

# Food Insecurity Among Drug Addicts in Israel: Implications for Social Work Practice

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**ABSTRACT.** The intent of this article is to introduce the problem of food insecurity and hunger as a concern for social workers addressing drug addiction and the needs of addicts in Israel. This article discusses the results of a study comparing the food insecurity problem among addicts and non-drug addicts. Specifically, the objectives of this study were: (1) to conduct an analysis of the level of food insecurity in Israel; (2) to examine which individual characteristics are related to food insecurity among addicts and non-addicts; and (3) to better understand how food insecurity can be addressed in the context of social work treatment for addicts. Policy and practice recommendations are discussed. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Food insecurity, hunger, addiction, drug addicts, food programs, social work

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Journal of Social Work Practice in the Addictions, Vol. 5(3) 2005

Available online at <http://www.haworthpress.com/web/JSWPA>

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doi:10.1300/J160v05n03\_03

## ***INTRODUCTION***

Food insecurity in western countries has been linked to the decline of the welfare state and shifting economic and social policies (Eisinger, 1998; Riches, 1997). In Israel, the problem has also been attributed to the economic recession that began in 2000. A recent exploratory study in that country shows that about 20% of Israeli households experience food insecurity, nearly twice the percentage found in the U.S. (Brookdale, 2003; Kaufman, 2003). The government response to the problem has been to rely on community and voluntary activity to ameliorate the problem. This policy has led to an increase in the number of soup kitchens and food distribution centers (Kaufman & Slonim-Nevo, 2004).

Unlike malnutrition that characterizes many underdeveloped countries (Seipel, 1999), food insecurity does not endanger life. It affects, however, daily functioning as well as the social, physical, and psychological well being of individuals and families who experience the problem. Studies show food insecurity linked to family instability, mental and physical health, and behavior problems such as delinquency, crime, and drug use (Holben, 2002). Also, food insecurity tends to be higher among those people who are clients of social welfare agencies, recipients of welfare benefits, unemployed, new immigrants, drug addicts, and homeless people (Booth & Smith, 2001; Himmelgreen, Perez-Escamilla, Segura-Millan, Romero-Daza, Tanasescu, & Singer, 1998; Kaufman & Slonim-Nevo, 2004).

The intent of this article is to introduce the problem of food insecurity as a concern for social workers addressing drug addiction and the needs of addicts. It provides explanation of the issue and its consequences. The article further discusses the results of a study comparing the problem of food insecurity between drug addicts and non-drug users. Specifically, the objectives of this study were: (1) to conduct an analysis of the level of food insecurity using the Food Security Core Survey Module of the U.S. Department of Agriculture; (2) to examine which individual characteristics are related to food insecurity among addicts and non-addicts; and, (3) to better understand how food insecurity can be addressed in the context of social work treatment for addicts.

## ***LITERATURE REVIEW***

### ***Measuring Food Security***

Food security means that all people at all times have access to enough food for an active healthy life (Food and Agriculture Organization,

United Nations, 1996). It is considered a basic human right under several covenants of international law. This provision states that nutritionally safe foods need to be accessed in socially acceptable ways. Food-secure individuals and families should not have to resort to emergency food supplies, begging, stealing, and/or scavenging for food (Bickel, Nord, Price, Hamilton, & Cook, 2000; Holben, 2002).

In 1995, the first survey using a new instrument to measure food security was undertaken in the U.S. The scale, *Food Security Core Survey Module*, enabled households to be classified as food secure, food insecure without evidence of hunger, or food insecure with evidence of hunger (Holben, 2002). The Core Module does not measure the nutritional quality or safety of the food consumed. Studies have found, however, a link between the level of food security and these two factors (i.e., food quality and safety) (Evans & Dowler 1999; Kendall, Olson, & Frongillo, 1996; Stitt, Griffiths, & Grant, 1994).

### ***Consequences of Food Insecurity***

Food insecurity reduces the short and long-term physical and mental health status of individuals and families. It causes hunger, fatigue, and illness (Blaylock & Blisard, 1995). Qualitative research shows food insecurity linked to impaired cognitive and physical ability, school and work absenteeism, as well as involvement with social activities (Hamelin, Habicht, & Beaudry, 1999).

Groups at risk for food insecurity suffer higher rates of diet-related problems throughout life, including low birth weight babies, childhood and infant anemia, low immunity from infectious diseases, dental caries, obesity, hypertension, type-2 diabetes, heart disease, and stroke (James, Nelson, & Leather, 1997). Also, it has been suggested that food insecurity leads to eating disorders and the poor quality of food distributed free among the homeless and poor people may contribute to excessive consumption and subsequent obesity (Lauder, Ceyens-Okada, Koren-Roth, & Martinez-Weber, 1990).

