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Recommended Citation
University, Howard, "Domiabra Vol. 1 No 2" (1972). Domiabra. 2.
http://dh.howard.edu/domiabra/2
Children Learn About Drugs

“He’s injecting himself with heroin,” a little girl no more than eight or nine years old replied to a question Dr. Rudolph Lombard asked regarding the film *Not Me*. Over 50 youngsters participated in the second afternoon of drug education and recreation sponsored by the Institute in conjunction with the parent group Ujiji and the Therapeutic Charm Program of Howard’s Child Development Center on Saturday, October 7. The children watched the movie about a young Harlem boy who becomes addicted to heroin and eventually dies from an overdose. Their responses to questions illustrated the children’s awareness of the harm drugs can cause to themselves to those they love.

After the film, Dr. Fletcher Robinson pointed to a poster of Billie Holiday. He told the children that, though he did not expect them to go out and start buying her records, they should appreciate the singer as part of their black culture. Billie Holiday said some hip things during her life, he told them, which they would probably continue to hear the rest of their lives. Dr. Robinson read a quote from her autobiography in which she said, “. . . 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.”

To make the children more aware of the social and economic aspects of drug abuse, Dr. Robinson showed the youngsters a poster which read, “The black pusher is one of the black community’s enemies and so are his white bosses.” He told the children that the money made from dope could buy everything in D.C.

Mr. Kenneth Hart, a volunteer with the Therapeutic Charm Program directed the children in a poster drawing and painting session.

The afternoon ended with a dinner provided by the members of Ujiji and dancing.

The Howard University Medical School Audio-Visual Department video-taped the afternoon activities.
Domiaobra

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 DOMIABRA (Dōm-ē-ə-brā), which means “IF YOU LOVE ME, JOIN ME.”

The Philosophy of The Institute on Drug Abuse and Addiction

The Howard University Institute on Drug Abuse and Addiction believes that narcotics are a political tool of white racism and white supremacy. We believe that narcotic usage is a form of self-destructive behavior and a serious threat to the future of our black children. Furthermore, narcotics usage disrespects and affronts the sufferings, sacrifices, and deaths of black people for our liberation. The Institute believes that the interests of black people are best served by increasing self-knowledge, scientific and technological skills, self-help programs, and resisting injustice. Thus, the Institute is dedicated to the building of a drug free society in the tradition of our black heritage and culture, and in the spirit of Domiaobra.

REGARDING RUMORS

The Institute on Drug Abuse and Addiction is not in any way associated with or active in any legal or police actions taken against drug users or dealers. Any person who is about arresting students or others for drug involvement and says they are working with the Institute are in error. The policy of the Institute regarding students is to help, not to prosecute. The Institute welcomes students and others who voluntarily seek assistance to end their drug involvement.

Furthermore, the Institute feels that Howard University personnel should explore the feasibility of developing an effective internal judicial system using peer group judgment toward resolving University based drug problems.

Think About It

A MAN CANNOT PRESERVE HIS LIFE IF HE CANNOT GOVERN HIS LIFE. Marvin X

The Chief of a Turkish village which can no longer grow opium because of an agreement between the U.S. and Turkish governments, after explaining how the different parts of the opium plant are used for cooking, straw, fire and animal feed, said, “The Americans are putting us in a bad position because they take away our good crop. The Americans use it and they die. They must not use it like that. We produce it and don’t use it. Don’t they have brains.”

(New York Times, 10/3/72)

THE DRUG EXPERIENCE—RECOMMENDED READINGS

Claude Brown, Manchild in the Promised Land
Billie Holiday, Lady Sings the Blues
Autobiography of Malcolm X
Guy Endore, Synanon
Alfred Lindesmith, Narcotics and the Law
Haywood Patterson, Scottsboro Boy
Andrew Weil, The Natural Mind
J.S. Horn, Away With All Pests
George Cade, Blueschild Baby
H.E.W., N.I.A.A., Alcohol and Health

(Each issue we will include a list of recommended readings)

Several members of the Howard University community have written books of interest on the black experience. Domiaobra would like to encourage all of its readers to examine these books as parts of a perspective for understanding the implications of black drug use. The following list does not intend to be totally inclusive of all publications by Howard University based authors. However, we invite all authors to send us information on their publications.

