DOMIABRA

This legend of Africa provides for us information about the love and respect for the earth, the source of life, that Black people have always demonstrated.

It is written that the nomadic tribes of Africa would remain in settled areas for only as long as the harvest was adequate for family and live stock-without exhausting the soil's potential.

The Elders' wisdom allowed them to predict when the time to relocate was necessary. In their infinite wisdom they would send out young warriors and a few elders to seek and select a new site. When such a place was found the young warriors and elders would build a new village and prepare for the arrival of the families. The elders sent a warrior back to the prior tribal site to carry a message to those who remained behind, the message was "Dorniabra." No plea was made to join those at the new site, nor a description of the earth's riches available, simply the word "Dorniabra" which means "IF YOU LOVE ME, JOIN ME."

The Institute staff and Advisory Committee adopted this name for our newsletter, our voice, because the meaning of Domiabra symbolizes our goal to have fellow Howard University students and staff and the Black community join us in building a liberated way of life.

* Pronounced-Dom-i-a-bra

H.U. INSTITUTE HOLDS SECOND RETREAT

On June 23rd and 24th the Howard University Institute on Drug Abuse and Addiction held its second retreat for Advisory Committee members, Institute staff, and student workers, in the Nurses Home of Freedmen's Hospital. During the two days the participants discussed the contractual proposal (see article on page 2), funding projects, and the five phase treatment program, as well as viewing films both days.

Funding Projects

The Institute has proposed several projects to enable it to begin raising funds, initially for the obtaining of a resident facility, secondly to begin the practice of self-support. Though the Institute has, and will continue, to apply for grants to assist in initial programs, the need for developing self-support is a priority of the Institute. Too many Black and drug programs have placed all of their financial support in grants and foundations without attempting to build any self-supportive basis, invariably these projects have failed to last. Following are the fund-raising projects discussed at the retreat and presented to Dr. Carlton Alexis, Vice-President for Health Affairs: a Saturday discotheque for children, based on the Soul Train T.V. program, in addition to music and dancing drug education films would be shown, money would be raised from tickets paid by parents and Hospital/University staff; a flower, fruit and newspaper stand to be placed near the annex building; and a Howard University Black Expo, a bazaar which would be held during the school year and encompass all of the talents and arts of personnel and departments throughout the University/Hospital complex.
During Retreat staff, students, and Advisory Committee members discuss fund-raising projects. Left to Right: Reginald Locke, Robert Johnson, Dr. Samuel McCottry, Clark Hamilton, Mary Wright, Denise Burnett, Dr. Rudolph Lombard, Wilbur Atwell, Roscoe Martin, Ed White, Dr. Frances Welsing, Dr. Fletcher Robinson.

Five Phase Treatment Program

Hopefully with funds raised from the above projects the Institute will be able to buy a facility which will enable it to begin treating addicts according to the Five Phase Program designed by the Institute staff. Phase One consists of Outreach (seeking clients for the program), Intake (general admission and history of client), Detoxification (primarily abstinence or non-addictive drugs), and Induction and Orientation (entrance into working phases of the program.). Phase Two is concerned with general education. This phase has a three-fold nature; first it will determine each patient's level of education and provide services to strengthen any deficiencies, secondly it will provide an extensive drug education, and thirdly, a cultural education including Black history, art, language, science and technology, and philosophy. The last three phases, Community Service, Career and Job Development, and Outreach are still in planning stages.

* The Institute staff and Advisory Committee were unaware of the Howard University Exposition being proposed by the H.U. Student Association during the retreat discussion. However, Dr. Lombard has, since, been appointed a member of the University wide Planning Committee for the Expo.
Surveys

Mr. Wilbur Atwell, the Institute's Research Associate, has designed two surveys to be circulated throughout the hospital complex during the next few weeks. The first survey is a general Drug Use Survey which will be distributed among doctors, nurses, and hospital staff. The survey, which is completely voluntary and strictly confidential (requesting that names not be given) is designed to determine the extent of drug use in the hospital, so that the Institute will know more fully the scope of the drug problem it has to deal with. This survey will be distributed among administrative staff, faculty, employees, and students throughout the University in the Fall. The second survey will be distributed among out-patients and seeks to gain information about the over-the-counter drug buying habits of the patients. Many patients come to a doctor only as a last resort, after trying to treat themselves with non-prescription medicines. This survey will help to see exactly how many patients indulge in self-treatment and will also test the hypothesis that youth become oriented towards drugs because of the easiness of buying non-prescription drugs. This survey is also completely voluntary and strictly confidential.

