EDITORIAL

The Portland Observer

Tracking The Crack Cocaine Epidemic

BY STEPHEN LLOYD JOHNSON

Charting the course of the crack/cocaine epidemic through the 1980s and early 1990s offers addiction researchers important information about the way urban communities react to entrenched patterns of addiction. Has crack/cocaine use tapered off in the 1990s? Are individuals voluntarily abandoning their addictions because of the losses they are experiencing? Are there patterns of crack use that will allow individuals to have life long addictions to this drug? What are the possibilities of individuals and communities moving largely into the use of depressant drugs, and the crack/cocaine epidemic winding down as we approach the end of this decade?

THE NATIONAL PICTURE:

The smoking of cocaine through the process of free-basing began to be noticed in the largest cities of the United States by 1979 (Inciardi, 1993). Seen mainly in individuals and social groups who were already addicted to inhaling powdered cocaine (chloral hydrate), this specific type method of preparing cocaine for smoking lasted well into 1984, when it began to be largely replaced by crack/cocaine use. Out of seventy individuals applying for outpatient care at our Seattle clinic in 1993, only six had initiated their cocaine use with freebase cocaine.

Interviews completed in treatment programs in Atlanta, Philadelphia, New York City, San Francisco, and Seattle in the summer of 1992 indicate that crack/cocaine was being used in each of these cities by 1981 or 1982. Many older individuals had 7-12 year histories of intranasal use of cocaine or freebasing cocaine previous to their use of crack, while most younger ;individuals had a only one to two year histories of intermittent use of powder cocaine, marijuana, and alcohol.

The National Household Survey on Drug Abuse estimates that in households measured in 1991 3.9 million individuals had tried crack in their life times with an estimated 35.9% of the total being African-American. In measuring the rates of cocaine use among male booked arrestees in the major urban areas of Philadelphia, New York City, Washington D.C., Los Angeles, and Miami, these cities continue to have the highest levels of cocaine use in criminal populations. DUF quarterly reports on booked male arrestees in these cities in 1992 indicate a 52-63% positive test for cocaine, supporting some researchers belief that the cocaine epidemic is far from over.

A PROFILE OF INDIVIDUAL ADDICTION:

While television portrayals of crack addicted individuals are of urban African-American youth, the typical cocaine addict is a white, Latino, or African-American male, about 30 years of age, who goes to work every day and spends between 10-80% of his paycheck on his addiction. The stereotype for female crack/cocaine addicts is that they are prostitutes, welfare mothers, or a part of the criminal population. The actual female crack using population is a very racially mixed with high levels of unemployment. Working females make up a hidden but significant part of the crack addicted population as well.

As the crack/cocaine epidemic has move across the face of the United States between 1981 and 1994, it has increasingly embraced a more diverse population. Cocaine use at first was largely found among older white and African American males. However, it appears the average age of use has crept downward so that thirteen years into the epidemic we have a crack using population that is ten years younger.

Cocaine use in the 1980s moved beyond the entertainment industry and Wall street crowd into general use in the racially diverse urban population. Like any highly contagious disease crack/cocaine addiction passes from friend to friend and family member to family member. Sixty five year old women with no prior history of drug use, who have allowed their children to deal from their homes, have become addicted. Senior males become addicted as they frequent prostitutes who are cocaine addicts. Crack, the most addictive form of the most addictive drug known to man, is rapidly becoming the new social drug of urban America.

AN END TO THE COCAINE EPIDEMIC?

What are the chances of the crack/cocaine epidemic just spending itself out or moving into a full epidemic of heroin and alcohol use? Many researchers (Ansley Hamid/David Smith) suggest that downward trends in cocaine use experienced in 1990-91 indicate a retreat of the full scale use of cocaine found in the 1987-89 period. Some researches have subscribed to a theory that stimulant drug addiction is cyclic in nature and eventually moves into a period where depressant drug use becomes more epidemic. Significant increases in the intranasal use and smoking of high grade heroin in New York City, growing alcohol use among crack using populations, and increasing use of IV heroin on the west coast would seem to support such beliefs.