Chancellor Williams, The Destruction of Black Civilization
Joyce Ladner, Tomorrow’s Tomorrow
Andrew Billingsly, Black Families in White America
John O. Killens, Great Gittin Up Morning
Samuel Yette, The Choice
Frances Welsing, The Cress Theory
America’s Number One Health Problem

(This is the first in a series of articles concerned with alcohol abuse and alcoholism)

Alcoholism is the number one health problem in America, Dr. Zelda Elder, psychiatrist at Freedmen's Hospital, feels. In a recent survey in Freedmen's Hospital, medical students found that one-third of the male patients hospitalized on ward one (psychiatry) were diagnosed as alcoholic. In the emergency area 60% to 70% of the medical contacts and 40% of the surgical contacts have serious alcoholic problems. The Physical Therapy Department estimated that 85% of their patients had alcoholic problems. Though these are very rough estimates they illustrate the severity of the problems of alcoholism within the black community and is one example of the many reasons that make this a number one problem for Dr. Elder.

Director of the Alcoholic Studies Program (ASP), Dr. Elder has been concerned with alcoholism as a disease for over five years. ASP is a community project funded by the National Institute on Alcohol Abuse and Alcoholism, which sponsors several community projects. Community Alcoholism Studies is a 12-week course open to members of the community who wish to gain a better understanding of alcoholism as a medical illness which can be treated and cured. The first 12-week session began October 19, a second session will begin in January or February. Information on this course may be obtained by calling 483-1490 ext. 256. ASP also sponsors fellowships for medical students to do alcoholism research.

As a result of the Community Alcoholics Studies Program, Dr. Elder began a course in alcoholism for sophomore medical students to give them a more thorough knowledge of the disease of alcoholism.

Some Statistics and Facts

—Three out of every four adults drink.

—The incidence of alcohol abuse and alcoholism ranges upwards from 9 million people in the United States.

—Most alcoholics live with their families and come from all walks of life.

—in higher income groups approximately as many women as men abuse alcohol.

—in lower income groups men outnumber women five to one.

—Alcoholism develops slowly and may take as long as three to twenty years to reach the addictive stage.

Among the reasons for drinking alcohol are religious, ceremonial, pleasure, and utilitarian (to ease pain, physical or emotional).

* * * * *

Classification of Drinkers

—Total abstainers—no alcohol under any condition.

—Moderate or Social Drinkers—drink on social occasions or with meals—rarely to excess. These are no serious consequences because of drinking, this also includes people who drink as part of the observance of religious occasions.

—Sporadic Excessive Drinking—a habit of drinking on certain occasions such as New Year's Eve, other holidays, pay check weekends, and other celebrating occasions. Here there may well be consequences of this type of drinking such as auto accidents, fights, hangovers, etc. There is no sign of progressive social or physical deterioration related to drinking.

—Heavy Social Drinking—habitual heavy drinking mostly on social occasions with frequent episodes of intoxication. This type of drinking does not seriously handicap the individual in his adjustment. Many of these become alcoholics.

—Alcoholic Drinking—now a disease called alcoholism has developed. The most prominent characteristic of this phase is loss of control over the use of alcohol.

Remember That—

—ALCOHOLISM IS THE NATION'S WORST DRUG ABUSE PROBLEM.
—ALCOHOLISM IS A TREATABLE DISEASE.
—ALCOHOL IS AN ADDICTING DRUG.
—IF TREATED LIKE OTHER CHRONIC CONDITIONS AND IF KNOWLEDGEABLE, CONTINUED AND UNDERSTANDING CARE IS GIVEN, THE CHANCES OF RECOVERY ARE AS GOOD AS AND BETTER THAN MANY OTHER CHRONIC DISORDERS.

(Next Issue—The Disease of Alcoholism, Its History, Stages and Characteristics.)

* * * * *

27,700 road deaths were related to drunken driving in 1971, according to a government report submitted to President Nixon. The report said that one of every 25 cars on the road was operated by intoxicated drivers. (Washington Post, 9/14/72)
Prince George's General Hospital opened an 18-bed Alcoholism Detoxification Unit in July. This unit will serve the estimated 42,000 alcoholics in Prince George's County. Alcoholics will be detoxed within five days. The unit has counselors which will refer patients to other agencies for further treatment.

(Washington Post, 9/26/72)

NEW ALCOHOLISM INFORMATION PUBLICATION

Information Planning Associates, Inc., published its first issue of The Alcoholism Digest in August, 1972. The Foreward states that the purpose of the publication is "... to collect information from many sources, package the information under one cover, and disseminate the information dealing with alcoholism to doctors, social workers, program specialists, counselors, corporations, churches, law enforcement agencies, and the general public. The Alcoholism Digest, a monthly publication, screens the open literature in all disciplines in search for alcoholism information. Each month's material is selected for its relevancy, timeliness, and innovation. The Digest contains complete citations and detailed summaries that enable the reader to understand the essence of the book or article without having to refer to the original material. The Digest is indexed by subject and author for easy referencing and retrieval. It also contains a publisher's list for ordering original source material when that material is desired."