Films

Friday afternoon the films "Iceberg Slim" and "The Nation" filmed by Roy Lewis for Black Journal were viewed. "Iceberg Slim", through drama and interviews, showed the life of a pimp and the thoughts of the reformed pimp Robert Beck (Iceberg Slim). Beck has written two books and lectured across the country about his experiences as a pimp in an attempt to prevent others from walking the same dead end road he walked. "The Nation" is a documentary film showing the works of the Nation of Islam. Especially impressive are the farms owned by the Nation, the modern, efficient newspaper plant, and the University of Islam. A rare interview of the Honorable Elijah Muhammad highlights the film.

Two drug education films made by NIMH were shown Saturday. "A Day in the Death of Donny B" and "Blue" were both films about young, black, male addicts. The first film was made in Harlem and filmed in black and white, "Blue" was made in Washington, D.C., and filmed in color, these were the only two major differences in the films. Both followed the hopeless, meaningless day of these young men in their quest for dope and their inevitable deaths. Several of the viewers felt that these films were of little educational value because they emphasized only one result of drug use, ignoring the economics of drug addiction and the impact on the family and the community.
In August, 1970, Dr. Frances Welsing, pediatrician and child psychiatrist at Freedmen's Hospital presented her theory of the genetic origins of racism at the annual convention of the National Medical Association in Atlanta, Georgia. This theory, evolved out of three years of discussion and affiliation with Neely Fuller, author of the *Textbook for Victims of White Supremacy*, generally known as "The Code."

Having accepted Neely's explanation of racism as a world wide organized system to maintain white supremacy, Dr. Welsing, as a psychiatrist, sought to find an answer for the motivating factor of why white people would develop such a mode of behavior as racism. In her paper, *The Cress Theory of Color Confrontation and Racism (White Supremacy)*, Dr. Welsing explains, through scientific reasoning, her theory of the genetic and psychological basis of racism.

In the past two years Dr. Welsing has presented her paper in Philadelphia, Maryland, and hospitals throughout the D.C. area. Blacks on the whole have been receptive to the theory, Dr. Welsing said. She explained that historically Black people have been seeking answers to "why" white people treat blacks and non-white people as they do. Having been raised on the theory that education and culture will make Blacks acceptable to whites, having gone through a Marxist period in college with white liberals, having seen both fail to improve black-white relations, Dr. Welsing now feels that she has found an answer to the roots of racism.

Though Dr. Welsing has presented her theory to white audiences, and has never received any disagreement or refutation of her theory, she says her paper is for Black and Brown people. She feels that Black people should look at the world, interpret it for themselves, and find answers to help them solve their problems. Thus, it is vital that Black people have access to theories which do attempt to present solutions.

Having had her paper rejected by two psychiatric journals and generally ignored by the white psychiatric community, yet receiving constant requests for copies of her theory, Dr. Welsing had her paper printed in a 16 page booklet by the Howard University Medical School. *The Cress Theory*, while not claiming to be the answer to the roots of racism does offer a scientific and practical understanding of racism which should be read by every Black and Brown person who must daily confront this white supremacist system.

The booklet may be purchased at Drum and Spear Bookstore, Howard University Bookstore, Howard University Medical-Dental Bookstore or by sending $1.00 plus postage to Dr. Frances Welsing, Department of Pediatrics, Freedmen's Hospital, Washington, D.C. 20001.
The golden triangle, the heartland of opium growth, is a 60,000 square miles of jungle-clad mountains, bordered on the west by northeastern Burma, to the south by northern Thailand, and to the west by northwestern Laos. At least 700 tons of raw opium per year is grown in the golden triangle, from this land fifty (50) per cent of the world's heroin is produced.

