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TAKING SIDES

**Clashing Views
on Controversial Issues
in Drugs and Society**

Raymond Goldberg

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Clashing Views on Controversial Issues in Drugs and Society

Edited, Selected, and with Introductions by

Raymond Goldberg

*State University of New York
College at Cortland*

The Dushkin Publishing Group, Inc.

To Norma, Tara, and Greta

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Part 1 UNITED NATIONS/JOHN ROBATON

Part 2 Pamela Carley

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PREFACE

One of the hallmarks of a democratic society is the freedom of its citizens to disagree. This is no more evident than on the topic of drugs. The purpose of this book is to introduce drug-related issues that (1) are pertinent to the reader and (2) have no clear resolution. In the area of drug abuse, there is much difference of opinion regarding drug prevention, causation, and treatment. For example, should drug abuse be prevented by increasing enforcement of drug laws or by making young people more aware of the potential dangers of drugs? Is drug abuse caused by heredity, personality characteristics, or environment? Is drug abuse a public health, medical, legal, or social problem? Are individuals who inject drugs best served by the provision of clean needles or treatment? Are self-help groups the most effective treatment for drug abusers?

There are many implications to how the preceding questions are answered. If addiction to alcohol or other drugs is viewed as hereditary rather than as the result of flaws in one's character or personality, then a biological rather than a psychosocial approach to treatment may be pursued. If the consensus is that the prevention of drug abuse is achieved by eliminating the availability of drugs, then more money and effort will be allocated for interdiction and law enforcement than education. If drug abuse is viewed as a legal problem, then prosecution and incarceration will be the goal. If drug abuse is identified as a medical problem, then abusers will be given treatment. However, if drug abuse is considered to be a social problem, then energy will be directed at underlying social factors, such as poverty, unemployment, health care, and education. Not all of the issues have clear answers. One may favor increasing penalties for drug violations *and* treatment services. And it is possible to view drug abuse as a medical *and* public health *and* social *and* legal problem.

Many of the issues debated in this volume have an immediate impact on the reader. For example, the discussion in Issue 3, *Does Drug Testing Violate Civil Rights?* is pertinent because the majority of large corporations in the United States now test job applicants for drugs. Issue 8, *Is Passive Smoking Harmful to Nonsmokers?* is relevant to smokers as well as nonsmokers because legal restrictions on passive smoking are discussed. And the question *Should Medical Patients Be Permitted to Use Marijuana?* (Issue 2) may become relevant for many readers or their loved ones someday.

Plan of the book In this first edition of *Taking Sides: Clashing Views on Controversial Issues in Drugs and Society*, there are 34 articles dealing with 17 issues. Each issue is preceded by an *introduction* and followed by a *postscript*. The purpose of the introduction is to provide some background information and to set the stage for the debate as it is argued in the YES and NO

selections. The postscript summarizes the debate and challenges some of the ideas brought out in the two readings, which can enable the reader to see the issue in other ways. Included in the postscript are additional suggested readings on the issue. The issues, introductions, and postscripts are designed to stimulate readers to think about and achieve an informed view of some of the critical issues facing society today. At the back of the book is a listing of all the *contributors to this volume*, which gives information on the physicians, professors, and policymakers whose views are debated here.

Taking Sides: Clashing Views on Controversial Issues in Drugs and Society is a tool to encourage critical thought. In reading an issue and forming your own opinion you should not feel confined to adopt one or the other of the positions presented. Some readers may see important points on both sides of an issue and may construct for themselves a new and creative approach. Such an approach might incorporate the best of both sides, or it might provide an entirely new vantage point for understanding.

A word to the instructor To facilitate the use of *Taking Sides*, an *Instructor's Manual With Test Questions* (multiple-choice and essay) and a general guidebook called *Using Taking Sides in the Classroom*, which discusses methods and techniques for implementing the pro-con approach into any classroom setting, can be obtained through the publisher.