Alfred L. Black is President of the Information Planning Associates. Subscriptions ($75.00 a year) may be sent to the Subscription Department, The Alcoholism Digest, P.O. Box 6318, 5632 Connecticut Ave., N.W., Washington, D.C. 20015.

What To Do When Your Friend O.D.'s

As long as people continue to use drugs, the chance of an occasional drug overdose exists. Drug O.D.'s can be treated and no person should die from an overdose if his friends can recognize the symptoms of an O.D. and get the victim to a doctor. The most important action to remember is to get the O.D. victim to a doctor or hospital immediately. However, in some circumstances you may have to take certain actions before a doctor or ambulance arrives in order to save a person's life. If you think a person has taken an overdose of drugs the first action is to determine what drug or drugs have been taken. If possible obtain the information from the O.D. victim, otherwise search his body or room for other drugs or drug paraphernalia. After finding out what drug has been taken the following supportive assistance can be given until a doctor arrives or the victim reaches an emergency room.

(If any of the drug is available always bring to the hospital for an analysis if needed.)

Heroin—A person dies from heroin overdose because of respiratory arrest (drowning due to the lungs being filled with fluid). Thus, the victim must be kept breathing, by artificial respiration (mouth to mouth), kept warm, and in a shock position. When taken to the hospital tell the doctor what the patient has taken, and if he has taken a mix of drugs.

Barbiturates (downers)—Death from barbiturate overdose occurs while a person is in coma. Again, the victim should be taken to the hospital immediately.

It is dangerous to induce vomiting in a person near unconsciousness, because of the possibility of his breathing in the vomit. Slap if necessary to keep the person awake.

Amphetamines (uppers)—Overdose of stimulants, as far as endangering life is rare. A person may have a "freakout" and should be kept calm, given reassurance, and protected from self-injury. Generally after a prolonged use of speed or a single high dose, a toxic psychosis may develop, characterized by hallucinations, visual and auditory, and extreme paranoia. Toxic psychosis sometimes develops 36 to 48 hours after taking the drug. When use is stopped, the psychosis usually clears up within a week, which may require hospitalization.

Hallucinogens (LSD, PCP, etc.)—An LSD overdose results in a very bad "trip." Depending upon the severity of panic and hallucinations hospitalization may be required. Most often, the best treatment is reassurance, understanding, and support from friends. However, if the person seems unmanageable call a doctor or go to the hospital immediately.

Interview

With Dr. Alyce Gullattee

Dr. Alyce C. Gullattee, a member of the Advisory Committee to the Institute, is a psychiatrist at Freedmen's Hospital and an instructor at the Howard University Medical School. Earning her M.D. in 1964, Dr. Gullattee, a wife and mother, is involved in a number of activities, from being a member of the Wesleyan University Board of Trustees (in Connecticut) to a consultant for an Arlington Community Residential Drug Program.
**Why did you decide to become a psychiatrist?**

I went into psychiatry almost by default. I say that because I had two interests, one had to do with pediatrics and the other with geriatrics. I wanted to be a specialist in the diseases of the aged. When I finished my internship, there were no specialized programs set up for studying diseases of the elderly. The director at St. Elizabeths suggested that I go into psychiatry because so many old people end up in mental institutions.

I always wanted to go to medical school. I pinpoint it to when I was 8 or 9 years old. I came from a very large family of 12 children and there was a great deal of sickness in the family. When a child had a communicable disease, you had to quarantine him. I remember one year my mother was quarantined in the house with different ones of us having communicable diseases, and I can recall telling her, “Don’t worry, one of these days I’ll be a doctor and you won’t have to be quarantined.”

**Would you tell us about your education in the Nation of Islam?**

That was when I was little, the very beginning of the movement in the early '30's to 1938-1939. My father was one of those who believed that in order to survive, you must not only be able to provide for yourself and be independent, but you had to know the nature of survival among other people. You had to be able to evaluate and to analyze situations without having to articulate what it was you observed. Observation was extremely important. You learned how to observe by being with others and at the same time by knowing what it was you had to observe. You have to be taught to see.

Sight is something that you have, but to really see what it is that is going on requires another level of perception. Because of this we studied human behavior in a sense. It was how to get along with other people, what you do to take care of yourself, not only in terms of morality, but in terms of cleanliness. You must always in some way maintain a total body health in order to be able to consider yourself as having total intellectual and mental health.

Kids would laugh at us because we looked different and wore longer clothes. The discipline of the mind has served any number of times of great benefit to me. And for this reason I think my Daddy and my Aunt particularly would say, “It is not so much what the outside of you looks like, it is not so much what is on your head, it is not so much what others see that represents you, but it is what is in your mind that is really you. And as long as you maintain your sanity, and you will if you maintain your health, then you will be in control of your physical being and with the being of others.”