Two prominent groups are responsible for this opium trade. One group is a 6,000 man remainder of the Chinese Nationalist force driven out of China in 1949, living in northern Burma and Thailand. These freebooters, living largely off the massive opium trade, act as well-equipped, heavily armed middlemen and transporters. Their jobs as middlemen require them to buy opium from the hill tribes, resell it, and escort big shipment and levy tolls on all opium that passes through their territories. The second group, known as the "Chinese Mafia" is far more important and now dominates the production of heroin. Refinement of opium into heroin, packaging and distribution is this syndicate's primary function.

Opium trade was originally confined to supply and demand of Asian opium addicts. As the addiction problem spread into the States as a result of the Vietnam War, the Chinese Mafia began to seek ways of turning the opium into an easier product to handle because of its bulk and distinctive odor. Around 1965 khai was introduced. Khai is a mixture of the residue of smoked opium, morphine base, and aspirin. Probably, the most vicious drug in existence, it is highly addictive, relatively cheap, and kills a regular user within 12 to 18 months. Khai's deadliness made it difficult to sell to Westerners. So the Chinese Mafia imported, in 1967, a few carefully selected, but highly paid, chemists from Hong Kong, Macao, Taiwan, and Singapore to set up laboratories in the golden triangle. Within six to eight weeks, the Chinese Mafia knew enough about heroin refining to go into production for themselves.

Individual brand names such as Two Dragons, Golden Spider, Stag and Horse, and Lucky Strike were given to the heroin. The low-grade purple heroin (No.3) was not good enough so the refineries began to produce top quality (No. 4) heroin which is 96% pure. The heroin is distributed in small plastic vials with labels stamped into the top, evidence that the heroin operators run their own plastics factory.

(from: A New and Growing Drug Threat, by Charles Bonnay, Readers Digest, June, 1972)
UNIVERSITY RESPONDS POORLY TO QUESTION

On May 10, 1972 the Institute sent a letter to Dr. James Cheek, Dr. Edward W. Hawthorne, Associate Dean, College of Medicine, Mr. Ronald Daly, Mr. Charles Hall, Mr. Owen Nichols, and the Deans of all Schools and Colleges. The letter informed the addressees of a motion passed by the University Wide Advisory Committee to the Institute, that all policy making bodies of the University complex be presented the following question for discussion:

"Should the present contractual requirement prohibiting narcotic involvement by certain groups of the University family be applied as a matter of University policy to all staff, students, and faculty?"

"Various members of the Advisory Committee to the Institute have suggested that we explore the wisdom and the feasibility of operationalizing the spirit, if not the letter, of a contractual agreement and make it applicable to all members of the Howard University complex, including all students, faculty, and staff. The above suggestion is prompted by the concern that the narcotic situation within the complex warrants serious and aggressive action."

The Institute received replies to this letter from Owen Nichols, Dr. Samuel Gandy, Dean of the School of Religion, and Dr. Anna B. Coles, Dean of the School of Nursing. Except for eight faculty members in the School of Nursing the trend of the letters received were in disagreement with the contract proposal. The responses cited the possible infringement on individual rights and legal problems as obstacles to the effectiveness of such a proposal, as well as citing the present unenforced University policy toward the use and sale of drugs.

Possibly the lateness in the school year contributed to the slight number of responses the Institute received. Yet, this lack of response causes one to pause and to wonder exactly how concerned are members of this University complex about its drug problem. Does fear prevent admitting that a problem could possibly exist necessitating such a proposal? Or is it honestly felt that the present written policies are sufficient for preventing drug sale and use within the University community? This is hard to believe, after the deaths caused by drugs last year and the increasing visible use and sale of drugs throughout the University complex.