Other researchers understanding of the crack/cocaine epidemic is that it is not governed or motivated by any one single cause or drug us trend, but is the result of a multiplicity of events. These multiple factors would include supply levels of cocaine from Peru, Bolivia, and Columbia, economic conditions in U.S. inner cities, law enforcement trends, prevention and treatment efforts, and drug quality.

Crack cocaine use in 1994 has become well integrated into patterns of prostitution and crime in urban America. A significant part of the community is dependent on the "crack economy" for housing, food, and income. Drug dealing, increasingly accomplished by beeper and cellular phone, is largely unseen by the general public. From where we sit the cocaine epidemic has not retreated, but moved into working populations that are less visible, less likely to be arrested, and more likely to continue long term crack cocaine use.

More On Minority 'Show' Business

BY PROF. MCKINLEY BURT

WELL, AS WE DIM THE HOUSE LIGHTS AND RAISE THE CURTAIN ON THE SECOND ACT OF THE PERFORMANCE, PERHAPS WE CAN COME UP WITH A MORE UPBEAT EVALUATION.

The recent articles on Minority Business on Alberta Street that appeared in both the Oregonian and Willamette week newspapers don't offer much encouragement.

If it is true as the media intimates -- that here may be rascals involved -- then, who else is there to blame but the taxpayers who let the con take place?

(Especially the African American ones who claim at the very same time that they are sharp enough to be in business).

Last week, we spoke of "Boards of Directors", heavily endowed with African Americans, but who, nevertheless, failed to watch the store while ownership of millions in real estate went to interests outside the northeast community.

People in some of the neighborhood organizations are asking "who got paid off -- surely, these publicity -- loving college graduates and `talking heads' are not just stupid?" Well, what do you think? Then, there are those who just sit placidly by and vote as asked; happy for media attention and photo ops. Never ask to "see the books".

Now, in another place in this newspaper. I cite some problems in :"Non-profit" enterprises; Perspectives: "The Health Care Agenda Continued". Actually, the basic disabilities that occur in both black `For Profit' and `Non-Profit' enterprise have a common source (not to say we don't have the same problems among whites in a similar socio-economic grouping -- but who can afford it?).

I have drawn the reader's attention to some basic preparation and techniques I employed in structuring several of my successful enterprises. Though these ventures were non-profit, the basic procedures and methodology were the exact same approach employed in my "for profit" enterprises and my business class designs at the university. When you wish to avail your-self of people's money, assistance or goodwill, there are several starting points that will help alot. Invest some of your own and/or risk some of your time/resources in a demonstration project. You do believe, don't you?

So, why is it then that I have these periodic tides of community activists (or wannabes) that threaten to overwhelm-me before I can get the door firmly shut or the phone under control -- they come in cycles, like locusts, or the swallows to Capistrano. You wonder what environmental or cultural factor activates them to visit you, given that there has been a worldwide information explosion and "how to" expositions of every process ever conceived by man are now available on the tube, CD-ROM or otherwise easily retrievable.

At first, you try reasoning with the 'old heads' who should know better. "Look, years ago when I was at Portland State University, I had time, staff and support facilities including stenographic services, photo reproduction and meeting facilities -- and a mission to educate and prepare the 'youth' for the very traumatic times we are facing today (some of you were in my classes). Now, her you are all these years later with a game to interpose yourself between 'the man' and your brothers for a blood profit (the youth are dying in the street) and rip me off too."

"You tell me `who got some big money' and then insult me by offering me minimum wages for time, expertise and facilities after I tell you good help is expensive -- man--power $17.50 an hour, attorney $90, proposal writer $30.00 -- and that my effective rate was $32.50 an hour when I retired and later when doing programs for the government, IBM and the U.S. Forest Service and School District.

There are other problems beside greed and ineptitude that besiege the community. Shenanigans go on with individuals and organizations you'd never suspect. Lawyers of my acquaintance send me photostats of corporate documents bearing my "signature" when I've never even heard of the group. "Thought you might like to see this Mac! -- We knew you didn't have any part of this outfit's operation". You'd be surprised.

Twice in the last several years I've had to have my lawyer recover monies from culprits who have forged my name on a grant and on checks. I suppose the authorities figure its no use spending the taxpayer's money to incarcerate them because they will have to turn around and support their wives and children on welfare -- and then, too, "they only rip off other blacks". I have no problem at all with people who are developing legitimate programs to better the community and who believe like I do in spending their time and money to insure their success. Continued next week.

