DETROIT REVOLUTIONARY MOVEMENT RECORDS

BOX 7 OF 16

FOLDER 13

DRUG REPORTS

A REVISED PROPOSAL FOR A NATIONAL LAWYERS GUILD PROGRAM ON HEROIN AND METHADONE MAINTENANCE

A POLITICAL/ECONOMIC ANALYSIS OF THE AMERICAN HEROIN INDUSTRY

The importation of vast quantities of heroin into the United States is directly related to the government's invasion of Southeast Asia, and to the government's counter-insurgency policies developed there to halt the advance of the liberation forces in Laos, Cambodia, Thailand and South Vietnam. Poppies are grown in Laos, Thailand and Burma, and transported courtesy of the CIA, via Air America, to Saigon, Hong Kong and Taiwan, where it is then smuggled into West Coast ports of the U.S. The CIA's strategy is simple: hire and train the MEO tribesmen, who normally grow poppies for their livelihood, as a mercenary army against the liberation forces, and ensure their loyalty by arranging for safe transport for the poppies; enlist the cooperation of the U.S. puppet regimes of Thieu and Chiang, both of whom support their governments by heroin profits in addition to U.S. aid.

The availability of heroin in Southeast Asia has resulted in the addiction of thousands of G.I.'s, who are then faced with the choice of re-enlisting so they can continue to support their habit cheaply, or coming back to the U.S. and trying to hustle, push or steal enough to support their habit here.

The illegal heroin market is becoming one of the fastest growing of all U.S. domestic industries. At $5.5 billion per year, heroin is the largest single item of domestic import. Heroin users must rip off an estimated $24 billion per year to pay street prices for their fixes. The desire of people to protect their property against rip-offs has been a boon to insurance companies, gun dealers, locksmiths and burglar alarm companies. Replacing stolen items has created large profits for stereo companies, appliance companies, furniture stores and pawnbrokers.

The "heroin and crime" problem has been used by the government as an excuse to build a domestic "law enforcement" machine which employs over a million people, with a total budget in the billions. In addition, it has been used by the government as a propaganda weapon to push for increasingly repressive legislation, as well as domestic counter-insurgency and surveillance programs whose dimensions we are just beginning to grasp. Ostensibly, these measures are used to bust the Big Pushers in "Organized Crime." In fact, as we all know, they are being used much more on the left than on "Organized Crime."

The effect on third world communities trying to organize for survival and liberation has been disastrous. Since addicts will rip off wherever it is easiest to get away with the goods, most robberies and attacks are committed in their own communities. The targets become people with welfare checks, or working people who've been able to buy a few amenities for their homes. These people, usually with families to support, are beginning to hate and fear the junkies as much as the police. In addition, most addicts are impossible to organize because their own needs come first, and they are often used as informers by the police, in exchange for a steady fix, or as an alternative to going to prison.

The heroin/crime syndrome also intensifies the racism of blue and white collar working people who live in or near communities where heroin use is heavy. The fear of a rip-off and attack is generally associated with a black face. The racism and fear result in support among working class people for more law 'n order programs as well as welfare cutbacks. Working people bear the brunt of the "heroin/crime" problem in the form of higher taxes to support the war and law enforcement at home, higher insurance rates and shrinking city and state services which would serve their real needs.

THE GOVERNMENT'S SOLUTION TO THE "HEROIN AND CRIME" PROBLEM

The government has developed a two-fold strategy: bust the small pushers and put the users on methadone maintenance programs. Last year, the Nixon regime allocated $1.7 billion for methadone maintenance programs. The money will supplement and expand the 470 presently existing m/m clinics. Much of it will be tied to criminal court/methadone clinic referral programs. People busted for possession and use of smack will be given the choice of prison (and kicking cold turkey) or methadone programs.

What is methadone? It is a synthetic opiate narcotic with effects similar to heroin's. In large doses, it produces the same sense of euphoria (the high) as well as drowsiness (the nod). A huge quantity of methadone, gradually reduced to nothing over a period of about two weeks, can ease the withdrawal symptoms associated with a sudden loss of smack. This is called methadone detoxification. Methadone can also be used as a substitute for smack. Taking progressively larger doses of the drug over a long period of time results in methadone addiction. This is called methadone maintenance.

Both heroin and methadone are psychologically (not biologically) addicting, but methadone is medically more dangerous. Both drugs depress the central nervous system, heart beat, blood pressure and temperature, but methadone also settles in the user's brain and in the uterus of pregnant women. Therefore, prolonged use of methadone causes permanent brain damage, and babies born to mothers on methadone maintenance suffer severe withdrawal symptoms of vomiting, shaking and faulty feeding. Symptoms of withdrawal from methadone are more painful and longer lasting than those from heroin. When a heroin user O.D.'s, the nervous system ceases functioning, but if revived in time, the user's life may be saved. A methadone overdose goes directly to the brain; the brain waves stop, and the user dies almost immediately.

THE POLITICAL AND ECONOMIC EFFECT OF METHADONE MAINTENANCE PROGRAMS

The political/economy of junk has created a new lumpen-proletariat: a class of people who, as long as they are addicted to drugs, will never be a part of the regular work force. The lumpenproletariat in all countries has historically been a volatile force. They may be supportive of revolutionary movement if organized properly, but they have also been used by reactionary governments as a counter-revolutionary force fighting their own people.