Despite the negative responses, the Institute believes that more aggressive action needs to be taken by the University community to eradicate illicit drug use and sale from its midst. If a contractual agreement is not a feasible alternative, other methods should be developed from the members of this community. Enough talk has taken place, now is the time for us, as a community, to begin to act.
METHADONE

On June 1, 1972 the Citizens Against the Use and Abuse of Methadone held a Drug Education Conference at the Anacostia Museum. This group of citizens, comprised of members of various community organizations, had united in an effort to educate the community about methadone and to prevent NTA from putting a clinic in the community without community approval. Though methadone has become a household word many of us are still discovering its characteristics and the problems involved with its use. Because, methadone is a new drug, doctors and scientists are making discoveries regarding its characteristics, use, and side effects daily. We hope to keep you informed in order for you to know what is being brought into your community, how it is being used, and what it can do to you.

A BRIEF HISTORY OF METHADONE

Methadone is a synthetic narcotic which antagonizes morphine and its derivatives. It was discovered during W.W. II by the Germans to be used as an analgesic (pain killer) because they could not obtain opium. After W.W. II the drug was not heard of until the early sixties when Drs. Dole and Nywswander began experimenting, giving different doses of the drug to patients to block the euphoric effects of heroin. They found methadone to be a successful blocking agent against heroin, allowing a person to work and to function in society while settling his craving for a narcotic, without producing euphoric effects. Methadone, however, is, as heroin, an addictive drug.

OPPONENTS OF METHADONE HOLD CONFERENCE

A national conference of opponents of methadone maintenance as a method of treatment for heroin addiction was held in Baltimore in May. It was boycotted by numerous federal officials who were scheduled to participate. Arguments, both medical and political, were presented against the success and advisability of the 450 methadone clinics that treat between 50 and 60 thousand persons and are condoned and financially supported by the federal government. Opponents of methadone maintenance cited brain damage and other physiological effects found in long term users, as well as the necessity of dealing with the societal problems, such as poverty and lack of education which lead to the use of heroin. It was also argued that methadone users loose the incentive to quit drugs and thus an unhealthy way of life is supported.

(New York Times, 5/14/72)
A RESEARCH

An important component of the Institute is research. Though drug abuse and addiction is a problem predominantly afflicting the Black community, medical, psychological, and social research has almost been solely conducted by white professionals. Thus, the Institute feels the necessity exists for Black doctors and other research professionals to become involved in drug research. Thus, we are proud to share with this community information on drug research being conducted within the Howard University complex.

Dr. Clavin Sampson, head, Clinical Laboratories of Freedmen's Hospital is currently doing studies of the structure and composition of diseased tissues resulting from drug related deaths. In addition to gross and microscopic studies Dr. Sampson is conducting a search on literature on this subject.*

Dr. Margaret E. Grigsby, Professor of Medicine (Infectious Diseases), H.U. College of Medicine, is conducting research on medical complications of drug addiction, especially infectious complications. This has involved literature review from the 1930's to the present, as well as patient studies.

Though not usually considered an addictive drug, alcohol is the highest of abused drugs in the Black community. Aware of the debilitating effects of alcohol, Dr. Zelda Elder, psychiatrist, Freedmen's, is conducting an alcohol use survey and outlining plans for early detection and treatment of alcoholism.

* Following are articles which Dr. Sampson has utilized in his research.

HEROIN MAINTENANCE

Dr. Vincent P. Dole, who pioneered narcotic maintenance in this country, severely criticized a "free" heroin clinic being presented to the city of New York by the Vera Institute of Justice. Dr. Dole asserts that the plan, which entails giving addicts heroin during the day and methadone at night, will simply build up a blockade for heroin (through methadone substitution) and subsequently, his demands for heroin would increase substantially.

(Washington Post 3/7/72)

EX-ADDICTS

Numerous problems await the ex-drug abuser, upon his completion of a rehabilitation program, in adjusting to societal attitudes about him and in holding a job. Many of these job problems are not his fault, but a result of strong prejudice against him on the part of businesses, insurance companies, agencies, etc., due to his former problem. In many cases, if he manages to get hired, he may suddenly be fired or denied certain benefits when his past is discovered.

(New York Times 6/5/72)

COCAINE

CHULAMANI, BOLIVIA-The chewing of the coca leaf is deeply rooted in Indian tradition. However, about one-third of Bolivia's official coca output per annum becomes part of the illegal drug traffic which eventually finds its way into the U.S. as cocaine.

