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## UNIT 1 DRUGS AND PUBLIC POLICY 1

### Issue 1. Should Laws Against Drug Use Remain Restrictive? 2

**YES:** **Herbert Kleber and Joseph A. Califano Jr.**, from “Legalization: Panacea or Pandora’s Box?” *The World & I Online* (January 2006) 4

**NO:** **U.S. Department of Health and Human Services**, from “Youth Prevention-Related Measures,” *Results from the National Survey on Drug Use and Health: Volume 1. Summary of National Findings* (2010) 21

Herbert Kleber, the executive vice president of the Center on Addiction and Substance Abuse (CASA), and Joseph Califano, founder of CASA, maintain that drug laws should remain restrictive because legalization would result in increased use, especially by children, and legalization would not eliminate drug-related violence. The report from the U.S. Department of Health and Human Services points out that a number of factors affect drug use by young people. One of the most important factors is perception of risk. If young people perceive that drugs are harmful, they are less likely to engage in drug use. Other relevant factors include the perception of drug use by peers, religious beliefs, and parental involvement. Legal sanctions are not noted as a deterrent to drug use.

### Issue 2. Should the United States Put More Emphasis on Stopping the Importation of Drugs? 33

**YES:** **Bureau of International Narcotics and Law Enforcement Affairs**, from *2009 INCSR: Policy and Program Developments* (U.S. Department of State, 2009) 35

**NO:** **Ethan Nadelmann**, from “The Global War on Drugs Can Be Won,” *Foreign Policy* (October 2007) 49

Because the trafficking of drugs represents a direct threat to national security, the U.S. State Department maintains that more effort is needed to interdict drugs coming into the United States. Better cooperation with countries in Latin America, the Caribbean, Africa, and Asia, where drugs are grown and exported, is essential. Ethan Nadelmann, the executive director of the Drug Policy Alliance, contends that attempts to stem the flow of drugs are futile and that it is unrealistic to believe that the world can be made free of drugs. Nadelmann points out that global production is about the same as it was ten years earlier and that cocaine and heroin are purer and cheaper because producers have become more efficient.

### Issue 3. Should the United States Drinking Age Remain at 21? 56

**YES:** **Carla T. Main**, from "Underage Drinking and the Drinking Age," *Policy Review* (2009) 58

**NO:** **Judith G. McMullen**, from "Underage Drinking: Does Current Policy Make Sense?" *Lewis & Clark Law Review* (Summer 2006) 68

Carla Main contends that the drinking age should remain at 21. Underage drinking has been linked to sexual assaults, violent behavior, unprotected consensual sex, and numerous automobile accidents. Although one can serve in the military before age 21, alcohol use among that age group contributes to poor morale and productivity according to Main. Rather than tolerating underage drinking, more effort should be placed on enforcing underage drinking laws. Judith McMullen, a law professor at Marquette University, argues that laws prohibiting underage drinking have been ineffective. Young adults between the ages of 18 and 21 who do not live at home have opportunities to drink alcohol without parental interference. In addition, this same age group has other legal rights, such as the right to marry, drive a car, or join the military. Enforcement of underage drinking laws, says McMullen, is destined for failure.

### Issue 4. Should Salvia Be Banned? 88

**YES:** **Pearl P. Nyi, Emily P. Lai, Diana Y. Lee, Shannon A. Biglete, Gilsky I. Torrecer, and Ilene B. Anderson**, from "Influence of Age on *Salvia divinorum* Use: Results of an Internet Survey," *Journal of Psychoactive Drugs* (September 2010) 90

**NO:** **Jacob Sullum**, from "The Salvia Ban Wagon," *Reason* (December 2009) 101

Pharmacists Pearl Nyi and others maintain that *Salvia divinorum* is a potentially abusive drug that is banned in more than a dozen states. Often described as the next "marijuana," salvia is widely promoted on the Internet despite the fact that its adverse effects have not been thoroughly studied. In their research, Nyi and others found that salvia produces hallucinogenic effects. Author Jacob Sullum contends that salvia has been unfairly demonized although it has been used for centuries for healing and spiritual reasons. One factor contributing to salvia's appeal, states Sullum, is the negative press attributed to it. Historically, many drugs become more popular when they are highly criticized in the press. Salvia can result in adverse effects but that the drug has been unfairly demonized. The stories of the horrific effects of salvia have been difficult to substantiate, says Sullum.