Acknowledgments A number of people have been most helpful in putting together this book. Assisting in the writing of the introductions and postscripts were Christine Wiegers and Nancy Wicklin. Their perceptions and understanding of the different drug issues resulted in a book that is not only informative but intellectually stimulating. Their dedication has certainly enhanced the quality of this edition. Without the editorial staff at The Dushkin Publishing Group, this book would not exist. The contributions of Mimi Egan, program manager, cannot be overstated. Her insights and encouragement were most appreciated. The efforts of David Dean, administrative assistant, and David Brackley, copy editor, were also instrumental to this book. In no small way can my family be thanked. I am grateful for their patience while I secluded myself in the study and monopolized the computer.

Raymond Goldberg
State University of New York College at Cortland

INTRODUCTION

Drugs: Divergent Views

Raymond Goldberg

AN OVERVIEW OF THE PROBLEM

Very few topics generate as much debate and concern as drugs. Drugs are evident in every aspect of life. There is much dismay that drug use and abuse cause many of the problems that plague society. Many are concerned that individuals, families, and communities are being destroyed by drug use and that moral decay will continue to fester because of drugs. The news media are replete with horrible stories of people under the influence of drugs committing crimes against others, of senseless drug-related deaths, of men and women who compromise themselves for drugs, and of women who deliver babies that are addicted or impaired by drugs.

From the fetus to the elderly, no one is untouched by drugs. In some cases, stimulants are prescribed for children so that they may learn or behave better in school. Sometimes students take stimulants on their own so that they can stay up late to study for a test or lose a few pounds. Many teenagers take drugs because they want to be accepted by their friends who take drugs. They also take drugs to deal with daily stress. For many people, young and old, their elixir for relaxation may be sipped, smoked, swallowed, or sniffed. Some people who live in poverty-stricken conditions anesthetize themselves from their environment with drugs. On the other hand, some individuals who seem to have everything also immerse themselves in drugs, possibly out of boredom. To cope with the ailments that come with getting older, the elderly often rely on drugs. Many people use drugs to confront their pains, problems, frustrations, and disappointments. Others take drugs simply because they like the effects or are curious about the effects.

BACKGROUND ON DRUGS

Despite one's feelings about drug use, drugs are an integral part of society. Understanding the role of drugs in society is critical to our being able to address the problem of drugs. It is also helpful to place drugs in a historical context. Drugs have been used extensively throughout history. Alcohol's role in the early history of the United States was significant. According to

Lee (1963), the Pilgrims landed at Plymouth Rock because they ran out of beer. Marijuana use dates back nearly 5,000 years ago, when the Chinese emperor Shen Nung prescribed it for medical ailments like malaria, gout, rheumatism, and gas pains. Hallucinogens have existed since the beginning of humankind. About 150 of the estimated 500,000 different plant species have been used for hallucinogenic purposes (Schultes and Hofmann, 1979).

Opium, from which narcotics are derived, was alluded to often by the ancient Greeks and Romans; opium is referred to in Homer's *Odyssey* (circa 1000 B.C.). In the Arab world, opium and hashish were widely used (primarily because alcohol was forbidden). The Arabs were introduced to opium through their trading in India and China. Arab physician Avicenna (A.D. 1000) wrote an extremely complete medical textbook in which he describes the benefits of opium. Ironically, Avicenna died from an overdose of opium and wine. Eventually, opium played a central role in a war between China and the British government.

Caffeine is believed to be the most commonly consumed drug throughout the world. More than 9 out of every 10 Americans consume caffeine. Coffee dates back to A.D. 900 in Arabia, where, to stay awake during lengthy religious vigils, Muslims drank coffee. However, coffee was later condemned because the Koran, the holy book of Islam, described coffee as an intoxicant (Brecher, 1972). Drinking coffee became a popular activity in Europe, although it was banned for a short time. In the mid-1600s, coffeehouses were primary locations where men would converse, relax, and do business. Medical benefits were associated with coffee, although England's King Charles II and English physicians tried to prohibit its use.

One function of coffeehouses was that they served as places of learning: For a one-cent cup of coffee, one could listen to well-known literary and political leaders (Meyer, 1954). Lloyd's of London, the famous insurance company, started around 1700 from Edward Lloyd's coffeehouse. However, not everyone was pleased with these "penny universities," as they were called. In 1674, in response to the countless hours men were spending at the coffeehouses, a group of women published a pamphlet titled *The Women's Petition Against Coffee*, which criticized coffee use. Despite the protestations against coffee, its use has proliferated. Now, over 300 years later, the adverse effects of caffeine are still being debated.