Methadone maintenance programs may be the most effective means the U.S. government has yet devised to organize and control the growing third world and white lumpenproletariat in this country. The strategy is to take a population that is already disoriented because of drug dependance, but functioning individualistically, and place that population under daily

surveillance and control. Complete intelligence, including footprints, is gathered on each methadone recipient. Control is insured through threats of withdrawing the daily dose. In this state of total dependency, the methadone addict can easily be "persuaded" to take forced work (as on welfare), act as a strike-breaker, an informer, or at a minimum, refrain from involvement in political activity. The "guidelines" for the addict's behavior are determined by the federal funding sources of the program; lack of adherence may risk cut off of the grant -- and loss of staff jobs.

Methadone maintenance programs function as minimum security prisons. Most methadone recipients are not there voluntarily; they have chosen methadone instead of prison. But methadone maintenance can, in fact, become a life sentence, with effects potentially more permanently damaging than those resulting from several years in maximum security.

Methadone maintenance does not reduce crime. Meth addicts may still have to steal for survival, since employers are unlikely to hire someone who is often uneducated, untrained, third world or poor white, with a criminal record, and addicted to a drug. Furthermore, many meth addicts still use heroin on the side to provide the "rush" which methadone, given in a glass of Tang, cannot produce. And the proliferation of methadone clinics has made methadone as accessible on the street market as is heroin.

Methadone maintenance programs, like their poverty program predecessors, create a new bureaucracy within poor communities: high salaries for a few, little money for program needs for the many. The strategy is neo-colonialism; the effect, a further divided community fighting over little pieces of a limited pie.

Lucrative government contracts to the few drug companies that have a near monopoly on methadone production will enrich the companies and discourage research on non-addictive alternatives to heroin. Heavy financial support for methadone maintenance programs will discourage hospitals from adding badly needed methadone detoxification units, and dry up potential funding sources for community-controlled drug-free re-education programs.

METHADONE MAINTENANCE AND FASCISM "AMERICAN STYLE"

The Nixon regime's solution to the "heroin and crime" problem is an integral part of a program which will bring about fascism in America through legitimate institutional and constitutional channels. The elements of the fascism are already clear: 1) solidification of right wing forces in the country through government support of the most reactionary corporations, the military hardware and drug companies; increasing political activity by domestic police forces supported by elected politicians; repressive legislation and selection of reactionary judges; development of nationally coordinated surveillance and counter-insurgency programs; and use of fear and racism to win support for these policies among white workers and small businessmen; 2) deacreasing the earning power of women and men through wage controls, inflation and welfare cutbacks; 3)use of brain workers for reactionary governmental research and agencies of local government control; 4) increasing divisions in third world communities through creation of neo-colonialist administrations under the guise of "community control;" and 5) development of an institutionally controlled, drug-addicted lumpenproletariat.

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WHAT THE NATIONAL LAWYERS GUILD CAN DO

Mass addiction to various kinds of drugs is symptomatic of a decaying capitalist society in which people use drugs as a way to escape from oppressive living conditions, disoriented social relations and meaningless work, or no work at all. Therefore, the root causes of addiction cannot be dealt with under the capitalist system. However, it is vitally important to struggle against the drug epidemic and its effects on millions of people, because a drugged population is not likely to organize to tear down the empire.

The Guild's strategy in this struggle could be threefold: 1) use of the mass media, movement media and our own media to demonstrate the relattionship between U.S. imperialism, government policies of domestic repression, and the genocidal effects of heroin and methadone maintenance; 2) use of the courts to develop political defenses for heroin users and lawsuits against methadone maintenance programs; and 3) political and legal support for groups struggling against the heroin/methadone maintenance problems in their own communities, and for progressive workers inside methadone maintenance programs who are trying to change the direction and content of these programs. Some groups already involved in the struggle are Medical Committee for Human Rights, Vietnam Veterans against the War, and various Third World and white revolutionary organizations and anti-drug programs such as RAP in Washington, DC., and White Lightning in NYC.

Political defenses of heroin users might be difficult to organize, since the defendants are not likely to be "political" in the usual sense. But, if the defendant has a potential for community support, it might be possible to build an insanity defense which could bring in expert testimony on the reasons why the user had to turn to drugs in the first place.

The problem of defending the addict-pusher is trickier, because this person is both a victim of the system, and at the same time, supports her/his habit by creating other victims. An acquittal would mean that the addict-pusher would be back on the streets selling smack. A better strategy might be to ask the judge to probation the addict-pusher to a methadone detoxification program, and to find a community-controlled anti-drug program willing to care for the ex-addict after detoxification. This strategy assumes that the addict-pusher wants to kick the habit and get out of the business. If not, defending the person would be contrary to the interests of the community.

Creative lawsuits against methadone maintenance programs might challenge the total abridgement of traditional civil liberties inflicted on recipients of the methadone, and the programs as a whole can be challenged on the basis of violation of the FDA's requirement that a mass-dispensed drug be adequately tested before it is put into use. Additionally, we should be on the look-out for any legislative attempts to develop heroin clinics; dispensing a genocidal drug LEGALLY is NOT a solution to the drug problem and must be opposed as strongly as possible. Another area for lawsuits would be against jails which force addicts to kick cold turkey rather than sending them to hospital detoxification facilities, or else shoot them up with other mind-confusing drugs to ease their withdrawal symptoms.