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**What was your involvement with the NAACP?**

I guess I first got involved with the NAACP when I was in Michigan in high school. We had the riots of '43 which was for me an orientation toward issues. Because of the injustices and inhumanity that was happening it just seemed reasonable to gravitate into an organization which was truly representing us. It was just the thing to do, to become a part of the NAACP. The youth group brought forth some of the leaders that later represented the initiation and the conception of the more aggressive movements that followed.

I attended meetings when we lived in California and picketed stores in Santa Barbara because they did not have any black employees in other than menial jobs. Then I went South and it was there that I saw that no matter what we talked about or no matter what we did, unless we became sophisticated and educated to the point that we could devise methods of change that would not in any way constantly threaten the lives of those who would be the ones to map out strategy, we were never going to be able to survive. Our leaders were being made impotent through the delegation of power. They would take our leaders and shut them up by putting them in a position with a title but with no real power.

The NAACP was a very effective way of collecting people. It served as a substitute for the Church, the Church which had been an institution of oppression. The NAACP was something that was less than the church in oppression but more than what the church represented in terms of progress, yet even less than what could be done if we could break away from something that was being controlled, in a sense by a multi-political group, some of whom were white, who said they were liberals, but who in actuality were continuing to use black people for their own political motives.
I am not now actively involved in the NAACP, although I have just finished paying $500.00 for life membership. You move to different levels of involvement. Initially you give the only thing you have and maybe that’s your brawn, and you’re out there with placards. As you become more sophisticated you give your brain; you come up with ideas. Then you come to the point where brains and brawn are one thing; but we know that power comes with money, and you give your money.

What was your experience in meetings you attended at Attica last year?

I and members of the Student National Medical Association (SNMA) had been requested to go up to Attica by relatives of the inmates and former inmates to participate in the negotiations but primarily to deal with the health needs of the inmates. We were never given the courtesy of talking with anyone in power. We had our credentials, yet for some reason the guard force treated us like outside troublemakers. We were never able to go in. We went back even after the slaughter to help provide the medical needs with a number of medical students, and once again we were turned away. Not until that moment did it become poignantly clear to me that it didn’t really matter who you were, what you were, or what credentials you had, when the power structure decides it wants to destroy a reasonable segment of potential black warriors they can take you into jail and kill you there, or they can kill your spirit by saying that no matter what you represent you’re still not going to be able to do what you think you ought to be doing in situations like this.

To have medical students there willing to give their service and to have them see white medical students go in from another school to give services to black people was in a sense saying to you, you see where your position is, it doesn’t really matter. And to have black physicians outside while white medical students when inside pointed out to the black doctor, do not think of yourself as part of an elite group, because even you, when we decide we don’t want you, we will keep you out.

What is your involvement with the Juvenile Court System?

The adult system is fed by the juvenile system, by overtly or covertly reinforcing negative behavior in youths so they end up in the adult penal system. The young are placed in an environment which tells them it’s all right for you to do this as long as you’re a juvenile, without telling them that when you’re 18 you are then going into the adult system. There are very few black juvenile court judges in the U.S. If the majority of judges are white it means that juvenile court judges are a major behavior modifier for black youths. If you work with the juvenile system and appeal by whatever means you can to the consciousness of the individual who represents justice so that he changes his attitude or looks at it from a different perspective, you may save some of these youths and turn their negative image into something positive and creative for our survival. It may mean you have to wait 15 years, but those who are saved will have benefitted by the humanity of the judge not rendering them to detention, but trying to solve the social problems that led to the criminal behavior.

When did you first become involved with the drug problem and what have some of your activities been in the drug field?

I guess in 1956 I first became involved. I was in Santa Monica. We had some elementary school youngsters growing marijuana. They said they were going to be biologists, until they harvested their crop and rolled it into cigarettes, passing it out to other students. We then began talking about the problems involved with smoking reefer. Since that time the detrimental effects of drugs has been something that is another facet of my life’s work, contributing what I know not only of the pharmaceutical but also the social effects of drug use.

I’ve been actively involved in detoxifying addicts in therapy on a one-to-one basis. When I began working in court, I found that many youth brought in for various crimes had drug problems. It seemed reasonable to provide some drug education for those dealing with these children. The program began in the court and expanded to the schools and later to the National Council of Juvenile Court Judges. A residential treatment center arose out of this in Arlington and I am a consultant to it.

I was also chairman of the NMA drug committee. Despite pressure from the AMA and other groups I stood fast against endorsing the use of methadone for treatment because I could only see it as a further method of oppression.

What are your personal feelings toward black people being involved in politics and voting?