Coca leaves, from which cocaine is derived, had been chewed before recorded history. Drawings found on South American pottery showed that coca chewing was practiced before the rise of the Incan Empire. The coca plant was held in high regard: It was considered to be a present from the gods, and it was used in religious rituals and burials. When the Spaniards arrived in South America, they tried to regulate coca chewing by the natives but were unsuccessful. Cocaine was later included in the popular soft drink Coca Cola. Another stimulant, amphetamine, was developed in the 1920s. Amphetamines were originally used to treat narcolepsy, and they were later prescribed for treating asthma and for weight loss.

Minor tranquilizers, also called "antianxiety agents," were first marketed in the early 1950s. The sales of these drugs were astronomical. Drugs to reduce anxiety were in great demand, principally because people felt they were under much stress. Are people's lives much different today than they were 40 years ago? Another group of antianxiety agents are benzodiazepines. Two well-known benzodiazepines are Librium and Valium. Valium ranks as the most widely prescribed drug in the history of American medicine. Minor tranquilizers are noteworthy because they are legally prescribed to alter one's consciousness. There were mind-altering drugs prior to minor tranquilizers, but they were not prescribed for that purpose.

COMBATING DRUG PROBLEMS

The debates in *Taking Sides: Clashing Views on Controversial Issues in Drugs and Society* confront many important drug-related issues. It is an understatement to say that drugs are a problem in society; recognizing the problem is essential. However, what is the most effective way to reduce drug abuse? Should laws preventing drug use and abuse be more strongly enforced, or should drug laws be less punitive? How can the needs of individuals be met while serving the greater good of society? Should drug use be seen as a public health problem or a legal problem? This debate is addressed in Issue 5. One could argue that the individual is best served by a public health approach and that society benefits most from a legal approach.

One of the oldest debates concerns whether or not drug use should be legal. Issue 1 deals with this question. In recent years this debate has become more intense because well-known individuals such as political analyst William F. Buckley, Jr., and economist Milton Friedman have come out in support of legalization. The issue is not whether drug use is good or bad but whether or not people should be punished for taking drugs. One question that is basic to this debate is whether drug legalization causes more or less harm than drug criminalization. A related issue concerns needle exchange programs, in which clean needles are provided to individuals who inject themselves with drugs (Issue 6). There are obvious inherent dangers to injecting drugs; yet, does the provision of sterile needles help these people? Should people be given equipment that is used for an illegal act? What has been the effect of needle exchange programs in cities in which they have been instituted?

In a related matter, if drugs have the potential for abuse, should they be restricted even for medical purposes? There is concern that drugs that are used for medical reasons may be illegally diverted. Yet, most agree that patients should have access to the best medicine available. Is the federal government consistent in allowing drugs to be used that are potentially harmful? For example, narcotics are often prescribed for pain relief. Is there

a chance that patients who are given narcotics will become addicted? The debate regarding whether or not marijuana has a legitimate medical use is the focus of Issue 2.

Many of the issues discussed in this book deal with drug prevention. As with most controversial issues, there is a lack of consensus regarding how to prevent drug-related problems. For example, Issue 7 debates whether or not prosecuting women who use drugs during pregnancy will affect drug use by other women who become pregnant. Many drugs damage the fetus; will prosecuting pregnant women who use drugs help prevent others from using drugs during pregnancy? Will pregnant women who do use drugs avoid prenatal care because they fear prosecution? Will newborns be better served if pregnant women who use drugs are charged with child abuse? Are these laws discriminatory, since most cases that are prosecuted involve poor women?

Some contend that drug laws not only discriminate according to social class but also according to age and ethnicity. Many drug laws in the United States were initiated because of their association with different ethnic groups. Numerous stories were circulated throughout the country describing the effects of drugs on various ethnic groups: Opium was made illegal after it was associated with Chinese immigrants (Musto, 1991); cocaine became illegal after it was linked with blacks; and marijuana was outlawed after it was linked with Hispanics.