### Issue 5. Should Women Who Use Drugs Lose Custody of Their Children? 115

**YES:** **Mark F. Testa and Brenda Smith**, from "Prevention and Drug Treatment," *The Future of Children* (Fall 2009) 117

**NO:** **Jeanne Flavin and Lynn M. Paltrow**, from "Punishing Pregnant Drug-Using Women: Defying Law, Medicine, and Common Sense," *Journal of Addictive Diseases* (2010) 131

Mark Testa, a professor of social work at the University of North Carolina, and Brenda Smith, a professor in the School of Social Work at the University of Alabama maintain that drug treatment to prevent child maltreatment is not especially effective. They argue that it is in the best interest of children to remove them from environments where drugs are used. Mark Testa and Brenda Smith indicate that the threat of losing custody of children acts as a deterrent to drug use. Fordham University professor Jeanne Flavin and attorney Lynn Paltrow of the National Advocates for Pregnant Women argue that the stigma of drug use may result in the avoidance of treatment and prenatal care. They assert that the prosecution of drug users is unfair because poor women are more likely to be the targets of such prosecution. To enable pregnant women who use drugs to receive perinatal care, it is necessary to define their drug use as a health problem rather than as a legal problem.

## **Issue 6. Is Drug Addiction a Brain Disease? 146**

**YES:** National Institute on Drug Abuse, from *The Science of Addiction* (April 2007) 148

**NO:** Gene M. Heyman, from *Addiction: A Disorder of Choice* (Harvard University Press, 2009) 153

Because there are biological and chemical changes in the brain following drug abuse, the National Institute on Drug Abuse (NIDA) claims that drug addiction is a disease of the brain. One may initially use drugs voluntarily, but addiction occurs after repeated drug use. NIDA acknowledges that environment plays a role in the development of drug addiction, but one's genes play a major role as well. Writer Gene M. Heyman maintains that drug addiction, including alcoholism, runs in families. There is no doubt that genes are hereditary. However, Heyman argues that behaviors are not hereditary. Whether an individual engages in drug use or abuse is a choice made by the individual. Claiming that drug addiction is a disease removes the stigma of drug addiction because one can assert that it is the disease that causes one's addiction, not one's behavior.

## **Issue 7. Should There Be More Regulation of Performance-Enhancing Drugs? 159**

**YES:** Jan Todd and Terry Todd, from "Scenes from the Front Lines," *Hastings Center Report* (March–April 2010) 161

**NO:** Laura K. Egendorf, from *Performance Enhancing Drugs* (Reference Point Press, 2007) 166

University of Texas kinesiology professors Jan Todd and Terry Todd, who were competitive powerlifters, are concerned about the impact of performance-enhancing drugs. One of their biggest concerns is that competitors who do not use performance-enhancing drugs will feel compelled to use them to keep up with other competitors. They advocate for more drug testing because of the safety issues related to performance-enhancing drugs and to ensure that competition is fair. In her book, author Laura Egendorf cites individuals who feel that athletes are aware of the risks of taking steroids and other performance-enhancing drugs. Competition and the desire to succeed drive individuals to improve their athletic performance. Allowing steroid use would essentially level the playing field for all athletes. In addition, some experts believe that the negative consequences are exaggerated.

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### Issue 8. Are the Risks of Secondhand Smoke Overstated? 176

**YES:** Robert A. Levy and Rosalind B. Marimont, from "Lies, Damned Lies, and 400,000 Smoking-Related Deaths," *Regulation* (vol. 21, no. 4, 1998) 178

**NO:** Lissy C. Friedman, from "Tobacco Industry Use of Corporate Social Responsibility Tactics as a Sword and a Shield on Secondhand Smoke Issues," *Journal of Law, Medicine & Ethics* (Winter 2009) 189

Robert Levy and Rosalind Marimont claim that the government distorts and exaggerates the dangers associated with cigarette smoking. They state that factors like poor nutrition and obesity are overlooked as causes of death among smokers. They note that cigarette smoking is harmful, but the misapplication of statistics should be regarded as "junk science." Lissy C. Friedman claims that the tobacco industry uses the mantle of corporate responsibility as a ruse to alter its public perception. Friedman argues that the tobacco industry was aware of the deleterious effects of secondhand smoke but tried to minimize or negate that information.

