to undertake new and different types of programs.

These new service organizations seem to have developed along two lines. The first is those that deal directly with the problem of drug abuse, while the second concerns itself with the underlying reasons for drug abuse, and sees drug problems as symptomatic of a more serious problem.

Tell It As It Is is a group of young men, some of whom are ex-users, who have the purpose of disseminating "factual information" about drugs. This is a drug education program that communicates with parents, school boards, service clubs, student groups, professional societies and the general public. They have developed a series of kits and film resources useful in drug education. Their services are available to any group in the city, and they have been successful in moving into schools, with school administration approval, to engage the students in frank, open meetings.

Youth Clinic was in the formative stage, while *Contact*, a short-lived group that began during Expo 67 was ebbing, and some of the leadership made the shift from one to the other. This group attempts to deal with the broad spectrum of problems facing young people. The administrator, himself an untrained young adult, states that "the principle behind the clinic is that if the services for meeting the social, medical needs of detached youth are planned by young people, or people who are much more empathetic towards youth than

most, then much more success can be achieved."⁸ This principle has enabled the group to function as an independent body, while at the same time seeking their own working relationship with recognized social service agencies.

"It is possible to deal with the problems of youth in Canada in such a way as to adapt established educational, social and medical facilities to the needs of youth without putting the "establishment" in danger of collapsing and therefore evoking a reactionary response from within the 'establishment'."⁹ The *Youth Clinic* provides medical services, job placement, and extensive detached work problems. Board members include prominent Montreal physicians, psychiatrists, social workers, students, clergy. This group has been faced with tremendous financial problems, and the recognized social agencies within the city are just now beginning to provide some support to them.

Recently, the Jewish Federation of Montreal provided a significant grant, to enable them to continue. One problem that became apparent as we spoke with representatives of the various groups, was an obvious rivalry amongst them, and verbal expression that the "others" were very ineffective. The reasons for these feelings are many, not the least of which is the funding difficulties.

Many cities in the U.S.A. have had similar groups springing up. Two which came to International prominence were *Synanon* and *Encounter*. *Synanon*, a California-based group, was geared to providing a setting for narcotic addicts which would be conducive to breaking the habit. The concept of a self-contained communal life proved to be beneficial for some, and the usefulness

of group support for individuals in need was a key factor in their methodology.

Encounter on the other hand, is a New York City group which offers help to the more recent type of drug abuser. "Operated mostly by former drug users, the program attempts to rehabilitate youngsters caught in the drug menace. . . ."¹⁰ Confrontation and support in small groups are the basis for help in *Encounter*. Utilizing a facility with a number of small rooms in the heart of Manhattan, the groups not only help young people get off drugs, but also begin to help them examine and change the reasons for their becoming dependent in the first place.

Community Organization

Local community action groups—an interesting service has been developed in the Lakeshore area of Montreal that we are studying carefully with a view to developing similar groups within our own branches. Facing a community on the verge of panic, the professional YMCA workers, together with the Director of the Psychiatric Services of the local hospital, organized a citizens' group that successfully linked the services of all agencies in the community. This group, The West Island Social Committee, is now conducting research; is providing educational programs for community leaders, teachers, and clergymen; is developing a working relationship with the Juvenile Court; has integrated the reaching-out services of the YMCA; and has been able to obtain facilities at almost no cost. The support and involvement of the parents and businessmen have enhanced the staff role, creating an influential community action group.

⁸ *The Montreal Star*, *op. cit.*, p. 57.

⁹ *Ibid.*

¹⁰ William J. McKean, "Encounter: How Kids Turn Off Drugs," *Look*, Vol. XXXIII (April, 1969)

Drug Decision—is a project of the Lockheed Aircraft Corporation, giving teenagers and young adults facts on drugs, through simulated narcotics crises. The program is a curriculum package including a three-hour movie animation segment, produced by Warner Brothers. *Drug Decision* is now being implemented in a number of California Junior High Schools. The program stresses that deterrents to intelligent and workable drug education program are the lack of facts, no student interaction in learning, the burdening of the teaching staff, the lack of effective teaching materials and insufficient parental involvement.

The *Drug Decision* program consists of a 15-hour course aimed at setting the foundation for eliminating these obstacles. The project was developed by combining modern aero-space skills with studies of the continental drug problem, in consultation with experts in medicine, education and narcotics enforcement. Part of the method is to give each student a role as a narcotics control officer in an imaginary community. The student understands he must be ready to make sophisticated decisions relating to drug crises. The student is given the facts he needs to take action against the emergency.

He learns the psychological and physiological effects of drug use, the nature of narcotics traffic and the probable results of options open to him. These facts are not communicated to the students by the teacher but by the color and sound of a motion picture in combination with student response manuals. The didactic emotional approaches to the narcotics abuse problem are specifically avoided, since this tends to alienate the student more than inform him. The film directly answers the students' questions and presents them with problems. The film then stops while answers are written. This stresses the feeling of immediacy and direct involvement and per-

mits the student to act almost instantly upon receiving new information. Parental and community involvement is vital to the success of the anti-drug instruction. Parents of the youngsters in the program, as well as leaders of the communities involved are given special multi-media presentations. Lockheed provides a training program for the use of *Drug Decision*.

Some Programatic Experiences

In developing our function with respect to drug abuse, we have recognized that:

1. Research indicates that the regular use of marijuana is most often symptomatic of more deeply-rooted emotional problems.

2. If we, as an agency and staff, can exercise any control over our clients, it would be in the interest of curtailing or eliminating the use of marijuana. This is similar to the position we would take on the excessive use of alcohol, tobacco, etc. We have, as a staff, collectively accepted the findings that pot may not have detrimental physiological affects, but it is our feeling that if an individual can make a choice, he would be better off as a non-user.