Besides ethnicity, drug laws demonstrate an age bias also. This is no more evident than with alcohol. One assumption is that young people gain wisdom and maturity as they get older, which is why alcohol consumption is prevented until age 21—to reduce problems with alcohol. The value of maintaining 21 as the legal age for drinking alcohol is discussed in Issue 4.

Some maintain that educating young people about drugs is one way to prevent drug use and abuse. Studies show that by delaying the onset of drug use, the likelihood of drug abuse is reduced. In the past, however, drug education had little impact on drug-taking behavior. Some programs actually resulted in an increase in drug use because they stimulated curiosity. Does this suggest that drug education is worse than no education or that more effective programs need to be developed? Issue 11 focuses on current drug education programs and their effectiveness as vehicles for deterring drug abuse.

One of the problems with drug education is identifying the goals to be achieved. Should drug education stress preventing drug use? Drug abuse? Should drug education strive to stop individuals from harming themselves or from harming society? Should responsible drug use be the goal? Should the emphasis be on altering attitudes or behaviors? It is clear that drug education imparts knowledge, and if one has knowledge about the potential effects of drugs, then the consequences of their use may be minimized. Issues 9 and 17 discuss the potential physical effects of caffeine and anabolic steroids, respectively.

DRUG TREATMENT

Besides addressing the legal aspects of drug use and the effectiveness of drug prevention efforts, this book looks at several treatment issues. Despite a sagging economy, one growing industry is drug treatment. Drug treatment is expensive, and consumers need to be aware of the different modalities. However, before deciding on the best course of treatment action to take, the causes of drug abuse need to be determined. Issue 15 examines whether drug addiction stems from personality traits that may be inherited or from weaknesses in one's character. The latter would portend that addiction is a matter of free will. The answer to this question has many legal ramifications.

One of the few areas that drug experts agree on is that alcoholism is a serious problem. There are an estimated 10 million alcoholics in the United States. Treatment experts, however, disagree in terms of the most effective approach for treating alcoholism. Traditionally, alcoholics have been told not to drink for the remainder of their lives, that there is no cure for their condition, and that recovery is a lifelong process. Issue 16 carefully scrutinizes the need for alcoholics to be permanently abstinent. Tied into this debate is the origin of alcoholism. The theories that alcoholism can be hereditary or a disease are discussed in Issues 10 and 13, respectively.

DISTINGUISHING BETWEEN DRUG USE, MISUSE, AND ABUSE

Although the terms *drug*, *drug misuse*, and *drug abuse* are commonly used, they may have different meanings to different people. Defining these terms may seem simple at first, but many factors affect how they are defined. Should the definition of a drug be based on its behavioral effects, its effects on society, its pharmacological properties, or its chemical composition? One simple, concise definition is that a drug is any substance that produces an effect on the mind, body, or both. One could also define a drug by how it is used. For example, if watching television or listening to music are forms of escape from daily problems, then they may be considered drugs.

Legal drugs cause far more death and disability than illegal drugs, but society appears to be most concerned with the use of illegal drugs. The potential harms of legal drugs tend to be minimized. By viewing drugs as illicit substances only, we may fail to recognize that commonly used substances like caffeine, tobacco, alcohol, and over-the-counter preparations are drugs. If these substances are not perceived as drugs, then we may not acknowledge that they can be misused or abused. Definitions for misuse and abuse are not affected by a drug's legal status. Drug misuse refers to the inappropriate or unintentional use of drugs. Someone who smokes marijuana to improve his or her study skills is misusing marijuana because it impairs short-term memory. Drug abuse alludes to either physical, emotional, financial, intellectual, or social consequences arising from chronic

drug use. Using this definition, can a person abuse food, aspirin, soft drinks, or chocolate?

THE COST OF THE WAR ON DRUGS

The U.S. government spends more than \$ 10 billion each year to curb the rise in drug use (Herman, 1991). The major portion of that money goes toward drug enforcement. Vast sums of money are used by the military to intercept drug shipments, while foreign governments are given money to help them with their own wars on drugs. A smaller portion of the funds is used for treating and preventing drug abuse. One strategy being implemented to eliminate drug use is drug testing. Currently, men and women in the military, athletes, and others are subject to random drug testing.