Food insecurity is a problem among many people who are alcohol-dependent and/or drug addicted (Darnton-Hill, Ash, Mandryk, Mock, & Thu Ho, 1990; Reid, Crofts, & Hocking, 2000). Such people tend to have a poor nutrition status that is related to the intensity of the addiction and quality of food available to them (Santolaria-Fernandez et al., 1995; Wiecha et al., 1993). Drug users tend to consume more sodium, fewer fruits, salty snacks, sodas, and alcohol than non-drug users (Smit & Crespo, 2001). In a study of low-income, Puerto-Rican female

drug users living in the U.S., it was found that they tend to be more food insecure and exposed to severe food sufficiency problems than non-drug users (Himmelgreen et al., 1998).

In a recent review of the importance of good nutrition and addiction, Sandwell (2004) points out that: (1) individuals with drug or alcohol dependency may be malnourished and deficient in a number of vitamins, minerals, protein, and essential fatty acids by the time they present themselves to treatment services; (2) the effects of malnutrition may include thiamine and iron deficiency contributing to anemia, apathy, anxiety, irritability, depression, and decreased cognitive function which could be obstacles in the recovery process; (4) when someone with drug or alcohol dependency is in treatment, their day-to-day diet is unlikely to take priority in their recovery; and (5) research shows that a poor diet with specific nutrient deficiencies may contribute to a more rapid progression of viral diseases such as HIV and hepatitis which affect a significant number of IV drugs users.

The above studies, conducted in the U.S., Australia, Israel, and England, show that food insecurity is a wide spread health concern for poor people and those with addiction problems. The authors believe this present study has policy and practice implications for the health and welfare of drug users in all countries, as well as for the treatment services they receive.

## ***METHOD***

### ***Subjects***

Data were collected from a purposive sample of 644 male and female adults—547 were low income clients of welfare service agencies (i.e., non-drug addicts) and 97 were drug-addicted clients receiving methadone and day treatment services. All clients were from the Negev region of Israel. The sample included individuals between the ages of 18-50 (median age = 38). Subjects were interviewed on a voluntary and anonymous basis during a two-month period from December 2002 to January 2003.

### ***Procedure***

Food insecurity was measured by responses to the Food Security Core Survey Module (U.S. Department of Agriculture, 1999). This instrument (see Appendix) is widely used to measure food insecurity and

hunger (Blumberg, Bialososky, Hamilton, & Briefel, 1999; Holben, 2002). It includes questions about having enough money to buy food; affording nutritious and balanced meals; and, skipping meals because food could not be afforded. Additionally, subjects were asked about their personal background and access to food.

Internal and test-retest reliability of the 6-item questionnaire was assessed in a preliminary study of Ben-Gurion University students (N = 20). Internal reliability was satisfactory (Cronbach alpha coefficient 0.77 and Guttman split-half coefficient 0.97). The test-retest correlation was high (0.96).

### ***Data Analysis***

Background characteristics, level of food security, characteristics of those with food insecurity, and the use of food distribution centers were examined to compare the non-drug addicts to drug addicts. Descriptive statistics, chi-square and t-test analyses were used. Preliminary data analysis revealed no significant differences based on age and sex, therefore, these factors were not used to compare the respondents. Generalization of the results is limited because of the prospective nature of the study conducted in one location (i.e., the Negev) at one point in time.

## ***RESULTS***

### ***Background Characteristics***

Table 1 shows that the two study groups did not differ in terms of age, sex, and use of social benefits as the main source of income. Significant differences were found comparing education, employment and marital statuses. Drugs addicts were less educated—53% did not complete high school compared to 22% of the non-drug addicts; addicts were less likely to be employed—78% of the addicts reported not working compared to 57% of the non-drug addicts; and, addicts were less likely to have a partner or be married—64% of the addicts were not married or did not have a partner compared to 48% of the non-addicts.

### ***Food Insecurity Status***

Recently, it has been estimated that 20% of the population in Israel is food insecure (Brookdale, 2003). Table 2 shows that compared to the

total population, a higher level of food insecurity exists among both study groups. Addicts were found to be significantly more food insecure than non-drug addicts (50% vs. 35%).

### *Comparison of Food Insecure and Secure Drug Addicts*

Table 3 compares food insecure and secure drug addicts. The vast majority of food insecure addicts is unemployed (85%) and relies on income from social security benefits (81%). Only dependence on social security benefits significantly differentiates the two groups. Food secure and insecure addicts tend to have the same level of education.

