

Forum

What about the unwanted child's rights?

As I watched this nation divided over the abortion issue with each side campaigning to influence the Supreme Court's ruling in the Missouri vs. Webster case, I was somewhat surprised by the relatively small number of Afro-Americans visibly involved.

Let me say up front that on the abortion issue - like the death penalty - I have trouble playing God. So if someone else wants to make that call, I gladly defer. (I must admit, though, that I often wonder how many who are pro-life are also pro-death penalty.)

My intent here, however, is not to address the decision but to examine our awareness of the possible adverse effects of the decision, even now after the Court has thrown the ball back into the court of the states.

Many states immediately began working toward enacting legislation to either severely restrict abortion or to make it illegal.

My point: Have we considered the effect this could have on Afro-American teen-agers and the children the law would say these teen-agers must bear? Have we considered this within the context of public assistance programs that were either eliminated or drastically cut under the Reagan Administration?

Lloyd N. Cutler, former counsel to President Jimmy Carter, wrote in *The New York Times*, "The cruelest irony of the abortion movement is that many of its proponents have so little interest in the health and welfare of the resulting children after they are born."

I agree. To abort or not to abort is not the question. The question is, if we decide legally not to abort,

will we assume the financial responsibility for the health and welfare of the unwanted children? Will we assume the responsibility of placing those children in loving homes where they are wanted?

be involved in the pro-choice movement express support for women's rights. With that I have no argument. Those involved in the right-to-life movement express support for the life of the "child." With that



AGAINST THE GRAIN

By ROOSEVELT WILSON

As Afro-Americans this should concern us greatly. We should demand something here. If abortions are going to be made illegal, or if federal and state financing will be denied for those seeking abortions, then we should demand that federal and state financing be made available to the mothers who give birth to these unwanted children. If the government will not do that, then we should demand that the government leave the abortion option with the mother.

Certainly, the pro-choice advocates argue the fundamental issue of freedom of choice in abortion, but within that fundamental issue we as Afro-Americans must not forget that we have the highest rate of unwed and teen-age mothers of any ethnic group in this country. We must not forget that we have the highest percentage of mothers as heads-of-household.

We must understand that if our government virtually mandates that our babies continue to have babies, our situation will be greatly exacerbated.

The Afro-Americans I know to

I have no problem.

But we all have a problem if we address only half the issue.

We must take off our blinders and look at the big picture.

Or better yet, look at a small picture: Despite all our education and awareness programs, a poor, unemployed and unmarried 18-year-old discovers she's pregnant and insists on having an abortion. We have but two choices:

1. If abortion is legal, we should provide for that teen-ager a means for a medically safe abortion.

2. If abortion is illegal or no government funds, personnel or facilities can be used to aid in abortion, our government must become the "father" at that point and begin to provide for the health and welfare of the unborn child and the mother, and when the baby is born, its health and welfare remains the responsibility of the "father." The baby has that right.

Roosevelt Wilson is working with the Chronicle this summer as the T. Thomas Fortune fellow.

On the nature and extent of drug use

The extent of illicit drug use and addiction has existed under varied and changing conceptual umbrellas. Assumptions about their nature have differed among professional segments as well as between them and the federal government.

Before 1900, there was an outcry against morphine and cocaine, but the public was mainly tolerant or unaware of the amount of these drugs available in nostrums and even physician-dispensed medicine. Starting with the Pure Food and Drug Law in 1906, there was greater awareness. The Harrison Narcotics Act of 1914 concluded a decade or more of debate over the wisdom of considering addicts as either criminals or victims of a disease. In the 1920s and until the 1960s, the hard line

GUEST COLUMN

By CARMEN P. MOTEN, Ph.D.

use phenomenon stem from the heterogeneity and interplay of cultural, environmental, and socioeconomic factors in the United States which generate distinctly different patterns of drug use. Socioeconomic status within groups is probably one of the most significant factors. The types and routes of administration of drugs are also remarkably subject to acculturation within a cohort.

Researchers point out that there had been relatively little effort to distinguish drug use from problem use or drug abuse. Most attention has been focused on initiation and addiction, with relatively little attention given to fac-

In the 1980s the drug of choice among a large segment of Americans is crack cocaine. There are also reports of multiple substance abuse such as heroin, crack, cocaine, and alcohol. Also, the patterns of drug use in the 1980s were characterized by the use of designer (laboratory-created) drugs such as PCP.

Not only does the cultural context change over time, it can also differ from one place to another or from one socioeconomic, racial, or ethnic group to another. Obviously, drug use must be considered within its cultural and environmental context, and all findings need to be carefully qualified in terms of their generalizability.

The age of onset is also important. Researchers point out that the age of onset of alcohol use strongly influences the probability of initiating use of marijuana and the age of onset of marijuana use influences the probability of initiating use of other illicit drugs and of using prescribed psychoactive drugs. Youth who begin marijuana use early, before age 15, are at especially high risk for dysfunctional drug use or abuse.

No one can deny that a drug problem exists. An apparent rise in crime and other antisocial behavior may be related in part to drug-using or drug-seeking behavior. Of great concern is the attraction to drug use by large portions of this nation's youth, particularly when such use is indiscriminate and apparently oblivious to its risks. The lives and futures of our young can only be hurt by such behavior.

The frustration which comes from knowing that drug use spreads by example is intensified with the continuing growth in the using population augurs no better for tomorrow -- the youths of today are the leaders of tomorrow.

A Winston-Salem native, Dr. Carmen P. Moten is a research psychologist.

"The age of onset is also important. ... Youth who begin marijuana use early, before age 15, are at especially high risk for dysfunctional drug use or abuse."

prevailed. Physicians carried out little or no dispensing to addicts, the government's narcotic farms were virtual prisons, and mandatory sentences became legal in 1956. During the Kennedy administration, public attitudes and policy took on a medico-psychological flavor, and in 1970 a new law corrected some inconsistencies in existing law.

The need to solve the drug problem has been a recurrent theme of political and social commentary in the United States for most of the past decade. The apparent increase in drug use -- itself defined as the problem -- has precipitated a serious inquiry into its causes, a massive investment of social efforts to contain it, and a mobilization of medical and para-medical resources to treat its victims.

Drug use is not a unitary phenomenon. Drug use includes a variety of substances which are used independently, sequentially, or concurrently, and with varying degrees of intensity. Factors adding to the diversity of the drug

tors related to escalation, maintenance, or cessation of drug use. The ability to differentiate the etiological origins which pertain to various patterns of use and to various cultural and ethnic groups is limited. The ability to differentiate patterns of risk is critical if various drug abuse phenomena are to be understood clearly and if prevention programs are to be appropriate and targeted toward their intended audiences.

Drug use in America is also a changing phenomenon. The extent of use and attitudes toward drug use change over time. Presumably the meaning and etiology of use are also subject to change.

Drug use in the 1950s differs greatly from use in the 1960s, the 1970s, and the 1980s. For example, drug use in the 1950s was highly aberrant behavior, whereas experimental use of heroin in the 1960s and late 1970s was behavior typical of a large segment of Americans. However, trends through the 1970s and the 1980s have shown a drastic increase in drug use.

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