Presently, the most dangerous development in methadone maintenance programs is their use as alternaitives to going through the criminal justice system for a person busted for use or possession of smack (or for drug-related "crimes "). In most court referral programs, the defendant does NOT have the choice of going into a detox facility and a drug-free community program. The choice is between methadone maintenance and prison. We must do everything possible -- persuasion of judges and probation officers, lawsuits, political action -- to put a complete stop to these deadly programs.

Revolutionary anti-drug organizations and drug-free programs need all kinds of support: legal defense for members or residents who still face previous drug charges; help in incorporation and tax problems; assistance in getting building, zoning and use permits; legal and political support for their community activities and propaganda efforts. Progressive community groups seeking additional hospital detoxification facilities may need legal defense or even legislative support for their work.

Finding these groups and organizations may require some community research. Keeping up with new government strategies and programs and proposed legislation needs both local and national research and communication.

The government's intent to create a drug-controlled population is a coordinated national, state and local effort. It requires a similar effort by the people to fight against it. The Guild should play an important role in that struggle.

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Criticisms and suggestions on this proposal, information and ideas on local programs and activities, as well as requests for the heroin/methadone newsletter "Uncle Sam the Pusherman" should be sent to:

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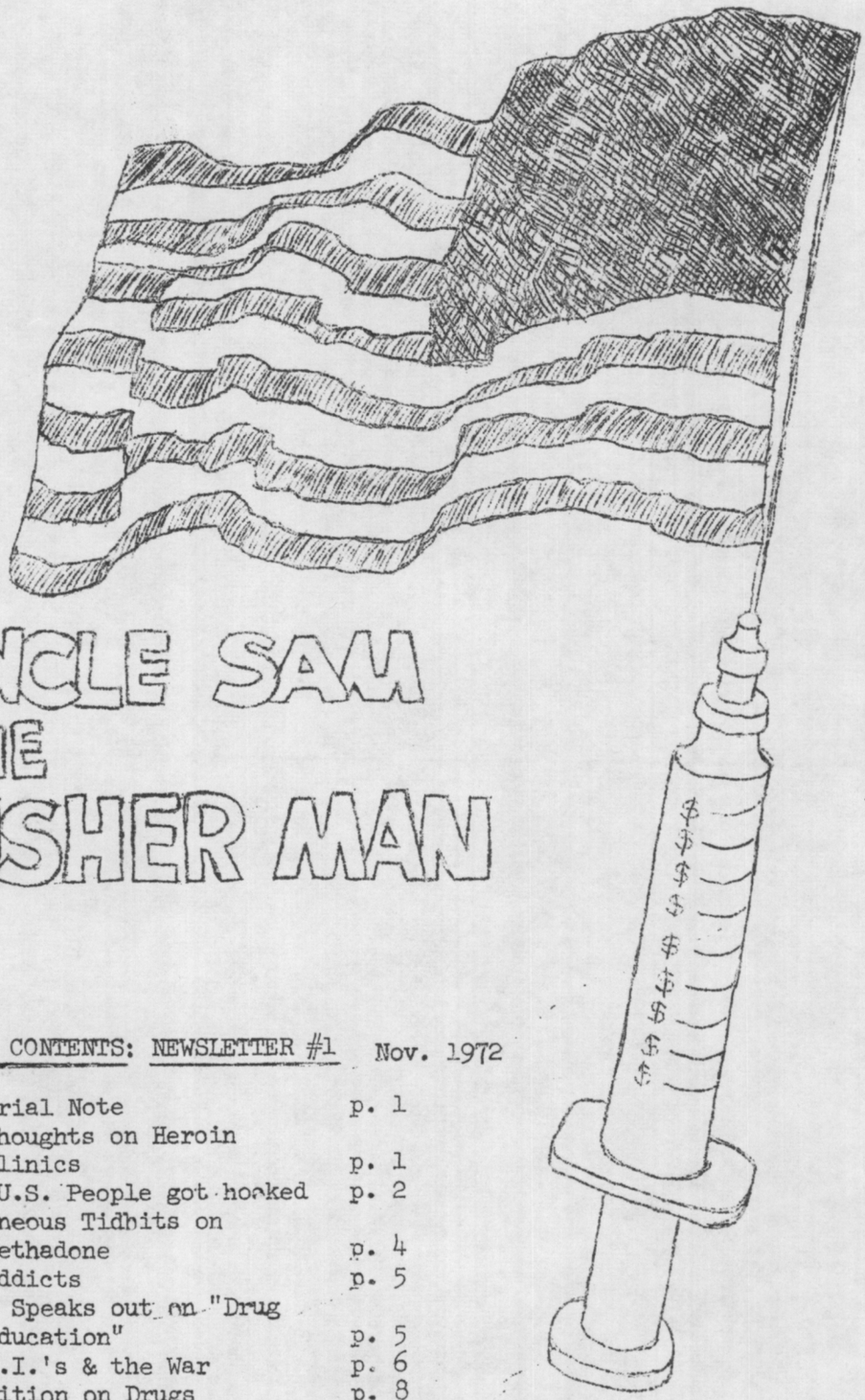

UNCLE SAM THE PUSHER MAN

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Please send comments, criticisms, suggestions, ideas/articles for future newsletters, requests for copies to:

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(Also available: Revised proposal For National Lawyers Guild program on heroin/methadone maintenance)

AN EDITORIAL NOTE

from Sharon

At the NEB, the question was raised as to whether the problem of genocidal drugs -- heroin and methadone maintenance -- was a political issue that the Guild ought to be relating to. Since there was no time to discuss the problem, I wrote a long article for "Guild Notes in an effort to explain why the deadly drug problem is a political issue that the Guild can and ought to deal with. Hopefully, the article can serve as a basis for discussion at the Convention in February. (The article is a shortened restatement, with some modifications, of the proposal distributed at the NEB. If it can't be printed in "Guild Notes," I'll arrange to get it on mimeo for distribution before the Convention.)