One method by which you can achieve movement into the power system is by exercising your right and freedom of choice. Your choice as an individual may not mean much, but your choice as a collective body will mean something. It may not necessarily herald any immediate change but it is going to chip away at whatever is planned for you in terms of change and give you time.

If we do not in some way have something to say about what is going on, we’re going to be forced by rules and regulations set up by the Administration to conduct ourselves in a certain manner. Political force says that if you exercise the vote, you may not bring about immediate change, but you will then alter the
time frame by extending it. The Administration’s program may be to put something into effect in ten years. If we persistently chip away at what their time table represents, they may have to alter it. Whereas the original plan may have been for ten years we may alter time enough to make it 15 or 20 years and during that period we’ll catch up to what they’re doing and will have created a system counter to theirs. So all we do through politics and through the vote is to buy ourselves time, because ultimately it takes time to grow, to be able to learn so that we may survive.

From the Desk of
Dr. Chancellor Williams

(This is the first in a series of opinions from persons within the Howard University complex on drugs and the black community.)

Dr. Chancellor Williams, History Professor at Howard University, was honored by the Black Academy of Arts and Letters on October 8, 1972 for his book The Destruction of Black Civilization being a distinguished scholarly work published in 1971. A man of wide experience and great knowledge, Mr. Williams found the time to give us his opinions on drugs in the black community.

1. Do you think drug addiction and abuse is a major problem in the black community? If so, why?

Drug addiction and abuse is a major problem in the black community primarily because it is a serious set-back for the black youth forward movement that was emerging along lines which were changing the course of history. It (drug addiction) created a self-destroying crisis in the very element most needed in our advance, and in a race already too heavily burdened with endless crises.

2. If your child or friend or relative was using drugs, what advice or alternatives would you attempt to offer to him?

I would first of all, put him (or her) squarely on his own feet: (a) What do you wish to be? (b) This means what do YOU wish your life to be, what are your hopes, fears? (c) Do you know anyone whose life is like what you would like yours to be? (d) What kind of job or trade (skilled) or profession do you like? (e) What games and other social pleasures do you enjoy? (f) Would you like to be a part of some organization or movement that is working to advance the black race? In short, I would firmly reject at the outset the stance which almost all I know take, namely, that their situation is due entirely to “society” or “racism” or the family, etc.—everybody and everything BUT THEMSELVES. They themselves must first make the firm decision to get off drugs. There should be no pleading, preaching, or coddling. For until the addict himself decides that he is resolved to stop and wants help in doing so—until that point is reached, all programs for him will simply be “programs.”

3. What steps would you recommend toward a solution to the drug problem?

The specific steps I would take in attacking the drug problem are stated in part in the above answer. They mean a shift in emphasis to the proposition that these young people are actually helping their enemies to destroy them, and that it is ridiculous to keep shouting about “genocide” when we ourselves are actively making it easy—actually helping it along. THIS POINT SHOULD BE EMPHASIZED OVER AND OVER TO EVERYONE SEEKING HELP. NO KIND OF MEDICATION IS GOING TO WORK RIGHT UNTIL THE MIND STARTS WORKING RIGHT. (b) Job training (when necessary), JOB PLACEMENT, and membership for active participation in a community organization—these three must be an inseparable part of any program that is really aiming at results. Each person should be made to realize that his race needs him more than ever before, is calling to him or her for help; and that in answering that call he will make life better and more worthwhile for himself, his family and his friends. BUT HE HIMSELF WILL HAVE TO MAKE THE DECISION. MEDICATION, NO MATTER WHAT KIND, CAN ONLY HELP. “If you do not have the strength of will to make the break,” I would tell them bluntly, “Then don’t tell anyone you are a MAN.”

4. What merits or demerits do you see in the legalization of marijuana and/or other drugs?

I am familiar with arguments favoring legalization. They represent a plea for social approval for what is becoming permissiveness unlimited in a society already decaying. Lacking any kind of collective leadership, Blacks, by countless thousands, will continue to jump on any white bandwagon that comes along as the “IN” thing, even if it leads to their destruction.

(Next Issue: Mr. Ed Dixon, Member Board of Trustees and Dean Percy Pierre, School of Engineering)

* * * * *
A Summary

THE PHARMACOLOGIC BASIS OF METHADONE TREATMENT
by Avram Goldstein

The author attempts to answer the following five questions in this paper:

1. Who do people use heroin in the first place?
2. Having started using, why do people become addicted?
3. Why do ex-addicts relapse from the abstinent state?
4. Given that methadone programs are effective in rehabilitating addicts what role does methadone itself play, and how does it work?
5. Will we be able to withdraw our patients from methadone successfully, and will they be able to lead drug free lives?