(New York Times 2/22/72)

SCIENTISTS STUDY CHEMICAL/brain CAUSE FOR DRUG ADDICTION

LA JOLLA, California.-Dr. Arnold Mandell reports that after several years of research with rats, microscopic studies of brain tissue, and chemical tests, a team of scientists have found "potent" clues that drug addiction starts with a chemical characteristic of the brain, and this characteristic may be passed from parents to their children. This hypothesis leads to the conclusion that "an addict may be born with the brain power to build tolerance to drugs, to heroin, and to alcohol." (Tolerance is an important characteristic of addiction.) The University of California at San Diego School of Medicine has been named a national center for the study of the nerve and biological basis for drug abuse. At this center scientists will continue their research in an effort to prove a biological, chemical, or genetic basis of addiction.

(The Times-Picayune, New Orleans, La., 7/9/72)

(In our next issue we will explore in depth the implications of this and other brain/behavior research)
GOVERNMENT SPONSORS RESEARCH FOR NARCOTIC ANTAGONISTS

Dr. Jerome H. Jaffe, director of the White House's Special Action Office for Drug Abuse Prevention announced that nine grants totaling $2 million have been awarded to research and develop long-acting, non-addictive narcotic antagonists. Among the drugs that will be researched are cyclazocine which blocks the effects of heroin for 24 hours, but has several unpleasant side effects and naloxone which only lasts four to six hours. "The perfect antagonist needs to maintain its blocking effect for at least one month, be able to be taken by mouth, have no side effects, and not allow the patient to develop a tolerance to it." Jaffe ends the article by saying that antagonists "could be used as preventive medicine to keep experimenters from becoming addicts. These experimenters could be detected by mass screening of high risk populations in the same way that chest X-rays were used in populations with a high risk of tuberculosis."

(Washington Post 7/12/72)

Some Questions

One must pause and question the last, seemingly harmless statement. Exactly who defines "experimenters?" Will the 8, 9, or 10 year old child be given these new drugs to prevent use of another drug? Who determines "high risk populations?" What factors will be used to delineate these populations, age, race, background, or economics? Finally, what method of mass screening does Jaffe propose? The highly demeaning urine tests, or are scientists devising other testing methods? We hope that Jaffe will answer these questions before attempting to implement this program of "preventive medicine."

GROUPS PLAN NATIONAL BLACK/BROWN DRUG CONFERENCE

On Monday June 26, 1972, Dr. Rudolph Lombard attended the Joint Planning Conference on Drug Abuse in New York City. This conference, funded by the Drug Abuse Council was convened by the following persons: Mario G. Obledo, General Counsel, Mexican-American Legal Defense and Educational Fund; Jack Greenberg, NAACP Legal Defense and Educational Fund; Vernon Jordan, Executive Director, National Urban League; and Miguel A. Hernandez, President, Puerto Rican Bar Association of New York. The purpose of the meeting was to plan a nationwide conference of Black and Brown people on Drug Abuse. Over 20 non-white and whites participated in the planning conference. The group decided to plan to hold a National Conference for early October in Washington, D.C. The purpose of this conference will be to establish policy positions on heroin and methadone maintenance and other drug problems in Black and Brown communities. However, from the make-up of the planning committee, this supposedly Black-Brown conference will have a significant number of non-Black/Brown participants.
THE HOWARD UNIVERSITY INSTITUTE ON DRUG ABUSE AND ADDICTION IS-

an organization of Howard University people from a wide range of
tmedical, academic, and social experiences. The Institute has a
University-wide Advisory Committee which serves as a policy-

making body and a leadership cadre with responsibilities for the
growth and direction of its programs. We are proud to list the
following persons as members of the Institute's Advisory Committee:
Dr. Vincent Roux, Medical Director; Dr. Andrew Billingsly, Vice-