Meanwhile, there's been some favorable response to the proposal. The New York chapter is considering putting together a narcotics program; the San Francisco chapter will be discussing it at out next executive board meeting; and Nancy Mikelson, at the Philadelphia Guild office sent in some excellent additional information on methadone which is included in this newsletter.

All this indicates that we ought to start thinking about some kind of program for the Convention: a workshop, panel, debate or whatever. Any ideas? The S.F. chapter will be assisting in putting together the agenda, so any proposals would be welcome.

The morning after the NEB, I spent several hours with people from RAP in D.C. I've included copies of some of their material in this newsletter, and hope to have a descriptive article of their program ready for the next one. I want to submit the article to them for criticism before distributing it, since I don't want to distort their program based on my superficial impressions. But for now, I can say that I believe the RAP program is an exemplary model of a revolutionary anti-drug program. RAP restored my wavering faith that well-run revolutionary survival programs are a vital part of our struggle to build a socialist society.

Criticisms and suggestions would be appreciated about the title of our newsletter...

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SOME RETHOUGHTS ON HEROIN CLINICS

At our NEB workshop, we left open, pending further information, the preliminary proposal's suggestion that we give qualified support to the establishment of heroin clinics. Further information on that topic comes both from RAP and from "White Lightning," the newspaper of Spirit of Logos in NYC. Both are totally opposed to legalization of smack for addicts and to establishment of heroin clinics. They want genocidal drugs OUT of their community. "Liberal" solutions, such as the proposal for heroin clinics, will just make heroin more available, no matter how tight the controls are. This position makes a whole lot of sense, and probably ought to be the one that we take on that subject.

The following is a reprint of a RAP leaflet on legalized death drugs:

IN CASE YOU DIDN'T KNOW

"The efforts to legalize the dispensation of methadone/heroin in drug clinics is a legitimization of genocide: an effort to tranquilize a generation or more of Blacks who have already been enslaved by a system which demeans their very existence. The promulgation of legislation to legalize the medical practice of turning Black men into zombies is an acceptance/implementation of Hitlerian practices against a group of people whose very existence is a confrontation to all forms of oppression.

"The medical profession in this country already has a pitiful, if not criminal, record as it relates to the training of Black doctors and the treatment of Blacks. Few doctors -- Black or white -- have been educated to deal in a profound sense with the problems which this racist

society imposes on the Black existence. Black genocide -- gradual and acute -- has been the agenda of this society. Few Blacks die a natural death; they die after a life of suffering. The medical profession can not be said to have eased that suffering or lowered the rate of such deaths.

"The free dispensation of methadone/heroin is being proposed/supported by those communities who are the victims of the crimes of those who became addicted. It is being opposed by those communities which are victimized by the problem of addiction itself. White institutional racism, police corruption/collusion and "legitimate" economic exploitation of Black communities have combined to produce the problem of addiction, in the first instance, and the resultant necessity to steal/rob/mug to survive.

"The same forces have now combined to push for the legalization of genocide. These forces have produced a new industry designed to enrich the medical profession, to put pushers on unemployment rather than in jail; to tranquilize the addicts rather than to help them to seek care; to make it easier for police corruption to find new outlets and to concentrate robberies, etc. within the Black community.

"THERE WILL NEVER BE ENOUGH FREE METHADONE/HEROIN TO LOWER THE INCIDENTS OF ADDICTION AND CRIME. FREE METHADONE/HEROIN CAN ONLY SERVE TO DISPLACE THEM. ASK THE PUSHERS AND THE SUPPORTERS OF FREE METHADONE/HEROIN CLINICS."

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HOW THE U.S. PEOPLE GOT HOOKED: A BRIEF HISTORY OF SMACK AND METHADONE

It all started back in 1803 when morphine was first isolated from the opium poppy. Then, in 1840, the hypodermic syringe was invented. Soon after, the sale of morphine in patent medecines and elixirs became common. The first addicted class in the United States were white, middle class, middle-aged houseworkers (wives).

The next addicted class were veterans of the Civil War. Morphine was freely dispensed as a battle-field pain killer, and by the end of the war some 45,000 soldiers had "soldiers sickness," or morphine addiction.

By the end of the nineteenth century, the capitalists had discovered the virtues of having a drugged work force. Big Bill Haywood relates in his autobiography how the New Mexico mining companies sold opiates in the company store. The workers became addicted, and since they had no place else to purchase their goods, turned to the company store for more opium, thus increasing the store's profits and the workers' docile "loyalty" to their bosses.