The expense of drug abuse to industries is staggering: Experts estimate that almost 20 percent of workers in the United States use dangerous drugs while at work; the cost of drug abuse to employers is approximately \$120 billion each year (Brookler, 1992); as compared to nonaddicted employees, drug-dependent employees are absent from their jobs 16 times as often (Wrich, 1986); and drugs users are less likely to maintain stable job histories than nonusers (Kandel, Murphy, and Kraus, 1985). In its report "America's Habit: Drug Abuse, Drug Trafficking and Organized Crime," the President's Commission on Organized Crime supported testing all federal workers for drugs. It further recommended that federal contracts be withheld from private employers who do not implement drug-testing procedures (Brinkley, 1986).

A prerequisite to being hired by many companies is passing a drug test. On the positive side, many companies have reported a decrease in accidents and injuries after the initiation of drug testing (Angarola, 1991). However, most Americans consider drug testing to be degrading and dehumanizing (Walsh and Trumble, 1991). One important question is, What is the purpose of drug testing? Drug testing raises three other important questions: (1) Does drug testing prevent drug use? (2) Is the point of drug testing to help employees with drug problems or to get rid of employees who use drugs? and (3) How can the civil rights of employees be balanced with the rights of companies? These and other questions are addressed in Issue 3.

How serious is the drug problem? Is it real, or is there simply an excess of hysteria regarding drugs? There has been a growing intolerance toward drug use in the United States during the last 20 years (Musto, 1991). Drugs are a problem for many people. Drugs can affect one's physical, social, intellectual, and emotional health. Ironically, some people take drugs because they produce these effects. Individuals who take drugs receive some kind of reward from the drug; the reward may come from being associated with others who use drugs or from the feelings derived from the drug. If these rewards were not present, people would likely cease using drugs.

The disadvantages of drugs are numerous: They interfere with career aspirations and individual maturation, and they have been associated with violent behavior, addiction, discord among siblings, children, parents, spouses and friends, work-related problems, financial troubles, problems in school, legal predicaments, accidents, injuries, and death. Yet, are drugs the cause or the symptom of the problems people have? Perhaps drugs are one aspect of a larger scenario in which society is experiencing much change and in which drug use is merely another thread in the social fabric.

GATEWAY DRUGS

A type of drug that is popular with many young people is inhalants. Like tobacco and alcohol, inhalants are considered to be "gateway drugs," which are often used as a prelude to other, usually illegal, drugs. Inhalants are comprised of numerous products, ranging from paints and solvents to aerosol sprays, glues, petroleum products, cleaning supplies, and nitrous oxide (laughing gas). Inhalant abuse is a relatively new phenomenon. It seems that until the media started reporting on the dangers of inhalant abuse, its use was not particularly common. This raises a question regarding the impact of the media on drug use.

Advertisements are an integral part of the media. Two issues in this book deal with the advertising of alcohol and tobacco. Issue 12 addresses whether or not there should be limits on tobacco advertisements, while Issue 14 discusses alcohol advertising. One argument is that if young people were better educated about the hazards of drugs and were taught how to understand the role of the media, then limits on advertising would not be necessary.

One final issue that is currently under debate concerns the potential effects that tobacco smoke may have on nonsmokers. In the 1880s, cigarette use began to escalate in the United States. One of the most important factors contributing to cigarettes' popularity at that time was the development of the cigarette-making machine (previously, cigarettes could be rolled at a rate of only four per minute). Also, cigarette smoking, which was considered an activity reserved for men, began to be seen as an option for women. By marketing cigarettes for women, cigarette smoking became more widespread. Today, the debate regarding the hazards of tobacco to the smoker is moot. The current debate focuses on whether or not passive smoking, also called "involuntary smoking" and which involves the release of "environmental tobacco smoke," is harmful to nonsmokers. This is discussed in Issue 8.