TABLE 1. Selected Socio-Demographic Characteristics

Variables	Values	Non Drug Addicts (N = 547)	Drug Addicts (N = 97)	Total (N = 644)	t-test or $\chi^2$
<b>Age (years)</b>		Mean = 36.94 Median = 38.00 SD = 8.24	Mean = 35.41 Median = 36.00 SD = 8.28	Mean = 36.71 Median = 38.00 SD = 8.260	1.69 <sup>a</sup>
<b>Employment Status</b>	Employed Unemployed	44% 57%	22% 78%	40% 60%	17.50***
<b>Education</b>	Less than 12 years 12 +	22% 78%	53% 47%	27% 73%	34.11***
<b>Marital Status</b>	Married (or with partner) Single	52% 48%	36% 64%	50% 50%	8.46*
<b>Social Security Benefits</b>	Yes No	65% 35%	67% 33%	65% 35%	0.15

<sup>a</sup>t-test; \*p < .05; \*\*p < .01; \*\*\*p < .001

TABLE 2. Food Insecurity Status: Comparisons of Non-Drug Addicts and Drug Addicts

Status	Non-Drug Addicts (N = 547)	Drug Addicts (N = 97)	Total (N = 644)	$\chi^2$
<b>Food secure</b>	65%	50%	63%	
<b>Food insecure</b>	35%	50%	37%	6.91**

\*\*p < .01

An analysis of non-drug addicts shows that unemployment, low education and a reliance on social security benefits are significant predictors of food insecurity.

### *Use of Charity Food Program*

Despite the high rate of food insecurity, the majority of respondents (65%) reported that they did not use charity food services. Table 4 shows that only 14% of the drug addicts used charity food services (i.e., soup kitchens and food distribution services) compared to 39% of the non-drug addicts.

## **DISCUSSION AND RECOMMENDATIONS**

Israel has developed and instituted policies that address the health and social welfare needs of its citizens. This study shows evidence that the safety net covering basic human needs such as food security is inad-

TABLE 3. Food Insecure and Secure Drug Addicts

Variables	Values	Food Secure (N = 49)	Food Insecure (N = 48)	Total (N = 97)	$\chi^2$
<b>Employment Status</b>	Employed	29%	15%	22%	2.84
	Unemployed	71%	85%	78%	
<b>Education</b>	Less than 12 yrs.	55%	50%	53%	0.25
	12 +	45%	50%	47%	
<b>Social Security Benefits</b>	Yes	53%	81%	67%	8.94**
	No	47%	19%	33%	

\*\*p < .01

TABLE 4. Charity Service Use: Comparison of Non-Drug and Drug Addicts

	Non-Drug Addicts (N = 547)	Drug Addicts (N = 97)	Total (N = 644)	$\chi^2$
Use charity	39%	14%	35%	
Not use charity	61%	86%	65%	24.17***

\*\*\*p < .001

equate. A significant portion of those studied (37%) is food insecure. The problem is more pronounced among people addicted to drugs who tend to have a higher level of unemployment, have a lower level of education, and have a greater dependence on public entitlements (e.g., social security benefits) than non-drug addicts with a similar low socioeconomic status.

Despite the fact that they are more in need of food related assistance, drug addicts use charity food supply organizations significantly less than non-addicts. This finding may be due to a number of reasons, including a lack of awareness among addicts about the availability of services provided by such organizations, and drug treatment service personnel not knowing how to address the problem of food insecurity. Social workers who provide services to drug addicts and their families can have an important role in generating knowledge and access to available resources. In Israel, however, it should be recognized that food supply organizations are limited in terms of number, location, and the extent of resources available to address the growing problem of food insecurity that has evolved because of government policy, social service cutbacks, and the downturn in the economy (Kaufman & Slonim-Nevo, 2004).

The study findings are consistent with other research efforts that have found drug addicts to be more food insecure than other low-income, non-addict populations (Himmelgreen et al., 1998). Food insecurity is a significant factor that affects health status and ability to function. Its impact may affect the ability of drug addicts to successfully respond to drug treatment services.