As the problem of addiction became more wide-spread, and widely publicized, scientists began to search for a cure to the problem. They came up with one in 1898, a drug which was effective in ending the addicts' craving for morphine. For the next 15 years, the drug was dispensed in cough syrup; it cured coughs, acted as a sedative, and got people unhooked from morphine. The drug was called HEROIN. **

Around 1910, some experts began to point out that the drug in the cough syrup was as harmful and addictive as the drug it was intended to replace. The medical approach to drug addiction was exposed as a failure. So the government tried a new approach, the criminal one. In 1914, it passed the Harrison Narcotics Act, which made the use and sale of opiates illegal except under strict government control. With its usual foresight, Congress dropped all provisions from the bill for treatment of the thousands of heroin addicts. Local doctors set up clinics to maintain the addicts or help them withdraw gradually. The Federal Government responded by busting 30,000 doctors, and jailing 3300 of them.

** The first company to manufacture and distribute heroin in cough syrup was BAYER DRUG COMPANY. The year after they produced heroin cough syrup, they invented aspirin.**

With the criminal approach to drug addiction in full force, organized crime, the Mafia, replaced the medical profession as the dispensers of heroin. The change in dealers was reflected in the change in clients. Before the passage of the Harrison Act, the ratio of white addicts to black was 2:1; the ratio of women to men 3:2. After the Mafia got into the business the ration changed: blacks to whites 3:1; men to women about 2:1. Addicts began to steal to get money for their fixes, but because the crimes were confined within Black communities, nobody paid much attention to them (except the people in those communities).

The "heroin/crime problem" began to alarm middle-income white America when their sons and daughters started getting hooked and their property started getting ripped off. This happened immediately after the summer of 1967, when Nixon put Operation Intercept into effect, cutting off the supply of marijuana at the Mexican borders. Coincidentally, huge supplies of smack began appearing on street markets at the same time. Coincidentally, the CIA in Southeast Asia was just beginning to use its Air America to fly poppies grown by the mercenary Meo tribesmen to distilleries in Saigon, Burma and Hong Kong from which the processed heroin found its way undetected through U.S. Customs. Huge quantities of heroin found its way into those communities which had had Black ghetto rebellions the previous summers.

Although the criminal approach to drug addiction has been the primary government strategy up to last year, the government also developed research programs around the "psychological" approach, using people convicted of federal drug offenses as the research guinea-pigs. Beginning in the 1930's, the National Narcotics Research and Treatment Center at Lexington, Kentucky experimented with various "psychological" methods of breaking drug addiction habits among prisoners. The general concept of the psychological approach is that drug addiction stems from some kind of personality disorder or weakness, which in turn usually comes from unhappy or irregular childhood, family problems, trauma, etc. The Lexington program has not had an overwhelming success record. 97% of the prisoners who've gone through various forms of therapy or addiction-blocking efforts have returned to smack use once they were released.

However, this statistical failure did not prevent the researchers from continuing their search for a "safe, non-addictive drug" to combat heroin addiction. In the late 1940's, they found such a drug, and began to use it on their patients. The drug was called METHADONE.

Dr. Jerome Jaffe, one of the researchers at Lexington, became the earliest of the staunch advocates for the "psychological" approach which combined maintenance on methadone with "rehabilitation programs." Last year, President Nixon awarded Jaffe's diligence by making him national coordinator of a $1.7 billion national methadone maintenance program. The history of how this happened provides some interesting insights into the American political process.

Methadone was originally invented by German chemists at the I.G. Farbindustrie during World War II, when losing battles in the North African poppy fields that supplied morphine threatened to cut off Germany's access to its most widely used pain-killer. The chemists called the drug "Dolophine" in honor of Adolf Hitler.

The patent for Dolophine found its way to the American drug company, Eli Lilly, through up to now unknown channels. Today, Eli Lilly and Mallinckrodt Chemicals have a near monopoly on the production of methadone.

During the first three years of the Nixon regime, governmental agencies and their supporting economic interest lobbies deadlocked over the best approach to deal with drug addiction. The various federal law enforcement agencies, backed by Attorney General Mitchell and the Department of Justice, advocated stricter laws and enforcement against all kinds of drug usage. Their position was represented by the Dodd bill in 1970, which would have given all powers of enforcement, research, treatment and education on drug use to the Department of Justice. The Hughes/Kennedy bill, also introduced in 1970, would put enforcement in the hands of the Dept. of Justice, but concentrate treatment, research and education in the Department of Health, Education and Welfare. Both bills emphasized lowering penalties for grass and smack users, and toughening penalties for pushers.

The Hughes/Kennedy bill was supported by the drug lobbies, the American Medical Association, the American Psychiatric Association and the American Pharmaceutical Association. The health industry's objection to the Dodd bill gives an indication of their interests. They opposed the bill's provision for no-knock laws because they feared police might break down doctor's doors and rip off their medical records. They objected to the government labeling certain drugs as "dangerous drugs" and setting quotas on their production because the quota system might hurt their profits on mass-produced drugs. And finally, they feared that Justice Department control of research would worry their stockholders whose dividends in part depended on a constant flow of fat research contracts to the drug companies.

The family squabble between the two interest groups was settled last spring. On April 3, 1972, a joint press conference was called by the Food and Drug Administration, the Dept. of Health, Education and Welfare, the Bureau of Narcotics and Dangerous Drugs of the Justice Department, and the President's Special Action Office for Drug Abuse Prevention to announce an all-out war on heroin psuhers and the allocation of $1.7 billion to coordinate a national network of methadone maintenance programs. The entire operation would be administered directly out of the President's Special Action Office, headed by Dr. Jerome Jaffe.