President for Academic Affairs; Mr. James C. Burgess, Head Pharmacy
Department; Miss Edna M. Calhoun, Associate Dean of Students; Mrs
Esther Cook, Head, Department of Social Work; Dr. Frank Davis,
Chairman, Economic Department; Dr. Zelda Elder, Department of
Psychiatry; Dr. Sam Gandy, Dean, School of Religion; Dr. Alyce
Gullattee, Department of Psychiatry; Mr. Vincent Johns, Director of
Student Activities; Mr. Austin D. Lane, Assistant Dean of Students;
Mr. Thomas Lowe, University Procurement; Mrs. Willie L. Kelly,
Department of Nursing; Dr. Samuel B. McCottry, Jr., Director,
University Health Service; Dr. Carolyn Payton, Director, University
Counseling Service; Dr. Fletcher Robinson, Project Director of
Urban Health; Professor Olive Taylor, History Department; and Dr.
Frances Welsing, Department of Pediatrics.

The Advisory Committee members meet regularly as a general body
and also participate in sub-committees on research, medical issues,
student involvement, economic development, fund-raising, drug ed-
ucation and orientation, and community organization. These sub-
committees have received invaluable assistance from many Howard
University staff members who have and continue to volunteer their
time, energy, and skills. We are grateful for the support of Miss
Barbara Smith (Social Service Department), Dr. Rahbar (Department of
Pediatrics), Dr. Calvin Sampson (Clinical Laboratories), Mr. Danny
Gupta (A-V), Dr. Eugene Westney (OB-GYN), and Dr. Horace Laster (Emergency).

The Institute staff has worked jointly with Howard University student
representatives including student workers from HUSA's D.C. Drug
Abuse Project directed by Sharon Roquemore. The following Howard
University medical students on work-study and medical fellowships
have been a vital force in planning program and research projects:
Robert Johnson, Roscoe Martin, Alma D. Robinson, Clark Hamilton,
Melvin Williams, Mary Wright, Fred Waters, and Elliott Milford.

Our staff members conduct the daily business of the Institute:
Dr. Rudolph Lombard, Administrator; Denise A. Burnett, Administra-
tive Secretary; Reginald Locke, Chief Counselor; Edward White,
Senior Counselor; Wilbur Atwell, Research Associate; and Letitia
A. London, Secretary.
THE PHILOSOPHY OF THE INSTITUTE IS-

-that the needs and concerns of Black people can best be served by increasing our knowledge of self, by the acquisition of scientific and technical skills, by protests against the denials of opportunity and resistance to injustice, by affirming the positive aspects of our Black heritage and culture as the best means for the pursuits of Black happiness.

-that the time is long overdue for Black people to build a drug-free society for themselves based on the principles of self-reliance and solidarity among all Black people everywhere.

-that narcotics are a political tool of white racism used to exploit Black and Brown people and to maintain a system of white supremacy.

-that narcotic indulgence by Black people is a form of self-destructive behavior and a serious threat to the future of our Black children and the Black people.

-that narcotic usage disrespects and affronts the sufferings, sacrifices, death and struggles of our Black ancestors and heroes for total liberation of Black people.

-that we must exemplify in our personal lives the drug-free model of behavior we want our addicted brothers, sisters, and children to emulate.
THE PROGRAM OF THE INSTITUTE

will concern itself with study, research, instruction, and innovative
techniques of treatment for drug abuse and addiction problems by
assisting the following target populations: Howard University and
Freedmen's staff, faculty, and students; Freedmen's Hospital in-
patients and outpatients; addicts from neighborhoods adjacent to the
Howard University complex; neighborhood schools and youth programs;
medical and professional staffs of other hospitals, medical
schools, or private organizations; persons, organizations, and
institutions seeking assistance, training, and information repre-
senting Black communities across the country.