In response to prevailing conditions in Israel and elsewhere, social workers should consider how to adapt their methods of service provision to drug addicts and other high-risk groups in need of food security. The following considerations are suggested:

1. *Promoting practice and education:* Social workers in drug treatment centers should be aware that their clients might have difficulty coping with daily living tasks because of food insecurity and its consequences. The food insecurity issue should be part of the dialogue between social workers and clients to promote good nutrition, including how to access hot meals, ways of reducing food waste, meal planning, and food purchasing tips (Hoblen, 2002). Treatment providers should bear in mind the role of providing a good diet and nutrition education in their recovery programs and look to a qualified nutritionist or dietician for guid-



dance. For example, specific dietary guidance is needed for individuals with HIV, Hepatitis C, and liver disease. In the later stages of these illnesses, individuals should certainly be receiving dietary advice from a qualified dietician (Sandwell, 2004). Also, the issue of nutrition and drug treatment should be promoted in inter-disciplinary faculty development plans (Straussner & Senereich, 2002) aimed to prepare students (social work, public nutritionists and other helping professions) with an adequate knowledge of drug abuse issues and their relation to nutrition.

2. *Development of food programs:* Social workers may have a role in the provision of food programs including breakfast and/or lunch meals to addicts. This task may require the ability to promote cooperation and coordination of welfare, local government, and community-based services; familiarity with the food supply infrastructure; and, knowledge of primary health care principles and practices. Food banks, community gardens, lunch clubs, and communal cooking programs are among the local responses to food insecurity. While the effectiveness of these efforts remains undocumented (Booth & Smith, 2001), such activities may prove to be creative ways of enhancing the success of treatment services.

In terms of social work program development, the high percentage of food insecurity among the subjects in this study leads to the conclusion that all addicts should be treated as potentially food insecure. This recommendation follows the “harm reduction philosophy” of meeting unmet needs discussed by McNeece (2003). The lack of information among addicts about food programs and their tendency to distance themselves from mainstream programs means that there is a need to provide outreach services and education on the value of good nutrition and about how best to access food. Also, treatment staff should be able to provide clients and families with information about the location, working hours, and other details of charity food assistance programs in the community as well as how to access such facilities via public transportation.

3. *Advocacy and policy development:* Advocacy for food security as part of drug treatment services is recommended. Accurate information about the extent of food insecurity among addicts should be collected and disseminated to government officials, politicians,

and agency personnel. Drug treatment personnel should organize or join advocacy groups with other professionals to generate support for policies that will promote food relief programs for people in need of such services including drug addicts (Kaufman, 2001).

### CONCLUSION

This study provides support to the need for increased attention of and response to the problem of food insecurity among addicts and other high-risk populations. Such comparative analysis, to the best of our knowledge, has never been conducted in Israel, and only minimally elsewhere. While the findings link food insecurity to unemployment, lack of education and dependence on social security benefits, interesting questions remain that call for future research about food insecurity and its relation to addiction and treatment. A better understanding of how food insecurity is related to drug use, continued abuse, periods of abstinence, and recovery could lead to greater acceptance of the need for changes in treatment services and in policy.

### REFERENCES

- Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J. (2000). *Guide to Measuring Household Food Security*. Alexandria, VA: U.S. Dept of Agriculture, Food and Nutrition Service.
- Blaylock, J.R., & Blisard, W.N. (1995). Food security and health status in the United States. *Applied Economics*, 27, 961-6.
- Blumberg, S.J., Bialososky, K., Hamilton, W.L., & Briefel, R.R. (1999). The effectiveness of a short form of the household food security scale. *American Journal of Public Health*, 89, 1231-1234.
- Booth, S., & Smith, A. (2001). Food security and poverty in Australia: Challenges for dietitians. *Australian Journal of Nutrition & Dietetics*, 58 (3), 150-157.
- Brookdale Institute (2003). *Update on Food Security in Israel: Highlights of the Findings*. Jerusalem: JDC-Brookdale Institute.
- Darnton-Hill, I., Ash, S., Mandryk, J., Mock, P., & Thu Ho, N. (1990). Food sources of homeless men in Sydney. *Australian Journal of Nutrition Diet*, 47, 13-9.
- Eisinger, P.K. (1998). *Towards an End to Hunger in America*. Washington: Brooking Institute Press.
- Evans, N.S., & Dowler, E.A. (1999). Food, health, and eating among single homeless and marginalized people in London. *Journal of Human Nutrition Diet*, 12, 179-199.
- Food and Agriculture Organization of the United Nations (1996). *Report of the World Food Summit*. Rome: FAO.