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<p>Professor Ethan A. Nadelmann feels that current drug control policies are costly and ineffective in combating drug problems, and he argues that more emphasis should be put on drug education, prevention, and treatment instead of on drug prohibition. Criminologist James Q. Wilson argues that legalizing drugs is fundamentally unprincipled and inappropriate, and he feels that legalization would increase drug use and addiction and pose great risks to society.</p>	
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<p>Speaking as a mother, Mae Nutt describes the physical and emotional relief that marijuana provided her son while he was undergoing cancer treatment and argues that patients should be allowed to use marijuana while in treatment. John C. Lawn, director of the Drug Enforcement Administration, contends that medical patients should not be permitted to use marijuana because there is a lack of reliable scientific evidence showing marijuana's safety and its usefulness in the treatment of medical conditions.</p>	
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to Be Undertaken at the Worksite," in Ruth C. Engs, ed.,
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Professor of health law Leonard H. Glantz argues that random drug testing violates civil liberties and sacrifices citizens' Fourth Amendment rights for the sake of the war on drugs. Physician and psychiatrist Robert L. DuPont contends that the dangers of illicit drug use warrant mandatory random drug testing.

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YES: Richard J. Goeman, from "Why We Need a Minimum-Purchase Age of 21," in Ruth C. Engs, ed., *Controversies in the Addiction's Field, Volume One* 72

NO: David J. Hanson, from "The Drinking Age Should Be Lowered," in Ruth C. Engs, ed., *Controversies in the Addiction's Field, Volume One* 78

Research associate Richard J. Goeman points out that consumption of alcohol among young adults accounts for a disproportionate number of automobile accidents, fatalities, and other alcohol-related problems. He argues that maintaining the current minimum drinking age is necessary to prevent further alcohol-related problems. David J. Hanson, a professor of sociology, argues that minimum-age drinking laws are unnecessary because they fail to prevent underage drinking and alcohol-related problems.

ISSUE 5. Is the War on Drugs Misdirected? 88

YES: James F. Mosher and Karen L. Yanagisako, from "Public Health, Not Social Warfare: A Public Health Approach to Illegal Drug Policy," *Journal of Public Health Policy* 90

NO: Office of National Drug Control Policy, from *National Drug Control Strategy: A Nation Responds to Drug Use* 100

Public health specialists James F. Mosher and Karen L. Yanagisako argue that drug problems should come under the province of public health and not the criminal justice system. They believe that too much emphasis is placed on controlling illegal drugs and not enough on legal drugs, like alcohol and tobacco. The Office of National Drug Control Policy feels that not only should drug users be prosecuted but that efforts should be directed toward disrupting and dismantling multinational criminal organizations.

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NO: Office of National Drug Control Policy, from "Needle Exchange Programs: Are They Effective?" *ONDCP Bulletin No. 7* **124**

Professors Merrill Singer and Jean J. Schensul and drug treatment specialist Ray Irizarry believe that the tremendous rise in the incidence of AIDS necessitates exploring needle exchange programs for intravenous drug users as a prevention strategy. The Office of National Drug Control Policy sees needle exchange programs as an admission of defeat and a retreat from the ongoing battle against drug use.

ISSUE 7. Should Drug Use by Pregnant Women Be Considered Child Abuse? **134**

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NO: Alida V. Merlo, from "Prosecuting Pregnant Drug Users," in Arnold S. Trebach and Kevin B. Zeese, eds., *New Frontiers in Drug Policy* **143**

Paul A. Logli, a prosecuting attorney, argues that pregnant women who use drugs should be prosecuted because they risk harming their unborn children. Professor of criminal justice Alida V. Merlo asserts that the prosecution of pregnant drug users is unfair and discriminatory because such prosecution primarily affects poor, minority women who lack access to quality prenatal care and drug treatment facilities.

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NO: Gary L. Huber, Robert E. Brockie, and Vijay K. Mahajan, from "Passive Smoking: How Great a Hazard?" *Consumers' Research* **165**

Richard G. Schlaadt, director of the University of Oregon Substance Abuse Program, concludes that the evidence regarding passive smoking shows that it poses a great risk to nonsmokers. Physicians Gary L. Huber, Robert E. Brockie, and Vijay K. Mahajan contend that claims about the adverse effects of passive smoking are not based on scientific fact, because the level of exposure to secondhand smoke cannot be measured.

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