The services provided by the Montreal Y fall generally into preventative and "treatment" categories. These services are directed to adults, teenagers and children, and in some cases to the community at large.

Having accepted that the use of marijuana is often a symptom of other problems, we recognize that all of our programs and activities directed toward helping teens deal with stress, whether it results from family, school or peer experiences, have some bearing on whether teenagers will turn to marijuana or, in some cases, continue its use.

Traditionally, our staff has been trained in dealing with emotional prob-

lems, and help is given to enable staff to build effective and trusting relationship with members. Assuming that most Centers utilize similar approaches in working intensively with its members, we will not give emphasis to this aspect of our work, but rather to those areas which relate uniquely to drug abuses.

As with many social and emotional problems with which we deal, drug abuse is one where a great deal of attention is given to the symptom itself, i.e., the use of marijuana. In dealing with the self-destructive suicidal person about to jump from a building, or in a family environment torn by conflict where foster placement is essential, the symptom or present reality must be dealt with before the worker can address himself to the underlying problems.

All branches of the Y have begun by stating very explicitly to its membership that the use of marijuana or any narcotic on its premises cannot be allowed, because of the present legal implication of this act, and the jeopardy in which it places the members and the program. All Teen Councils have been engaged in a discussion of this limitation and given the opportunity to express their feelings, although not given the opportunity to bring about a change in the policy itself. One such effort involved the confrontation of an entire teen division with particular emphasis on helping them to recognize that there is a social problem in our midst, of vital concern to them because of the damage it can do to the program which they worked so hard to create. Afterwards the teens divided themselves into several discussion groups to begin sharing their feelings about this problem.

One desired impact of the stated limit was that it become an explicit extension of the member-agency contract where both agency and members' rights are clearly established. One branch of the Y deals specifically with this limit in

regular teen group intake meetings. We attempt at the time of intake to interpret that we are aware of the drug phenomenon, that the esteem in which we hold our members is in no way related to whether or not they use marijuana outside of the building, and that we are prepared to discuss individually or collectively its use, without moralizing or being judgmental.

All teen leaders have been provided with specific training in recognizing drugs and narcotics, the effects of the use of various types of narcotics and why people use them. These training experiences have not only provided an opportunity for encouraging leaders to share their own attitudes about the use of marijuana, but have been fruitful in imparting the information that leaders require to work effectively with teens. We try to encourage leaders to view the use of marijuana as they might view aggressive or acting-out behavior.

In dealing with drug abuse, we instruct the staff to assume a non-judgmental, non-moralizing and supportive point of view. Members are assured that any information they share will be held in confidence, and we have learned that the amount of sharing of concerns by teens and adults about the use of marijuana is most directly dependent on the skill and attitude of the leader or staff person himself.

One of the fundamental value questions with which we struggle and with which we assume other Centers do, as well, is how much self-determination and confidentiality should the teen be permitted, i.e., at what point do we advise the teen that any information he shares with us with respect to his use of pot we are compelled to share with his parents, knowing that one implication is that this might affect future sharing.

Three branches of the Y on several occasions have engaged both parents and

teens in forums and discussions dealing with mutual concerns. While generally quite revealing, it appeared that this format was less desirable than small group discussions, as comments were often made as much for impact on peers as a desire to be honest with one's self. Prior to this year's summer camping experience for the Jewish teenagers of Montreal, in excess of 100 parents have agreed to participate in seven small groups of four sessions each, led by professional staff; these groups focussed on parent concerns about their children, with drug abuse being a major area of discussion.

Where teens in their club groups have requested programs on use of drugs, films and discussions have been the primary media. Where teens have not requested program on the use of marijuana, the agency as part of its lounge opened an additional room in which a film or discussion leader were available for those interested.

The lounge program and teen house have provided the primary opportunity to reach teens who are interested in, or currently using, marijuana. As a result, all lounge and coffee house programs within the various branches of the Y are now more heavily staffed than they were a year ago. The basis for this was the feeling that the real value of the lounge program lies in the ability of the teen to make an adult contact on his own terms. Lounge staff are encouraged to be aggressive enough to make contact with the teens, yet remain sensitive enough to avoid pressuring the participants into discussion for which they are not yet ready. As well, programs adjunctive to the lounge are provided for those teens who wish to participate on a drop-in basis where more intensive and individual contact with staff is possible.

In most cases where users of marijuana have identified themselves, the major

reasons they have given is to escape the social and emotional pressures that have been created; the ready availability of marijuana; and peer group pressure to "try it once."

We have experienced little success in involving identified users to participate in small groups dealing with their specific concerns. The Davis Branch of the Montreal Y, however, did have considerable success in involving a group of parents of users. This experience provided information, understanding and support, and opened channels for referral.

Where the use of marijuana is felt to be a self-destructive act, or is related to social and emotional problems that require help beyond the capacity of our ability to provide, staff time is used in engaging a member in a referral process.

At the Chomedey Branch of the Montreal Y, the referral agencies have been brought directly into the coffee house. Through inter-agency agreement the Chomedey program has secured the placement of one vocational guidance worker, five case workers and one community organizer. The presence of these workers, serving as lounge leaders, eliminates many of the structural problems of getting the client from the source of referral to the agency. As well, these workers add from their own perspectives to the quality of our staff training, case-finding and approaches in dealing with the problem in general.

The apparent lack of experience by many Centers elsewhere in dealing with the drug situation, as shown by the minimal response to our request for their participation in the development of this paper, leads us to believe that there is still much to be learned.

We have attempted to consolidate some experiences and define areas for further consideration, and trust that new vistas of learning will be opened.