To answer the first question the author cites the following experiment. “A monkey has a small cannula implanted into its jugular vein and connected to an apparatus so that pressing a bar results in immediate injection of a small dose of opiate (heroin). When such a monkey is placed in this situation for the first time, it explores randomly until by accident it presses the bar and receives the “fix.” Without delay, it begins to repeat the bar-pressing, then increases the rate (dose) in a regular way and eventually becomes physically dependent. A typical addict pattern of behavior ensues. Bar-pressing takes precedence over all normal behaviors such as eating, drinking, playing, and sexual activity.”

The results of this experiment led to the conclusion that “No doubt boredom, curiosity, oppressive conditions of existence, hopelessness, alienation, etc., play a major role in determining who will and who will not begin to use heroin. But once begun, the progression to full blown addiction probably is determined largely by innate biologic factors.”

Two explanations are usually offered to explain why addicts relapse after stopping drug use, the organic and the psychologic. The organic (biochemical-physiologic) theory is the basis of Dole and Nyswander’s theory of addiction and treatment. This theory states that the addict suffers from a “metabolic disease” (a disease arising from within the body make-up or because of a biochemical deficiency). To dismiss this theory Goldstein produces two arguments. (1) If a person had a physiological need for drugs he should never, once addicted, lose this need. Yet, many addicts have successfully stopped drug use. (2) According to the organic theory a sufficient “stable dose” of methadone should abolish “narcotic drug hunger” but through blind dose comparisons (methadone administered to patients without their knowledge of the amount of dosage) patients have used heroin regularly while taking up to 250 mg of methadone daily. Yet, “Some of these same patients, after blind dose reduction to 80 mg daily were able to “clean up” after intensive staff counselling or group therapy.”

Because of contradictions in the organic theory and the variety of reasons, from meeting old addict friends to losing a job, that cause addicts to return to heroin, a conditioning or psychological explanation may better explain why an addict leaves the abstinent state.

To answer the fourth question, the author explained first that tolerance “simply means that a higher dose is required to obtain the same effect (“high”) as at first.” Methadone, itself a narcotic, when given by mouth is able to suppress withdrawal symptoms and thus to lower tolerance. Through blind dose comparisons of studies with over 500 patients, the doctor found that “…there are virtually no differences between 50 mg and 100 mg and where there are minor differences, they tend to favor the 50 mg dose.”

Answering the last question Goldstein emphasized that low dosages have been shown to be as successful as high dosages of methadone and that a low dose has at least two distinct features: it is easier to withdraw from and interferes less with sexual activity. Goldstein emphasized that “Methadone cannot magically prevent heroin use in a patient who wants to use heroin; it can only facilitate a behavior change in people who have made a conscious decision to change. Thus, the paramount feature of a successful methadone program is what it does, in ways, other than chemical, to help the patient rehabilitate himself.” (From – Proceedings, Fourth National Conference on Methadone Treatment, January 8-10, 1972, pp. 27-32.)

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Artists, Poets, Short-Story Writers Wanted

The Institute plans to compile an anthology of drug related drawings, poetry, and short stories. Any interested person, regardless of age, may submit works with a stamped self-addressed envelope to the Editor, “Domabra,” Institute on Drug Abuse and Addiction, Room 100, Annex 1, Freedmen’s Hospital, Sixth and Bryant Streets, N.W., Washington, D.C. 20001.

* * * * *
DR. ROBERT G. NEWMAN DEFENDS METHADONE TREATMENT

Dr. Raymond Lloyd, director of an NTA youth clinic forwarded to the Institute a copy of a letter from Dr. Robert G. Newman (Assistant Commissioner of the Addiction Programs, the City of New York Health Services Administration) addressed to Dr. Barry Festoff. The letter is critical of an article Dr. Festoff wrote “regarding the supposed evils of methadone maintenance treatment.” Dr. Newman point by point refutes several of the problems which Dr. Festoff addresses in his paper. Reprinted below are two of Dr. Newman’s refutations. The first one, regarding babies born of addicted mothers will later be expanded upon in an article by Dr. F. Rahbar, pediatrician of Freedmen’s Hospital who has had extensive experience treating such babies. The second point refers to a news article included in this newsletter, “Physician Gives Warning on Methadone Use.”

(3) “Babies of mothers on methadone maintenance are born addicted. They must go through withdrawal as intense as anyone addicted to methadone, heroin, morphine, or opium.” (Dr. Newman’s response follows) Surely you must know that withdrawal symptoms, if and when they occur (they do not by any means occur in all cases), can be readily treated and that no long-term effects whatever have been discovered in the several years that the children involved have been followed. Even if this news comes as a surprise, then it is hard to believe that you are naive enough to lose sight of the myriad problems which the pregnant heroin addict on the street faces—and which have a very definite effect on the well-being of both the mother and the infant.