(Thanks to Boston MCHR for research information for the above history.)

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MISCELLANEOUS TIDBITS ON METHADONE

Meth maintenance, in addition to depressing the nervous system, slowing heart beat, lowering blood pressure and temperature, and affecting brain waves, also has other "minor" effects: severe constipation, sexual impotence in older men, profuse sweating, sleepiness, insomnia, nightmares, slurred speech and motor incoordination.

Methadone addicts, in addition to continuing their use of smack, also have a high incidence of use of alcohol, barbituates and amphetamines. (In a recent study done of a Philadelphia meth maintenance program, 90% of the methadone users were also on smack and other drugs.)

When a victim O.D.'s on smack, doctors usually inject two to four milligrams of a drug called NALINE before starting methadone detoxification. In case the hospital forgets to determine the exact cause of the O.D., naline will help in making the determination. It revives someone who has O.D.'ed on smack, is ineffective on other opiates, and kills the person who has O.D.'ed on barbituates or amphetamines. (Thanks to Nancy Mikelson of Philadelphia NLG for this info.)

"Milligram for milligram, methadone is four times as potent as heroin... It lasts anywhere from 24 to 36 hours, where the action of heroin or morphine is only 4 to 6 hours." (From a speech by Dr. Barry Festoff of Washington DC's MCHR chapter, reprinted in a pamphlet by RAP called "Methadone, the Facts.")

In 1970, the Food and Drug Administration set out guidelines for methadone maintenance which included prhibitions against its use on pregnant mothers, people under 18, and people with "psychological problems." None of these guidelines are being used by current m/m programs. The reason is that the drug industry lobby succeeded in getting them eliminated from federal grant programs.. (Again from Dr. Festoff's speech reprinted by RAP.)

Nationally used drugs are supposed to undergo fairly thorough testing before being mass dispensed. The tests of methadone were originally done in 1948 at Lexington (with Dr. Jaffee). The results of those tests demonstrated that 5 milligrams of meth produced euphoria, 30 milligrams produced nodding, more than 30, sedation. The tests also showed the effect of methadone on the person's body, AND ON THE PERSON'S BRAIN. They knew back in 1948 that the amount of methadone now dispensed in maintenance clinics caused electrical seizures of the brain, and at higher doses, stops brain waves entirely. BUT THEY NEVER RELEASED THIS INFORMATION.

The only information they did release was that high doses of methadone were effective in blocking the craving for heroin.

The other research project, that became the rationale for the development of meth maintenance programs, was conducted by Drs. Dole and Nyswander in 1962 in New York. Their sample was rather small: 7 patients. They gave the patients a dose of methadone . . at 8am, then 20-30 milligrams of smack five hours later. Over a four month period, 2 of the 7 patients experienced no rush or high from the smack after taking the methadone. They called their project a Narcotic Blockade. By 1972, over 60,000 people were behind the Blocade in m/m clinics. With the new federal monies, the number of victims will quadruple by the end of 1973.

Now that m/m is entrenched, other kinds of research results are coming out. Last year, a NY neuropathologist named Dr. Roizin conducted tests on the brains of 14 people who had died from no other cause than methadone overdose. Their ages ranged from 20 to 24, but their brains exhibited the changes that are seen in individuals dying of senility at ages of 70 or 80... For some reason, the research done by Dr. Roizin has not been publicized as widely as that done by the Narcotic Blocaders.

(Again, info from Dr. Festoff in Rap pamphlet)

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INFANT ADDICTS

The following is a copy of a hospital record. The mother had been forced to go on methadone maintenance so she could raise her own child. (Reprinted from White Lightning, v.1, #3.)

"This is the case of baby boy of C.C. (name withheld), a full term birth to a 24 year old mother who was on methadone maintenance at the 149th Street clinic (dose unknown) for 7 months.

"Normal delivery with a birth weight of 5 pounds 9 ounces. The physical examination at birth was normal except that the baby was somewhat small.

"Twenty four hours after birth, the baby began having withdrawal symptoms -- shaking all over, feeding slowly, and vomiting. He had to be tube-fed. The tube was put through the mouth into the stomach, because the baby would not suck normally at the nipple. This continued for the next 13 days. Most babies suck vigorously right after birth. To control the withdrawal symptoms, the baby was treated with Valium shots for a total of 23 days. (Valium shots are the standard treatment for babies in withdrawal from either heroin or methadone at Lincoln Hospital.) The baby gained weight very poorly. It took 3 weeks to regain his birth weight. A normal baby does this in 7-10 days.

"The total length of hospitalization was 27 days. A normal baby stays in the hospital 3 days.

"No one can say whether or not there has been any permanent damage to this baby. But there is no question that he was a very abnormal baby for the first 3 weeks of his life. The tragedy was caused by withdrawal from Methadone. The methadone might also have damaged the baby's cells or chromosomes (the way Thalidomide damages infants). No one knows the effects of methadone addiction on an unborn child."

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A MOTHER SPEAKS OUT ON "DRUG EDUCATION"

(Excerpted from RAP pamphlet "Ask Mrs. Jones")

"The first thing I want to talk about is the education, the drug education programs that we seem to have in the communities. Now I don't know whether we are being educated or programmed, that's what I should say, because most of the teenagers in our communities who are participating in the drug education programs are being programmed toward heroin.

