

## Still Life With Drughouse Part One

The August evening is cool, a little too cool to be outside without a sweater. I put one on, pick up a pen and some paper, pour myself a glass of wine and go out on the front porch. I need a little fresh air after too many cigarettes. I also want to relax after a long day's work, perhaps jot down a letter or poem. Settling down on the porch, I notice that the air has a foul smell. Must be smog, I think to myself. As I begin to write, my attention is distracted by a car which has just pulled up in front of my neighbors house, a late model Jaguar coupe. One of the two passengers gets out and walks quickly across the street. Moments later, he emerges from the house and trots back to his car, giving me a worried glance before speeding away. Almost before I can finish writing down the license plate number, another car pulls up and the scene is repeated. No wonder the air is smoggy. In the course of the next hour, the traffic is incest, the kind of traffic you would expect at lunch time if you lived near a fast food joint.

So much for fresh air and poetry. Other things are on my mind how, like why are these people looking in my direction as they get back in their cars? Have the dealers across the street been warning them that they're being watched? Or is their anxiety the typical paranoia of people who buy illicit drugs? Although the curtains are usually drawn at the drughouse, sometimes I've noticed someone gazing out the window in the direction of our house. Are they watching us watching them watch us...? My hands are shaking a little too much to write anymore. A little chilly tonight, I tell myself... time to go back inside.

It's been about two years since we moved to this street, and we don't regret it. Gradually we've come to know a few of the curious mix of professionals, artists, musicians and blue-collar workers who live here. One neighborhood resident is an official in the mayor's office, another is a local entertainer whose near-legendary status wins him an annual spot in the Rose Parade. That isn't to say it's an upscale neighborhood, however. Along with the middle-class people are broad mix of working and non-working poor; a couple of young women who work for a recycling company for \$4.00 per hour, elderly people living on social security and others eking out a living on part-time jobs. My next-door neighbor can often be seen out in her driveway chopping up pallets for firewood because her landlord refuses to fix the furnace. A welfare recipient, she is afraid that if she complains to the Housing Authority she will lose her Section 8 status.

A walk around the neighborhood is a pleasant experience, and instructive. Most of the houses here are older but well-made and well-kept, although several are in various phases of remodeling. Bright new paint jobs are common, as are garden plots and manicured lawns. If you come down the street from Union Avenue, however, you begin to notice trash and wine and beer bottles littering the parking strip and gutter. As you reach the middle of this block, litter is ever-present and severe. Mostly bottles, sometimes hypodermic syringes. In the summer, the presence of these spikes could constitute a health menace to children. (Intravenous drug users are frequently carriers of AIDS.)

Part of the reason for the litter here is fairly obvious. The sidewalk in front of the street's several empty lots is not attended to by any homeowner, so trash left behind tends to remain. Another reason, however, is not so obvious. As my next door neighbor explained, addicts park their cars in front of the lots after making their buy, "get high and then drink a bottle of wine," leaving both the syringe and the bottle behind. "It's that drughouse," she said.

Concern about the drughouse has been a common bond among the neighborhood's diverse resi-

dents. A meeting of the neighborhood crime watch committee late last summer drew 30 people, many of whom had been burglarized. Since the drughouse became known about two years ago, numerous residents have called police to complain about the thefts or have filed a drughouse form with the drugs and vice department of the Police Bureau.

Their concern is easily understood. Many have lived here for a number of years and own their own homes. Others, like us, have moved here recently because of the relative inexperience of living in inner northeast. To be sure, the area's reputation as a high crime district worried us a little at first, but the lure of low rent for a large house, combined with the evident charm of the neighborhood, convinced us it was worth the risk. Sometimes we have to wonder, however.

It's 1 a.m. on an autumn night and my wife and I are soundly asleep in our upstairs room when the unmistakable roar of gunfire splits the night. A dozen or more shots fired in rapid succession explode somewhere in the immediate neighborhood. Each shot sounds like a cannon. Scrambling to pull on a pair of pants, I run down to the phone to call 911. After reporting the gunfire, I go out to look around. The shooting has stopped and I can't find anyone or anything on our street. At the drughouse, the lights are on but nothing unusual is happening, except that there are no customers waiting at this particular moment. The next day I scan the papers for a report of a murder or shootout. Nothing. Calls to the police for information are also fruitless. A few weeks later we hear gunfire again, and again I can learn nothing about it. When it happens a third time, I make no further effort to investigate its source.