(5) “Recent medical study has found brain degeneration in young, 20-, 23- and 24-year old methadone overdose victims similar to the effects of senility in people 70 or 80 years old.” (Dr. Newman’s response) The work by Dr. Roizin which you cite is not at all what you would have your audience believe. In fact, the title of a seminar which Roizin gave, and from which your reference seems to have come, is “Methadone Fatalities in Heroin Addition . . .” The changes that are found, therefore, cannot be attributed to “. . . no other cause than methadone overdose.” More important the extrapolation of methadone overdose case findings to methadone maintenance patients is absolutely absurd.

Physician Gives Warning on Methadone Use

Dr. Leon Roizin, Professor of Neuropathology at the New York Psychiatric Institute, said that most of the estimated 50,000 Americans taking methadone are unaware of its potential lethal affects. Speaking before a small group of doctors at the NIH, Roizin said, “There is a misconception that because methadone is being used therapeutically it is safe. Actually, it is a very dangerous drug.” Studies of brain tissue taken from methadone users who died of drug overdose showed “definite abnormalities.” Three out of the 14 victims, one 25 years old, showed “early senile changes” in brain cells, changes that normally don’t occur for many years. Roizin said that before a heroin patient is enrolled in a methadone program he should be given a thorough medical examination and should be warned of the potential toxicity of the drug. The patients should especially be warned about the hazardous effects of using alcohol while taking methadone. Further, women patients should be examined for pregnancy and the use of methadone should be seriously considered because of the severe withdrawal problems of babies born addicted to methadone.

(New York Post, 3/15/72)

Slavery

Ridin high . . .
Ridin high on that great white horse
Feelin no pain . . .
Feelin no pain on that great white horse
Blowin my mind . . .
Blowin my mind on that great white horse
Rapin real cool . . .
Rapin real cool on that great white horse
Comin down fast . . .
Comin down fast off that great white horse
Hurtin so bad . . .
Hurtin so bad off that great white horse
Losin my mind . . .
Losin my mind off that great white horse
Shootin up again . . .
Shootin up again on that great white horse
So Ride Nigger Ride.

by Yvonne Cummings
In response to criticism from George McGovern, Richard Nixon opened the International Narcotics Control Conference on September 19, 1972 by announcing that he would cut off economic and military aid to all countries that willfully contribute to the U.S. narcotic’s problem. The President said that international drug traffickers are “...the slave traders of our time ... they are traffickers in living death ... They must be hunted to the end of the earth ... They must be permitted not a single hiding place or refuge from justice anywhere in the world.” The rhetoric of Nixon could be moving, his strong stand to halt drug traffic could be impressive, but only to the deaf, dumb, and blind. Because, Nixon alone determines which countries are not taking “adequate steps” to end the drug traffic.

Thus, reports of increasing drug trade from the “Golden Triangle” (Laos, Thailand and Burma) and rumors that Vietnamese government officials are profiting from drugs can be ignored for political and military priorities. This course seems to have been taken by the Narcotics Control Conference which cited Vietnam, Thailand, and Laos for their co-operation with the United States in efforts to halt international drug trade. Though Nixon has yet to prove that the drug trade is decreasing or being controlled in the countries the Conference cited. To commend these countries as working to control narcotic traffic illustrates that the Administration is acting as one who is blind to murder but whose hand is open to receive the profits of the crime.

In addition, Nixon defended his record for combating drug abuse domestically by saying that his Administration has created “...more federally funded drug treatment (programs) in the past year than in the 50 years before ... We now have the capability to treat over 100,000 heroin addicts a year ... we should have the capacity to treat a quarter of a million heroin addicts in America by this time next year. Such progress is questionable however, in the face of the Bureau of Narcotics and Dangerous Drugs figures, cited by the Administration’s opponents, which state an increase from 315,000 addicts in 1969 to 560,000 in 1970. Furthermore, this Administration is actually creating and continuing addiction through the use of the narcotic methadone. Methadone is a dangerous drug (see article “Physician Gives Warning on Methadone Use”), yet Nixon and his Government drug programs continue to use methadone as the primary treatment modality. Methadone use encourages people to accept an addictive drug as a maintenance medication and results with patients becoming dependent on and vulnerable to those who dispense the drug.

Black people must take Nixon’s words and make them viable for ourselves. We must declare total war against dangerous drugs, including methadone, which, while given a cloak of respectability, like an insidious tick, sucks away our life blood.

LETTERS

Ernest Terrell, sophomore medical student, was one of several Howard medical students who participated in an O.E.O project this summer. Following is a letter Terrell wrote describing his experience and his reaction to the project.