"Now some people might think that's kind of negative, but I am going to give an example which is not isolated, it's just an example. Some of the kids I deal with come in flying and say, Hey! I know all about drugs." And I'll say "Yeah you do?" And they will say "Someone came to my school and he told me all about drugs. He's the same age I am and he knows how to use the needle, he knows how to snort, he knows how to pop pills, he knows how to do all these things. Now I know all about drugs." But nobody says how not to use them, nobody says why not to use them, and nobody has said what happens to you when you do use them.

"Now this bothers me because kids 12, 13 and 14 years old at some point do not know how to use drugs. Some of themStumble into it, but I feel they are being programmed into it by funded programs that NTA (A DC. agency) can pull back and forth and use as a political football at any point in the game. They use the addict as a political football, they use him as a statistic, they use him as anything and he's usually a Black addict. The addict on the poster is the same man that's on the poster when they talked about Uncle Sam wants you. The addict they put on the posters is black, the addicts that they program are Black..."

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SMACK, G.I.'S AND THE WAR IN SOUTHEAST ASIA

A G.I. NAMED JOE. RAPS ABOUT SMACK (from White Lightning July-Aug 72):

"I was in Okinawa, was stationed with the Ninth Marine Amphibious Brigade, at Cape Hanson. The majority of drugs are brought into the country by pilots, B-52 pilots, C-140 pilots, or crew members. These people were also bringing in vials of liquid opium, vials of raw opium, black tar opium. They were bringing in heroin from Vietnam. There were a lot of people involved in Okinawa, officers and Okinawan officials that were paying for the narcotics that were coming into Okinawa. Up at the Marine air base, they have C-130 pilots flying dope in from Vietnam. There are flights going out every hour , B-52's, four planes. They go and drop their payload on Vietnam and refuel in Thailand. While they were refueling, they were also refueling their narcotics supplies.

"I have no idea how much heroin or opium was being brought into the country, but when I was in Okinawa I knew over a hundred addicts that had a constant supply of heroin. In Vietnam the accessibility of heroin during the latter part of '68, the early part of '69, became very increasing. They had a big crackdown on the marijuana users in Vietnam. I don't know if many of you people know it, but in Vietnam enlisted men cannot drink, he can't drink liquor. A lot of people, you know, like to get high after they come back from the bush and shit. You can't do it -- if you want to drink you have to be an E-5 or above. So what are the younger people supposed to do? They turn to narcotics."

HEROIN ADDICTION IN THE MILITARY SERVICES IN SOUTH VIETNAM
(from Appendix of Smack, published by Harrow Books, written by Editors of Ramparts and Frank Browning)

"Heroin addiction in the military forces of the United States is increasing rapidly, particularly in South Vietnam, where the best estimates available are that 10 to 15 percent of all U.S. troops currently in South Vietnam are addicted to heroin in one form or another. It is estimated that in some units heroin addiction might be as high as 25 percent. Some smoke it; some sniff or snort. From 5 to 10 percent of these inject. In the eloquent words of one young concerned American currently serving in South Vietnam: "It is ironic indeed that in the last two years of the war our biggest casualty figures will come from heroin addiction, not from combat."...

"Because of the quality of the heroin available in South Vietnam, it is possible to become addicted through smoking or sniffing. The "high" does not develop as quickly as whn injected, but smoking or sniffing does develop a need for heroin. Unfortunately, most of those who smoke or sniff are under the dangerous illusion that heroin taken in this manner is not addictive. Nothing could be further from the truth...

(In Saigon heroin) is cheap. "One-quarter gram sells for as little as $2.50 and as much as $10, while an eighth of a gram will sell for as little as $1.50 and as much as $5. Most is purchased, but a large amount is obtained by military personnel who barter cigaretts and other post exchange items for the drugs..."

G.I.'S AND JUNK by Dan Siegel (Excerpts from article printed in New American Movement Oct. 1972)

"... The availability of heroin in Asia is probably the biggest obstacle to the formation of a mass-based, militant GI political movement. Olongapo City, Phillipines is the home of Subic Bay Naval Base, Asian home port for the 50 Seventh fleet ships now engaged in bombing and shelling operations off the coast of Vietnam. Most of these ships -- including the nine aircraft carriers with their 5000 man crews -- spend up to a week at Subic each month. Olongapo is often referred to as "Dodge City East", and has more than enough drugs, prostitutes, and honky-tonk bars to satisfy the 10,000 fleet sailors who have liberty there most nights.

"Olangapo City is an an isolated part of the Philippines and exists only to serve the needs of the U.S. Naval Base. Until 1959, the city was actually part of the base. Even today city policemen and Naval shore patrol ride the streets together, and the base commander is the city's shadow mayor. Yet despite Nixon's much publicized "war on drugs" heroin can be purchased in this U.S. controlled city from hawkers on every street as well as in most of the more than 100 bars there. The powder is incredibly pure (95 percent) and incredibly cheap ($1.25 for a 'paper' or $8 for the gram that is enough to satisfy all but the heaviest habit). Because of the low price and high quality, almost all of the GI users smoke the heroin mixed in with the tobacco in filter cigarettes; a few people snort it, and almost no one uses a needle.