Civil Rights Journal

Following The Doctor's Orders

BY BERNICE POWELL JACKSON

WHEN PEOPLE USE THE TERM "RENAISSANCE MAN" THEY ARE USUALLY REFERRING TO A PERSON HIGHLY CULTIVATED IN BOTH THE ARTS AND SCIENCES, LIKE THE ARTIST AND SCIENTIST LEONARDO DA VINCI.

There's a modern day renaissance man living and working in rural Mississippi. Dr. Ronald Myers, Sr. is a practicing physician in Tchula, Mississippi. He's also a Baptist minister and a jazz musician. And he's 100 percent dedicated to providing health care to the African American community of Tchula.

Tchula is a Mississippi delta community of 2,000 people, many of whom are unemployed, while others are agricultural workers, most of whom live below the poverty line. Dr. Myers originally came to work in nearby Belzioni, as a part of his commitment to the National Public Health Service, to repay his medical school tuition. When he completed his service in Belzoni, he saw the need for health care in Tchula, where there had been no doctor in eight years, and he established a rural health clinic there.

Little did he expect to receive resistance from the government. But the county, state and federal governments felt that the community was too impoverished to support a clinic and would supply no funds for his effort. So, remembering the old slave adage about God making a way out of no way, Dr. Myers used his own funds to renovate a deserted restaurant for the clinic and works days at the clinic and many nights in nearby hospital emergency rooms to pay for the costs of running the clinic.

But some evenings are devoted to his other love, jazz. Trading his stethoscope for the piano keyboard, Dr. Myers has found another way to raise funds for the Tchula health clinic--through jazz concerts with his trio. Dr. Myers developed a love for the music of his people at age 11, when he began playing the trumpet. Today he plays piano and trumpet not only in surrounding Mississippi towns, but in fund-raising concerts across the country. Funds raised are used for the clinic and for a mentoring program for rural youth who have an interest in medicine. He even keeps a piano at the clinic to help relieve stress--both his own and the patients'.

Dr. Myers is a man of many talents driven to serve the people of the rural Mississippi delta. The founder and pastor of the Tchula Bible Fellowship Baptist Church, he clearly believes that ministering to the people of God is a full-time, multi-faceted job.

Dr. Myers' newest challenge is taking on state and federal health care issues as they impact his community. He challenged the Mississippi Department of Health, which had never hired an African American in one of its top 16 positions, while 80 percent of its African American employees work in service and maintenance. He also pointed to the Governor's Commission on Health Care, which had only three African Americans out of its 31 members in a state with a 37 percent African American population. "There are no African Americans sitting at the health care decision-making tables in Mississippi," says Dr. Myers. "so the people in the community can't be empowered," he added. The state has now set up a minority task force to make recommendations. Last summer those efforts led to a march and rally held in downtown Jackson.

Meanwhile, Dr. Myers continues to challenge the federal government and its refusal to support the Tchula Family Health Clinic, while planning to support a nearby new clinic with no history of service to the poor people in his community. As a member of the Interreligious Health Care Access Campaign, he is in the forefront of challenging the health care reforms proposed by the Clinton Administration to include quality health care for rural people of color.

Education is also important to Dr. Myers. He devotes some of his own time to visiting schools and talking to students about jazz and about careers in medicine. Now he is sponsoring, together with the Mississippi Legislative Black Caucus, a series of health education activities on black college campuses. The first is a conference in Jackson to be held in June.

Every now and then in life one finds someone who destroys stereotypes. Ronald Myers, physician, jazz musician, minister, educator, community advocate is not a stereotypical physician or musician or minister. He is truly a man for all seasons, a man committed to his people, a renaissance man in the Mississippi delta. Thanks, Dr. Myers.

Thanks from us all.

(If you would like to reach Dr. Myers, write to the Myers Foundation, P.O. Box 637, Tchula, Mississippi 39169).