Initial Program Activities

-Training in drug education, emergency first aid techniques, and
  the Institute's drug free philosophy for all University personnel
  and staff.
-A research survey of the entire University complex designed to pro-
  vide a better understanding of the nature and scope of the drug
  problem within the University community for purposes of devising plans
  for effective treatment and prevention.
-Establishment of outreach and crisis intervention teams.
-A program of assistance to students seeking aid and information in
  conjunction with prevention activities.
-The establishment of a center for treatment of addiction to include
  detoxification services, abstinence counseling (individual and family),
  education, and career training.
-The development and coordination of medical and behavioral science
  research concerned with drugs and related problems.
-A feasibility study of the financial and economic potential
  within the University community to support profit making business
  ventures designed to provide financial income to the Institute and
  the University as a whole. Hopefully as these businesses develop
  they will become the primary sources of job and incomes for ex-
  addicts and other clients. It is important for Howard University to
  exert leadership in the development of a model for financial self-
  help. The eventual operating of an Institute that is financially
  self-sustaining is one of our most crucial objectives.
-Establishment of a community forum to provide drug education and
  materials for the neighborhood adjacent to Howard University and
  Freedmen's Hospital.
-Legal and treatment referrals to community abstinence programs.
NOW THE INSTITUTE IS-

- providing drug counseling services to a growing influx of persons within and outside of Howard University who are requesting our help

- initiating a research survey of the extent and nature of narcotic usage in the Howard University complex.

- developing a library of information and materials on all aspects of narcotic use and addiction.

- meeting with students and Howard University departmental staff to explain the Institute's perspective and program.

- planning a five phase treatment program.

- staging a series of fund-raising ventures designed to help purchase a treatment facility and to operationalize the principle of self-reliance.

- planning an economic feasibility study of Howard University's potential for utilizing existing resources and services as the basis for self-help and profit making ventures which could provide income sources to finance the Institute's programs and produce profits for the University as a whole.

- identifying areas of needed medical and behavioral science research, while attempting to coordinate all present narcotic related research conducted within the Howard University health and academic complex.

- collecting for print information on narcotic issues of importance to the Black experience for publication in "Domiabra" the Institute's newsletter

- initiating an anti-narcotic use poster campaign for wide circulation throughout the Howard University academic and health complex.
REFLECTIONS

"... maybe some of the kids who wouldn't be caught taking advice from a judge will listen to me. I sure hope so. Dope never helped anybody sing better, or play music better, or do anything better. Take it from Lady Day. She took enough of it to know. If anybody ever tries to tell you that, you ask them if they think they know something about dope that Lady Day don't know."

Billie Holiday (from Lady Sings the Blues)

"The so-called experts vary greatly in their opinions on how serious marijuana smoking is to the system. United States Public Health Service experiments revealed: Although marijuana lessens inhibitions, it does not incite normally law-abiding people to crime. It releases the user's inhibitions in a manner similar to alcohol. It does not improve a person's musical ability, though the average smoker is convinced this is so. This last finding is by far the most significant for musicians. I have long known that marijuana injures rather than aids musicianship. Under its influence any mediocre musician feels he is great. I have watched musicians playing while high and noticed that their musical standards drop sharply although they suffer from the tragic delusion that they are playing more brilliantly than when they are sober."

Cab Calloway (from "Is Dope Killing our Musicians??")

SOMETHING TO THINK ABOUT

"I don't think that any Black person can speak of Malcolm and Martin without wishing that they were here. Our children need them, which is, indeed, the reason they are not here. And now we, the Blacks, must make certain that our children never forget them. For the American republic has always done everything in its power to destroy our children's heroes, with the clear . . . intention of destroying our children's hope. This endeavor has doomed the American nation; mark my words." James Baldwin

How many of us are trying to preserve these heroes for our children through our daily lives. Would we allow ourselves to be high or drunk in the presence of these men? Then why do we present our negative habits to our children, the men and the heroes of our tomorrow?
STUDENT CONDUCTS SURVEY

Jean Wilburn, senior in the College of Liberal Arts, conducted a drug use survey among eleven junior students as part of an assignment for a summer sociology course. Though the number of students interviewed is small, the uniformity of the findings are important and could possibly reflect the opinions and practices of the larger student body (which the Institute will survey in the fall). However, it is interesting to note the following results Miss Wilburn obtained:

Use of Drugs

Marijuana is the drug most frequently used by students. Ninety-eight (98%) per cent of the respondents reported that they had used marijuana at some time during the past school year. Conversely, heroin and other "hard" drugs such as cocaine, morphine, and the hallucinogens were not used.