"We believe that the military uses heroin in a successful effort to defuse potential militance among the young blacks and alienated whites whose dissatisfaction with the military is strongest. We saw several attempts by young black sailors to pull together an organization to fight racial discrimination on the base and to support black political prisoners such as Angela Davis and Pvt. Billy Dean Smith, fail because the key people in the efforts were involved with the drug.

"Among whites, we often found that the brightest and most sensitive sailors were most likely both to respond to efforts to organize around opposition to the war and military oppression and to be involved with heroin. In almost every case, the latter involvement eventually proved stronger and left them politically irresponsible and unproductive.

"While it is true that heroin addicts do not make the best servicemen from the military's point of view, the habit does not interfere with the boring, alienating jobs to which most servicemen are assigned. Those with heavy habits are able to smoke the odorless powder while at work and apparently as just high enough to perform with acceptable efficiency and without complaint..."

(Ed. note: Dan Siegel worked with the National Lawyer's Guild Southeast Asia Military Law Project in 1971-72.)

VETERANS: NIXON'S FORGOTTEN AMERICANS (Excerpts from a report by Vietnam Veterans Against the War)

"Despite the increasing number of veteran addicts (estimated at 100,000 in 1971), the Administration's response to the problem was to propose only 18 VA Drug Dependants Units around the country by July 1972. Congress increased this number to 32. The 18 units for fiscal 1972 are funded in the Administration's budget with only $3.2 million -- about $175,000 per unit. Actual experience with the five units already in operation indicate that each center requires about $540,000 for a full fiscal year.

"By mid-1973, the Veterans Administration plans to open an additional 42 drug centers (bringing the total to 60 when added to the original 18). These projected units are capable of treating 200 addicts for a total agency-wide capacity during the next year of 6000 veteran addicts. This figure represents less than 7% of the estimated number of veteran addicts requiring drug treatment.

"Right now, under present VA law and regulations, servicemen who have received an undesirable, bad conduct, or dishonorable discharge, are ineligible for treatment in a VA facility. Recent statistics indicate that already there may be as many as 11,000 addicted veterans with bad conduct or dishonorable discharges which prevent them from receiving any VA benefits including drug treatment and rehabilitation..."

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RAP: POSITION ON DRUGS

I. IMMEDIATE LEGISLATION TO STOP ECONOMIC AID

We demand an end to all economic aid to those countries which either produce or grow opium as well as those who manufacture and distribute heroin, i.e. Southeast Asia (Laos, Cambodia), France, Turkey and Holland.

II. ABOLISH METHADONE

We demand the complete and immediate elimination of methadone, legalization of heroin and/or any other genocidal drug offered as the solution to the problem of drug addiction.

III. LIMIT POWERS OF THE JUSTICE DEPARTMENT

We demand that all rehabilitation and treatment programs be removed from the oppressive jurisdiction of the Justice Department and its agencies -- LEAA, Bureau of Narcotics and Dangerous Drugs, Office of Drug Abuse and Law Enforcement.

The Justice Department is not designed to serve the needs of the people, but to regulate and control human behavior of the masses and, as such, is incompetent and irrelevant to deal with the drug problem. Therefore, all monies appropriated for drug prevention, re-education and education should be taken out of the hands of the Justice Department and given to an agency set up to subsidize and support community service programs, grass-roots services and re-educative programs.

IV. THE PRESENT CONCEPT OF DRUG PREVENTION IS A MYTH

We demand a re-evaluation of drug prevention:

Police and law enforcement scare tactics in the community is not drug prevention.

Display kits in public schools containing apparatus and dangerous drugs is not drug prevention.

Curfews, punishment and other repressive measures is not drug prevention.

Psychological and psychiatric testing and evaluation in the black community is totally irrelevant and is not drug prevention.

Relating to drugs as a sickness requiring medical attention is an evasion of the problem and is not drug prevention.

Educating and enlightening young people to the part they play in the total scheme of things politically, socially and economically is drug prevention.

Relating to the basic needs of the people in terms of free food, shelter and clothing is drug prevention.

Medical Assistance, Legal Aid, welfare rights, tenants rights, day care, job opportunities and relevant and adequate education of young blacks in the community is drug prevention.

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A VERY SELECTIVE BIBLIOGRAPHY

ON HEROIN:

1. Al McCoy, Cathleen Read and Leonard Adams, Politics of Heroin in Southeast Asia. This book is still in hardcover so may be too expensive for most of us to buy, but glancing through it and reading the review in New American Movement, Oct. 72, indicates it's the most comprehensive political/economic analysis of the drug to come out as yet.
2. Editors of Ramparts and Frank Browning, Smack. Harrow Books. $1.25. Collection of excellent materials already reprinted on smack, including a detailed account of U.S. support of all poppy growing and smack producing countries.

ON METHADONE:

1. Health/Pac Bulletin, June 1970 devoted entirely to methadone. (Available from Health/Pac, 558 Capp St. SF 94110)
2. Health Liberation News, July-August 72. Bay Area MCHR newspaper. (Available from MCHR, 558 Capp St. SF 94110)
3. Methadone: Federal Drug Addiction; and Methadone Maintenance, Part of the Solution or Part of the Problem. (Both pamphlets available from Boston MCHR, P.O. Box 382, Prudential Station, Boston, Mass. 02199)