### Issue 9. Should Laws Prohibiting Marijuana Use Be Relaxed? 201

**YES:** Kevin Drum, from "The Patriot's Guide to Legalization," *Mother Jones* (July/August 2009) 203

**NO:** National Institute on Drug Abuse, from *Marijuana Abuse* (National Institute on Drug Abuse Research Report Series, September 2010) 210

Writer Kevin Drum argues that many assumptions about marijuana are questionable and says marijuana is not likely to become rampant if it was legal, nor would legalization necessarily lead to the use of other, more dangerous drugs. The research report from the National Institute on Drug Abuse identifies various deleterious effects associated with marijuana. For example, marijuana alters perception and time, conditions that interfere with driving ability, impairs memory and learning, and academic performance is compromised. This report also notes that long-term marijuana use can lead to addiction and negatively affect the fetuses of women who used marijuana while pregnant.

### Issue 10. Should Drug Addicts Be Given Access to Free Needles? 218

**YES:** Don C. Des Jarlais, Courtney McKnight, Cullen Goldblatt, and David Purchase, from "Doing Harm Reduction Better: Syringe Exchange in the United States," *Addiction* (2009) 220

**NO:** Drug Free Australia, from *The Kings Cross Injecting Room: The Case for Closure* (Drug Free Australia, 2010) 229

Don Des Jarlais and his colleagues argue that the free exchange of syringes is an effective way to reduce the harm, especially HIV (human immunodeficiency virus), associated with injecting drugs. Moreover, syringe exchange programs provide an arena in which drug abusers can obtain health and social services. Des Jarlais and his associates believe

that the number of syringe exchange programs will continue to proliferate. The group Drug Free Australia, which opposes syringe exchange programs, believes that providing free syringes gives the wrong message. Drugs like heroin and cocaine are illegal and drug abusers should not be allowed to continue their abuse by being provided with free syringes. Drug Free Australia also questions the validity of those statements supporting the value of syringe exchange programs.

### **Issue 11. Is Caffeine a Health Risk? 243**

**YES:** **Carrie Ruxton**, from “Health Aspects of Caffeine: Benefits and Risks,” *Nursing Standard* (November 4, 2009) 245

**NO:** **Peter J. Rogers**, from “Caffeine—Our Favourite Drug,” *Biologist* (August 2009) 256

Carrie Ruxton, a dietician in Scotland, maintains that certain sources of caffeine and the extent of caffeine intake have been linked to health-related problems. For example, tea has been linked to reduced iron absorption, high levels of coffee have been associated with hypertension; cola has been shown to increase the likelihood of dental cavities and dental erosion; and chocolate has high amounts of calories, sugar, and fat. Carrie Ruxton states that caffeinated products should be used carefully. Peter Rogers, a professor of biological psychology at Bristol University, acknowledges that caffeine is a stimulant but that it offers some positive effects. Caffeine, says Rogers, which is the most popular drug worldwide, increases alertness and mental performance. Rogers believes that claims regarding caffeine’s negative effects on hypertension and cardiovascular disease are overstated. Moreover, its potential for addiction is low.