January 22, 1988, 1 a.m. Exhausted after spending the evening working, I am about to go to bed when I hear the sound of men's voices shouting and a loud slamming noise. As I rush outside onto my porch, two police officers with flashlights are forcing their way into the drughouse. "It's a raid!" I tell my wife. "They're finally raiding the drughouse!" We watch as the bright police flashlights continue flashing out of the windows as they search the house. After a couple of minutes, another uniformed officer comes walking up beside the drughouse from the backyard and enters through the front door. Meanwhile, people in cars — apparently would-be customers unaware that the raid is going on — continue to park in the neighborhood. By this time, my next-door neighbor is watching from her own front porch. One of the would-be customers parks his car in front of her house and gets out. "Don't go in there," she warns him firmly. He gets the message and quickly leaves.

The next day and several days thereafter, I make several attempts to get more detail about the raid. I finally learn from an officer who had been on the raid that cocaine was found in the house. He refused to provide any further details, however.

January 23, Saturday, the night following the raid. Midnight. I am again up late working. On a break, I watch the drughouse for a few minutes from my living room window. Their television is on, its blue-gray glow lapping like a tide at the curtained windows. The lights in the house go on for a moment, then off again. Someone comes out. Outside, another customer pulls up. They're at it again.

**POSTSCRIPT:** According to police, three drug houses and one meth lab have been discovered in the neighborhood portrayed above. At this writing, one of the drug houses, the one described above, continues to draw traffic. Whether or not drugs are still being sold there is, however not known. With the approach of warm weather, neighborhood residents, here as elsewhere in North and Northeast Portland, are worried that the drug activity and related crime may again rise to the fevered pitch of previous summers.

## What You Should Know About Crack!

**Editor's Note:** The following is an article written by Joseph Wallace, the African-American author of "The Crack Busters Workbook", a new publication of North American Publications, a solely Black-owned and operated publishing house.

It is estimated that more than a million Americans have tried crack. Crack is prepared by converting powdered cocaine into a smokeable base.

Smoking cocaine base provides a more intensified high because it is absorbed more rapidly through the blood vessels in the lungs, as opposed to snorting cocaine powder which is absorbed more slowly through the blood vessels in the nose.

According to users, the high is intense but lasts only a few minutes. Another dose is required to continue the high. A \$10 dose or "rock" may provide three "tokes" or inhalations, each delivering a 5 to 10 minute high.

**Once the crack user finishes using the drug, within minutes he experiences a devastating "come-down" called "the crash".**

Intense craving for this drug is what makes it so addictive. Once a person starts for the evening, he or she will continue to use the drug until either their money runs

out or it is impossible to obtain more of the drug. Once the crack user finishes using the drug, within minutes he experiences a devastating "come-down" called "the crash". It is characterized by a state of severe paranoia or fear that can last for several hours.

Crack use results in the expenditure of huge sums of money. Because of the overpowering cravings and trying to avoid the crash, a person who begins a session of crack use, will be unable to stop until all of their cash is gone. For example, a crack user may have \$200 in cash and decide to buy two \$10 vials of crack. But because of the craving for more and fear of the crash, that person will be compelled to keep going out to buy more crack until the \$200 is gone. It doesn't matter that the money may have intended to pay rent or buy food for children. Once the crack session starts all cash will be spent. A day or a week later the person has more cash, the craving asserts itself, resulting in another session of crack use. This kind of pattern can go on for years.

Crack abuse because of the cravings and the need for cash has caused a major increase in crime.

From the point of medical risks, crack is extremely dangerous and often fatal. Hospital emergency rooms report that crack usually kills in one of three ways: 1) Heart failure: crack can cause irregular heart rhythms or increased blood pressure to the point of total heart failure. 2) Complete respiratory failure results when cocaine interferes with the center in the brain that controls breathing. 3) Fatal brain seizures. Persons suffering from epilepsy or other seizure problems are especially at risk. Crack can also cause fatal seizures in persons with no his-

terms. Crack addicts after a session of use find it almost impossible to get to sleep. 3) The individual is constantly broke, crack users will spend all of their available cash on the drug. Watch for extreme financial problems for unexplained reasons. Watch for the disappearance of money or valuables from the home. 4) Major changes or disruptions in the persons life; losing jobs, failing in school, chronic lying, major mood swings for unexplained reasons, association with persons known to be part of the drug culture. 5) Some persons high on crack tend to be nervous, talkative, overanxious to say the right thing. 6) The presence of crack related drug paraphernalia. Crack is smoked in a small glass water pipe. The pipe is heated with a butane torch that looks like the butane canister used to refill cigarette lighters.

### Rehabilitation Programs

Once an individual is hooked on crack, it is very difficult to overcome the addiction. But it can be done. In almost all cases it is necessary to get professional help. That is, to enter into some kind of drug rehabilitation program. Basically drug rehabilitation programs fall into three categories.