The Portland Observer

(USPS 959-680)
OREGON'S OLDEST AFRICAN AMERICAN PUBLICATION
Established in 1970 by Alfred L. Henderson

Joyce Washington
Publisher

The PORTLAND OBSERVER is located at
4747 NE Martin Luther King, Jr. Blvd.
Portland, Oregon 97211
503-288-0033 * Fax 503-288-0015

Deadline for all submitted materials:
Articles: Monday, 5:00 pm Ads: Tuesday Noon

POSTMASTER: Send Address Changes to: Portland Observer, P.O. Box 3137, Portland, OR 97208.
Second Class postage paid at Portland, Oregon.

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Subscriptions: $30.00 per year.

The Portland Observer--Oregon's Oldest African-American Publication--is a member of the National Newspaper Association--Founded in 1885, and The National Advertising Representative Amalgamated Publishers, Inc, New York, NY, and The West Coast Black Publishers Association • Serving Portland and Vancouver

New Safety And Health Publication Announced

A new publication to help farm and ranch employers identify workplace hazards and reduce injuries and illnesses is available at no cost.

"Occupational Hazards Common to Farming and Ranching in Oregon-A Self-Inspection Checklist" provides guidance to preventing and eliminating hazards common to this industry. The booklet was developed by the Oregon Occupational Safety and Health Division (Or-OSHA) at the request of the agricultural industry.

OR-OSHA's Consultative Services Section has been working with several employer associations to help their industries reduce injuries and illnesses. Easy-to-use booklets identifying workplace hazards have been developed as one tool toward this goal. In addition to the farm and ranching booklet, self-inspection checklists will soon be available from OR-OSHA for the retail food industry, construction and remodeling, automotive trades, and garbage hauling and recycling.

For a free copy of any of these publications, or for a list of other information materials, contact OR-OSHA's technical Resource Center at (503) 378-3272 or 1-800-922-2689 (message only).

Demand More, Get More

With U.S. students ranking behind those in most developed countries academically, with rising teenage pregnancies and guns in schools, parents and educators should be demanding tougher standards. But in the classroom and the living room, Americans are demanding less of their kids-and getting less. Parents need to remember that great expectations are the key to children's success.

To help build children's self confidence parents and educators try to make children feel good about themselves. Kids are repeatedly reminded they are "special", praised for each accomplishment, and rewarded for their schoolwork not with grades but with "smiley faces" stickers of approval. What this translates into is "Anything I do is good enough," says Lilian Katz, professor of early childhood education at the University of Illinois.

"Self esteem and self confidence don't come from being told you are great," she adds. "You get them by facing challenges and mastering them through hard work and persistence."

Parents must stop indulging children and create instead an atmosphere of high expectations, says the April 1994 Reader's Digest. **Here's how:**

1. Remember who's who. Standards are set by parents, society and schools, not by kids. Make expectations clear and don't send double messages. Listen to your children, but let them know that you set the rules.

2. Don't accept quitting. According to one expert, if the average American student can't solve a math problem within 10 minutes, he gives up. Teach your children to stick with tasks and strive repeatedly for success.

3. Give children chores. Regular, meaningful household duties reinforce responsibility to others, build confidence, and help children view themselves as valuable members of their families. A long-term study of inner-city males who grew up in the 1930s shows that those who had regular chores as children proved to be happier and more successful in every respect of their adult lives.

A child's tasks can be basic, bug should carry clear responsibility. One 7-year-old was assigned to monitor the family soap and toothpaste supply. When one or the other was about to run out, his job was to replace it from the cupboard or go shopping with his mother to stock up.

4. Build scaffolding. "Scaffolding" gives children a framework to reach upward step-by-step. Scaffold-building parents seize opportunities to equip children with skills to move higher on their own--for example, teaching a child to use reference materials to answer a question.

5. Encourage worthwhile fun. Steer children towards after-school activities that involve the mind and foster independence, like reading, model-building, stamp collecting or cooking. One California study showed :"latchkey children" were least likely to get into trouble when parents set parameters for after-school recreation.

6. Don't solve their problems. It's easy for adults to step in when things go wrong for a child--an argument with a playmate, a lost library book, an overspent allowance. It's painful to sit back when a child is being published for misbehaving in school. Yet each of these tough moments teaches important lessons--that actions produce consequences.

7.Point the way to the stars. The key to a child's confidence and success is support from parents, teachers and other adults. Once you make it clear that you expect the best from your children, offer encouragement to help them achieve their goals.