### **Issue 12. Should School-Age Children with Attention Deficit/Hyperactivity Disorder (ADHD) Be Treated with Ritalin and Other Stimulants? 265**

**YES:** **Michael Fumento**, from “Trick Question,” *The New Republic* (February 3, 2003) 267

**NO:** **Lawrence H. Diller**, from *The Last Normal Child: Essays on the Intersection of Kids, Culture and Psychiatric Drugs* (Prager, 2006) 274

Writer Michael Fumento disputes the idea that Ritalin is over-prescribed and contends that despite myths associated with Ritalin, it does not lead to abuse and addiction. Fumento believes Ritalin is an excellent medication for ADHD, may be under-utilized, and that more students would benefit from Ritalin and other stimulants. Behavioral pediatrician Lawrence Diller contends that Ritalin is overused and that, while Ritalin can moderate behavior, many school districts advocate the use of Ritalin and other stimulants so that they do not have to provide other services, and does not overcome learning disabilities.

### **Issue 13. Do Consumers Benefit When Prescription Drugs Are Advertised? 283**

**YES:** **Paul Antony**, from “Testimony Before the Senate Special Committee on Aging,” Congressional Testimony to the U.S. Senate Special Committee on Aging (September 29, 2005) 285

**NO:** Peter Lurie, from “DTC Advertising Harms Patients and Should Be Tightly Regulated,” *Journal of Law, Medicine & Ethics* (Fall 2009) 293

Paul Antony, the chief medical officer for the Pharmaceutical Research and Manufacturers of America (PhRMA) contends that the direct advertising of prescription drugs to consumers results in better communication between patients and their doctors. Furthermore, patients take a more proactive role in their own health care. Advertising prescription drugs fills an educational purpose, says Paul Antony. Peter Lurie, a physician who is the deputy director of the Health Research Group at Public Citizen in Washington, D.C., argues that the direct advertising of prescription drugs leads to more patients asking for drugs that are unnecessary or inappropriate. In addition, many prescription drug advertisements are misleading and a means for drug manufacturers to encourage and pressure physicians to prescribe drugs.

## UNIT 3 DRUG PREVENTION AND TREATMENT 305

### Issue 14. Should Smokeless Tobacco Be Promoted as an Alternative to Cigarette Smoking? 306

**YES:** John Britton and Richard Edwards, from “Tobacco Smoking, Harm Reduction, and Nicotine Product Regulation,” *The Lancet* (February 2, 2008) 308

**NO:** Adrienne B. Mejia and Pamela M. Ling, from “Tobacco Industry Consumer Research on Smokeless Tobacco Users and Product Development,” *American Journal of Public Health* (January 2010) 315

Professors John Britton and Richard Edwards advocate the use of smokeless tobacco as an alternative to tobacco smoking because the harm from tobacco is rooted more in the act of smoking than from nicotine. They recognize that smokeless tobacco carries certain risks, although they note that nicotine is neither a known carcinogen nor does it reduce birthweight as much as tobacco smoking. Adrienne Mejia and Pamela Ling maintain that tobacco manufacturers are marketing smokeless tobacco products as a way to counter smoke-free laws at the workplace and in bars and restaurants. They feel that smokeless products are especially targeted toward younger smokers. Mejia and Ling argue that smokeless tobacco is not a healthy alternative to smoked tobacco.

### Issue 15. Is Alcoholism Hereditary? 330

**YES:** Markus Heilig, from “Triggering Addiction,” *The Scientist* (December 2008) 332

**NO:** Grazyna Zajdow, from “Alcoholism’s Unnatural History: Alcoholism Is Not a Health Issue, But One of Personal and Existential Pain. Recognising This Would Force Us to Acknowledge One of the Most Successful Methods of Dealing With Alcohol Addiction,” *Arena Magazine* (April–May 2004) 338

Markus Heilig, Clinical Director of the National Institute on Alcohol Abuse and Alcoholism, argues that molecular changes in the brain result in positive reinforcement from alcohol. Heilig notes that alcoholism has a behavioral component, but certain genes may be responsible for

individuals who abuse alcohol despite its adverse consequences. Grazyna Zajdow, a lecturer in sociology at Deakin University, maintains that the concept of alcoholism results from a social construct of what it means to be alcoholic. Because alcoholism is a social stigma, it is viewed as a disease rather than as a condition caused by personal and existential pain. Environmental conditions, especially consumerism, says Zajdow, are the root cause of alcoholism.