1) Inpatient detoxification and rehabilitation

2) Outpatient rehabilitation

3) The support group  
Inpatient detoxification and rehab involves confining the individual in a hospital setting usually for a period of 30 days. The person is physically removed from the drug environment, receives medical attention, individual counseling and attends group meetings. Inpatient detox must be followed by long term outpatient rehabilitation.

**Outpatient programs are a good alternative because sessions may be attended after work and do not interrupt the productive side of the addicts life.**

An outpatient rehabilitation program involves an individual's agreement to attend counseling and group therapy sessions without the confinement of the inpatient hospital setting. These meetings may be attended after work for example. Outpatient rehab continues until the addictive behavior is completely rooted out. This may take anywhere from a few months to several years.

Support Groups... Cocaine Anonymous is an example of a support group. This is a group of people who have come together to give each other support in overcoming their addictive behavior. The philosophy of cocaine anonymous is that the ex-addict is best able to understand the problems of the recovering addict. Other support groups are formed by church and community organizations. There are drug prevention organizations that will give advice on how to set up a support group in your community.

Crack addiction is very difficult to overcome. Determining which type of program will help an addict depends upon the individual and how much the addiction has taken control of his or her life. An inpatient program is indicated if: 1) The individual is using large amounts of the drug and is absolutely unable to stop. 2) Severe emotional and behavioral problems such as a tendency towards violence, or the development of severe paranoia or depression. 3) The presence of medical complications such as heart problems, lung infections, etc. 4) The addict has been unsuccessful in other outpatient programs.

Outpatient programs can be successful for those highly motivated to overcome their addiction. Outpatient programs are a good alternative to inpatient detox for many because meetings and counseling sessions may be attended after work and do not interrupt the productive side of the addicts life.

Support groups such as cocaine anonymous are usually free of charge. The requirements are simple, walk in, attend the meetings with sincerity.

## Business Says Yes to "Get Drugs Off School Grounds" Contest

As covered in USA Today, students hoping to win one of three \$5,000 first prizes from the national SET A GOOD EXAMPLE contest are doing projects to influence their own peers in a positive way — away from drugs.

While some youth are succumbing to drugs such as cocaine, crack, PCP and other deadly substances, a massive grassroots campaign sponsored by private sector business people and professionals has over two and a half million students from all states committed to getting drugs off school grounds in the next five years.

## WHAT IS YOUR CHILD TAKING IN SCHOOL THIS YEAR?



Business sponsors of the national SET A GOOD EXAMPLE Contest are concerned about the future workforce and the fact that drug and alcohol abuse reduce the desire to learn and inhibit the development of employable skills.

The contest encourages building self-esteem and setting good examples for one another. To do this student are adopting a common sense moral code booklet entitled "The Way to Happiness".

"The Way to Happiness" book forwards time honored values such as "being temperate and not using harmful drugs, being competent, industrious, honest, worthy of trust, and fulfilling obligations.

Business sponsors donate copies of "The Way to Happiness" book to schools. Some also give gift copies of the book to patients, clients, customers and employees to help children.

The concept behind the contest and overall campaign program is that a child experiencing an inability to deal with stress, cope with daily problems related to school, relationships, life, or just being happy — have a tendency to fall prey to drug use as an easy solution.

"The Way to Happiness" book supplies practical know how to deal with these areas of life. It offers common sense guidelines that are workable and practical, and lead to better survival.

The SET A GOOD EXAMPLE Contest is part of a grassroots campaign, started in 1981 by the Concerned Businessmen's Association of America. Already the campaign has over 20,000,000 copies of "The Way to Happiness" book that have been handed on as gifts from person to person.

For more information about the SET A GOOD EXAMPLE CONTEST and "The Way to Happiness" book, call 1-800-782-6767.

### FOR HELP

1-800-554-KIDS

1-800-241-9746

1-8090-COCAINE

1-800-662-HELP



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Scientist today tell us that cocaine is one of the most addictive substances known to man. **WARNING:** Do not experiment with crack. Crack has been known

to cause seizure problems at all. Note that these kinds of deaths are occurring in young people in their 20's and 30's.

**Headaches, vomiting and stomach pains, may be symptoms of a cocaine overdose.**

Headache, vomiting and stomach pains, may be symptoms of a cocaine overdose. Persons with these symptoms should cease using the drug immediately and get medical attention. Chronic use of crack can lead to inflammation of the lungs and chest infections severe enough to require hospitalization. Diabetics are at high risk because cocaine elevates blood sugar levels. From a psychological point of view, continued crack use can cause hallucinations and such high levels of fear, anxiety, paranoia and depression that hospitalization is required.

While it is impossible to tell for sure, there are certain patterns that may indicate crack use. 1) Weight loss. People who use crack tend to lose a great deal of weight. 2) Change in sleeping pat-