- Hamelin, A.M, Habicht, J.P., & Beaudry, M. (1999). Food insecurity: Consequences for the household and broader social implications. *Journal of Nutrition*, 129, 525-528.
- Himmelgreen, D.A., Perez-Escamilla, R., Segura-Millan, S., Romero-Daza, N., Tanasescu, M., & Singer, M. (1998). A comparison of the nutritional status and food security of drug-using and non-drug-using Hispanic women in Hartford, CT. *American Journal of Physical Anthropology*, 107(3), 351-61.
- Holben, D.H. (2002). An overview of food security and its measurement. *Nutrition Today*; 37(4): 156-62.
- James W.P.T., Nelson, M., Ralph, A., & Leather, S. (1997). Socioeconomic determinants of health: The contribution of nutrition to inequalities in health. *Behavioral Medical Journal*, 314, 1545-1549.
- Kaufman, R. (2001). Coalition activity of Social Change organizations: Motives, resources, and processes. *Journal of Community Practice*, 9(4), 21-42.
- Kaufman, R., & Slonim-Nevo, V. (2004). Food insecurity and hunger among disadvantaged populations in the Negev: Findings from an exploratory research study. *Social Security*, 65, 33-54 (in Hebrew).
- Kaufman, R. (2003). Why the rate of food insecurity and hunger in Israel is twice as much as in U.S. *Haaretz* (October 9th). (in Hebrew).
- Kendall, A., Olson, C.M., & Frongillo, E.A. (1996). Relationship of hunger and food insecurity to food availability and consumption. *Journal of American Diet Association*, 96, 1019-1024.
- Lauder, E., Ceyens-Okada, E., Koren-Roth, A., & Martinez-Weber, C. (1990). Health and nutrition survey in a group of urban homeless adults. *Journal of American Diet Association*, 90, 1387-1392.
- McNeece, C.A. (2003). After the war on drugs is over: Implications for social work education. *Journal of Social Work Education*, 39(2), 193-212.
- Reid, G., Crofts, N., & Hocking, J. (2000). *Needs analysis for primary health care among the street drug-using community in Footscray*. Melbourne: Macfarlane Burnet Centre for Medical Research.
- Riches, G. (1997). Hunger and the welfare state: comparative perspectives. In Riches, G. (Ed.), *First World Hunger: Food, Security, and Welfare Politics*. London: MacMillan.
- Sandwell, H. (2004). *Nutrition and addiction*. Federation of drugs and alcohol professionals (<http://www.fdap.org.uk/guidance/nutrition.html>).
- Santolaria-Fernandez, F.J., Gomez-Sirvent, J.L., Gonzalez-Reimers, C.E., Batista-Lopez, J.N., Jorge-Hernandez, J.A., & Rodriguez-Moreno, F. (1995). Nutritional assessment of drug addicts. *Drug Alcohol Depend*, 38, 11-18.
- Seipel, M.O. (1999). Social consequences of malnutrition. *Social Work*, 44(5), 409- 504.
- Smit, E., & Crespo, C.J. (2001). Dietary intake and nutritional status of U.S. adult marijuana users: Results from the Third National Health and Nutrition Examination Survey. *Public Health Nutrition*. 4(3), 781-786.
- Stitt, S., Griffiths, G., & Grant, D. (1994). Homeless and hungry: Evidence from Liverpool. *Nutrition and Health*, 9, 275-287.
- Straussner, S.L.A., & Senereich, E.(2002). Educating social workers to work with individuals affected by substance use disorders. In Haack, M.R., & Adger, H. (Eds.), *Strategic plan for interdisciplinary faculty development: Arming the nation's health*

professional workforce for a new approach to substance use disorders. *Journal of the Association for Medical Education & Research in Substance Abuse*, 23, 319-340.

Tarasuk, V., & Davis, B.(1996). Responses to food insecurity in the changing Canadian welfare state. *Journal of Nutrition Education*, 28, 71-75.

Wiecha, J.L., Dwyer, J.T., & Dunn-Strohecker. M. (1991). Nutrition and health services needs among the homeless. *Public Health Report*, July-August; 106(4), 364-74. U.S. Department of Agriculture (1999). [www.ers.usda.gov/Briefing/Food Security/surveytools/FS\\_SHORT.doc](http://www.ers.usda.gov/Briefing/Food%20Security/surveytools/FS_SHORT.doc)

RECEIVED: 01/22/04  
REVISED: 08/05/04  
ACCEPTED: 09/21/04

#### APPENDIX. Food Security Core Survey

1. "The food that I bought just didn't last, and I didn't have money to get more."  
Was that often, sometimes, or never true for you in the last 12 months?  
(1) Often true (2) Sometimes true (3) Never true
2. "I couldn't afford to eat balanced meals."  
Was that often, sometimes, or never true for you in the last 12 months?  
(1) Often true (2) Sometimes true (3) Never true
3. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?  
(1) Yes (2) No  
If yes, how often did this happen?  
(1) Almost every month (2) Some months but not every month (3) Only 1 or 2 months
4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?  
(1) Yes (2) No
5. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford to buy enough food?  
(1) Yes (2) No

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