I was a member of a group that carefully and painstakingly undertook a very nasty and dangerous mission against insurmountable odds. Never once did we forget who we were or what the struggle of black people is all about. What is even more astounding is that we were victorious in our efforts toward buying more time for the development of our Nation.

In the early spring a local private white corporation received an enormous contract from the Office of Economic Opportunity to investigate and prepare a report on “The Effectiveness of Drug Free Programs in New York City” (limited to O.E.O. supported programs, which are Black). Blacks would be needed to fulfill this assignment.

Possibly no one really looked at the type of warriors that Howard has produced over the decades, or maybe fate sent this white corporation “nigger shopping” to Howard University. By early summer, students and a few faculty members had heard of the summer jobs that were available paying $75.00 a day plus travel expenses. A long list of applicants grew for this chance to earn upwards of $3,000 in a summer.

Several faculty members felt that Howard students should not get involved in this project. However, after careful screening by the Department of Psychiatry, a group of students were selected for the project. We are not sure why we were selected, yet we knew that we would have to stand strong, despite the temptation to “sell out.”

From our perspective the plan for this project was to “off” all drug free programs and to replace them with some form of drug maintenance, be it methadone or heroin. The role of the well paid Howard students was to, in one short summer, investigate all drug free OEO funded programs in New York City and find them inadequate, thereby enabling the government to take drug free programs off the funding list using the credentials of Howard University as the stamp of approval.

What really made the situation funky was the fact that the students’ group had to investigate black people who had more experience with drugs and drug therapy than most of the students had time on this earth. The final group consisted of 23 co-eds, Black and Spanish speaking from the School of Medicine
“Personally, I do not endorse, subscribe to, or recommend any of the values, mores or lifestyles in ‘Super Fly.’ . . . What is raw about the film, and what’s upsetting people, is its simple truth. The irony of it all is that it has all existed in real life thousands of times over and no one seems to be terribly upset about it. Hopefully, it will make people more aware.

“Oddly enough it doesn’t upset people from Harlem; it mostly offends the middle class. There’s some dummy handing out leaflets against the film on behalf of the Beverly Hills NAACP! That dude wants to recall all the prints and have us re-shoot the ending so that Priest dies at the end. Can you dig that. Here’s a picture where a Black man finally manages to beat the system and they’d rather see him dead!

“If Super-Fly inspires any Black people to do, then I’m happy. The worst thing about the ghetto is the apathy and stagnation . . . I doubt that they’ll (youth) be encouraged to become coke hustlers, because they’re too intelligent. I’m hoping that the most inspiration will come from our success as film makers.”

A CRITIQUE OF SUPER-FLY

by Carol Randolph

Today, if one wants to produce a film designed for instant box office success in the black community, you need only include the following ingredients; one black male, super hero type, clean dresser, driving only the best car; one black female, need not exhibit much personality, just anatomy; one white female, must be willing to play the mistress role and be bullied and/or abused by the super hero, and finally, one to several white males, all playing villainous roles, usually those of policemen. To this you add a musical score with a few catchy tunes that may or may not add to the finished product. Thus, you have the beginning and the end of the movie Super-Fly.

The most disturbing factor about the entire movie is the decision to use the pusher, a dealer in cocaine, as the hero in this film. The money that allows super hero to wear the best clothes and to drive the best car comes from the snorting habits developed and sustained by poor black people within his own community. Of course, no one ever says this. Super hero however, is dissatisfied with his lot, not for any reason related to moral issues, but simply because he is tired of his lifestyle, and besides, a person could get killed in his line of work. The only time he refers to the black community is summed up in this immortal line, “When the brothers are united and fighting whitey, I’ll be right there with my gun.” Ignoring that he is poisoning a large number of brothers and sisters before this event will come to pass.

Can we be so starved for heroes that we will accept and admire a drug pusher? As long as the lines are long and the flow of cash continues producers will push films such as Super-Fly down the willing throats of black audiences. If this is to stop, we must stop it by not patronizing films which depict only the negative aspects of our community or distort certain life styles to the point of being unrealistic.

We need sensitive black producers developing films in which the black female is a multi-dimensional person instead of a sexual object, films of black men using their brains as well as their muscles, tender films of the black family, and accurate films depicting our history and our struggle.

* * * * *

A FLY is
an insect
that
preys
on everything
he sees
and leaves
his disease
where he lands.

Super Flies
are the
lowest
preyers
of all.

Letitia A. London

Domiabra is the quarterly journal of the H.U. Institute on Drug Abuse and Addiction

Editor: Denise A. Burnett
Advisor: Dr. Rudolph Lombard
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