## Issue 16. Should Marijuana Be Approved for Medical Use? 345

**YES:** Peter J. Cohen, from "Medical Marijuana 2010: It's Time to Fix the Regulatory Vacuum," *Journal of Law, Medicine & Ethics* (Fall 2010) 347

**NO:** Drug Enforcement Administration, from *The DEA Position on Marijuana* (July 2010) 361

Peter Cohen argues that the federal argument has thwarted attempts to study the medicinal benefits of marijuana. Cohen refers to scientific studies in which marijuana has shown to be safe and effective in controlling nausea, relieving spasticity caused by multiple sclerosis, ameliorating certain types of pain, and reducing weight loss associated with AIDS. The Drug Enforcement Administration (DEA) states that marijuana has not been proven to have medical utility. The DEA cites the positions of the American Medical Association, the American Cancer Society, the American Academy of Pediatrics, and the National Multiple Sclerosis Society to support its position. The DEA feels that any benefits of medicinal marijuana are outweighed by its drawbacks.

## Issue 17. Should Schools Drug Test Students? 370

**YES:** Susanne James-Burdumy, Brian Goesling, John Deke, Eric Einspruch, and Marsha Silverberg, from *The Effectiveness of Mandatory-Random Student Drug Testing: Executive Summary* (National Center for Education Evaluation and Regional Assistance, Institute of Education Services, U.S. Department of Education, 2010) 372

**NO:** Jennifer Kern, Fatema Gunja, Alexandra Cox, Marsha Rosenbaum, Judith Appel, and Anjuli Verma, from *Making Sense of Student Drug Testing: Why Educators Are Saying No* (January 2006) 381

Susanne James-Burdumy of Mathematica Policy Research and her colleagues report that schools which implemented mandatory random drug testing had less substance use. Moreover, random drug testing did not have a negative impact on the number of students engaging in school activities. Likewise, drug testing did not affect how students feel about their schools. Jennifer Kern and associates maintain that drug testing is ineffective and that the threat of drug testing may dissuade students from participating in extracurricular activities. Moreover, drug testing is costly, it may make schools susceptible to litigation, and it undermines relationships of trust between students and teachers. Drug testing, according to Jennifer Kern, does not effectively identify students who may have serious drug problems.

## Issue 18. Does Drug Abuse Treatment Work? 401

**YES:** National Institute on Drug Abuse, from *Principles of Drug Addiction Treatment: A Research-Based Guide* (April 2009) 403



**NO: Robert Hubbard, D. Dwayne Simpson, and George Woody,** from "Treatment Research: Accomplishments and Challenges," *Journal of Drug Issues* (2009) 409

The National Institute on Drug Abuse report acknowledges that drug addiction is difficult to overcome but that treatment can be effective and works best when individuals are committed to remain in treatment for an extended time. Drug treatment experts Robert Hubbard, D. Dwayne Simpson, and George Woody indicate that there is a need to establish scientific evidence for treatment to achieve desirable outcomes, and there is no clear consensus on what constitutes substance abuse treatment.

## **Issue 19. Should Schools Enforce a Zero Tolerance Drug Policy? 419**

**YES: Tracy J. Evans-Whipp, Lyndal Bond, John W. Toumbourou, and Richard F. Catalano,** from "School, Parent, and Student Perspectives of School Drug Policies," *Journal of School Health* (March 2007) 421

**NO: Rodney Skager,** from "Beyond Zero Tolerance: A Reality-Based Approach to Drug Education and School Discipline" (*Drug Policy Alliance*, 2007) 432

Tracy J. Evans-Whipp, of the Murdoch Children's Research Institute in Melbourne, Australia, and her colleagues maintain that an abstinence message coupled with harsh penalties is more effective at reducing drug use than a message aimed at minimizing the harms of drugs. They contend that an abstinence message is clear and that a harm reduction message may give a mixed message. Rodney Skager, formerly a professor at UCLA, argues that a zero tolerance drug policy does not change drug-taking behavior among young people. Instead of merely punishing drug offenders, Skager suggests that effective drug education is needed. Instances in which drug use presents a significant problem for the user may require intervention and treatment. Again, zero tolerance does very little to rectify behavior.

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