The extensive use of marijuana among students seemed to be related to a number of factors, among which were: (a) the availability and acceptability of marijuana on the campus. (b) the existence of a variety of sources from which the drug could be obtained.

Drug Traffic

The impersonality and diversity of the student population seems to provide an environment conducive to drug traffic. In response to the question "How do you think drugs are being brought on campus?" Thirty-six per-cent (36%) suggested that other students engaged in drug traffic, while 54% of the respondents felt that both students and non-student drug pusher were the primary source of drugs.

The significance of the finding that such a large percentage (54%) of the respondents felt that drugs were made available to students from sources both within and outside of the campus is further emphasized by the belief among respondents that little effort is being exerted by the University Administration to combat the drug problem on campus.

Further, respondents expressed the feeling that security measures were totally inadequate for addressing the problem of drugs on campus. When the question, "Do you think Howard's Security force is effective in dealing with the drug problem," was asked, all respondents (100%) replied that it was not effective.

Attitude Toward Drugs

Four major reasons were given by respondents for the use of drugs among students, they were; (1) Changes in values among young people in general and college students in particular (it is the "in" thing to do), (2) A sense of adventure and curiosity among students, (3) Boredom and a growing feeling of the irrelevance of the college curriculum to the "real" outside world, (4) The existence of a permissive campus environment.
Survey-Continued

In spite of the overwhelming feeling of value changes among the general student body, respondents expressed the belief that students who sell drugs, particularly "hard drugs" should be punished. However, the drug-user should not be subjected to criminal action, rather he should be viewed as one in need of help, and such help should be made available to him.

Respondents expressed no ambivalence toward the legalization of marijuana. The vast majority of them (80%) thought that marijuana should be legalized. This expression of support for "legal marijuana" when taken in conjunction with the respondent's use of marijuana (98% of the respondents had used this drug) emphasizes the growing progressive trend in many professional and legal circles regarding the elimination of criminal actions for marijuana use.*

How to Combat Drugs on Campus

Although none of the respondents in this study reported their using any other drug than marijuana, the feeling did exist that "hard drugs" are being used and "peddled" on the campus. In an effort to eliminate hard drugs respondents felt that a few specific steps should be taken: (1) tighter security measures regarding hard drug users should be instituted (2) efforts should be made to seek out and to apprehend outside pushers who frequent the campus.

*("This AMA House of Delegates does not condone the production, sale, or use of marijuana. It does, however, recommend that the personal possession of insignificant amounts of that substance be considered at most a misdemeanor with commensurate penalties applied. It also recommends its prohibition for public use; and that a plea of marijuana intoxication should not be a defense in any criminal proceeding.")

American Medical News-7/3/72

INSTITUTE ANNOUNCES FIRST FUND RAISING EVENT

Institute staff, medical students, and Advisory Committee members are seeking donations for the Institute's first fund raising activity-an afternoon of drug education and recreation for neighborhood and Hospital/University staff children (ages 6-12), Saturday, August 26, 1972, 1:00 p.m.-4:00 p.m., in the University Ballroom of the Howard University Student Activities Building. In addition to dancing and refreshments, the youth will participate in a poetry and poster contest and receive drug education through visual presentations and discussions. Donations may be given through the purchase of a one dollar ($1.00) ticket which includes the chance of winning a color T.V. Tickets may be purchased from the above individuals or from the secretaries in Room 100, Annex 1.
Domiaabra will be distributed quarterly.

Our fall issue will feature:

- An interview with Dr. Alyce Gullattee, Psychiatrist
- Report and Analysis of the implications of brain research and surgery
- A political examination of marijuana use
- Report on alcoholism research at Freedmen's

CONTRIBUTIONS

We welcome your comments and/or contributions to Domiaabra. Poetry, news items, articles, and letters may be sent to Denise A. Burnett, Room 100, Annex 1, Freedmen's Hospital, 6th and Bryant Streets, N.W., Washington, D.C., 20001. (Please include a stamped self-addressed envelope with all manuscripts.)

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