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DRUG ABUSE

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DRUG ABUSE

OPPOSING VIEWPOINTS®



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"Congress shall make no law . . .
abridging the freedom of speech,
or of the press."

First Amendment to the U.S. Constitution

The basic foundation of our democracy is the first amendment guarantee of freedom of expression. The Opposing Viewpoints Series is dedicated to the concept of this basic freedom and the idea that it is more important to practice it than to enshrine it.

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Why Consider Opposing Viewpoints?

"The only way in which a human being can make some approach to knowing the whole of a subject is by hearing what can be said about it by persons of every variety of opinion and studying all modes in which it can be looked at by every character of mind. No wise man ever acquired his wisdom in any mode but this."

John Stuart Mill

In our media-intensive culture it is not difficult to find differing opinions. Thousands of newspapers and magazines and dozens of radio and television talk shows resound with differing points of view. The difficulty lies in deciding which opinion to agree with and which "experts" seem the most credible. The more inundated we become with differing opinions and claims, the more essential it is to hone critical reading and thinking skills to evaluate these ideas. Opposing Viewpoints books address this problem directly by presenting stimulating debates that can be used to enhance and teach these skills. The varied opinions contained in each book examine many different aspects of a single issue. While examining these conveniently edited opposing views, readers can develop critical thinking skills such as the ability to compare and contrast authors' credibility, facts, argumentation styles, use of persuasive techniques, and other stylistic tools. In short, the Opposing Viewpoints Series is an ideal way to attain the higher-level thinking and reading skills so essential in a culture of diverse and contradictory opinions.

In addition to providing a tool for critical thinking, *Opposing Viewpoints* books challenge readers to question their own strongly held opinions and assumptions. Most people form their opinions on the basis of upbringing, peer pressure, and personal, cultural, or professional bias. By reading carefully balanced opposing views, readers must directly confront new ideas as well as the opinions of those with whom they disagree. This is not to simplistically argue that everyone who reads opposing views will—or should—change his or her opinion. Instead, the series enhances readers' depth of understanding of their own views by encouraging confrontation with opposing ideas. Careful examination of others' views can lead to the readers' understanding of the logical inconsistencies in their own opinions, perspective on why they hold an opinion, and the consideration of the possibility that their opinion requires further evaluation.

Evaluating Other Opinions

To ensure that this type of examination occurs, *Opposing Viewpoints* books present all types of opinions. Prominent spokespeople on different sides of each issue as well as well-known professionals from many disciplines challenge the reader. An additional goal of the series is to provide a forum for other, less known, or even unpopular viewpoints. The opinion of an ordinary person who has had to make the decision to cut off life support from a terminally ill relative, for example, may be just as valuable and provide just as much insight as a medical ethicist's professional opinion. The editors have two additional purposes in including these less known views. One, the editors encourage readers to respect others' opinions—even when not enhanced by professional credibility. It is only by reading or listening to and objectively evaluating others' ideas that one can determine whether they are worthy of consideration. Two, the inclusion of such viewpoints encourages the important critical thinking skill of objectively evaluating an author's credentials and bias. This evaluation will illuminate an author's reasons for taking a particular stance on an issue and will aid in readers' evaluation of the author's ideas.

As series editors of the *Opposing Viewpoints* Series, it is our hope that these books will give readers a deeper understanding of the issues debated and an appreciation of the complexity of even seemingly simple issues when good and honest people disagree. This awareness is particularly important in a democratic society such as ours in which people enter into public debate to determine the common good. Those with whom one disagrees should not be regarded as enemies but rather as people whose views deserve careful examination and may shed light on one's own.

Thomas Jefferson once said that "difference of opinion leads to inquiry, and inquiry to truth." Jefferson, a broadly educated man, argued that "if a nation expects to be ignorant and free . . . it expects what never was and never will be." As individuals and as a nation, it is imperative that we consider the opinions of others and examine them with skill and discernment. The Opposing Viewpoints Series is intended to help readers achieve this goal.

David L. Bender & Bruno Leone,
Series Editors

Introduction

"It seems an impossible dream to recall that for most of human history . . . people and societies have regulated their drug use without requiring massive education, legal, and interdiction campaigns."

Stanton Peele, *Visions of Addiction*, 1988.

People have always used intoxicants. For centuries Andean peasants chewed coca leaves for a mild stimulus; Asians smoked opium made locally from poppies; and indigenous peoples throughout the Americas used drugs in religious ceremonies. In early America coca and opium were common ingredients in popular patent medicines. Today, however, abuse of long-popular drugs has caused concern in the United States. According to the Department of Justice, there were approximately 250,000 drug abusers in a population of 76 million people in 1900. By 1991, the number had jumped to about 16 million in a population of 250 million, a 20-fold percentage increase, more than any other industrialized nation. Experts have pondered what changed between previous centuries and this one to make drug abuse a major cause for concern. It appears that two things changed: the drugs and society.

In the twentieth century, scientific advances changed the properties and potencies of long-used drugs such as opium and coca, transforming them into heroin and crack cocaine, and also made possible a variety of new synthetic drugs. The new forms of these drugs are more potent and thus make addiction more likely.

Opium is one drug that science made more potent. It was introduced into the United States in the early 1700s in patent medicines used for a host of ailments. Since the opium had to go through the digestive process, it entered the bloodstream slowly from the stomach. In 1803 a German pharmacist isolated morphine, a more potent form of opium. A few decades later, the hypodermic syringe was invented, allowing drugs to be injected directly into the bloodstream, making their effects quicker and more powerful. According to James A. Inciardi in *Handbook of Drug Control in the United States*: "The use of morphine by injection in military medicine during the Civil War . . . granted the procedure legitimacy and familiarity both to physi-

cians and the public."

In 1874 heroin was first isolated from morphine. Bayer and Company began marketing this powerful narcotic in 1898 as a sedative for coughs and as chest and lung medicine. The medical community, aware of morphine's addictiveness, at first believed that heroin was nonaddictive. According to one physician writing in the *New York Medical Journal* in 1900, "Habituation [with Heroin] has been noted in a small percentage of the cases. All observers are agreed, however, that . . . none of the symptoms . . . of chronic morphinism have ever been observed." By the time doctors recognized its addictive power, it had become the abusers' drug of choice.

In recent decades, such refinements on long-used drugs were joined by new illicit compounds, such as LSD and PCP, and discredited prescription drugs, such as Quaaludes and Ecstasy. Many of these now form the base of "designer drugs"—analogs that are slightly different in formula but often far more potent in effect. Since the development of the first designer drug in 1979, a massive proliferation of street drugs has led to what researcher Maureen Croteau and Wayne Worcester have called "one of the most dangerous and vexing trends in drug abuse: dangerous because no one knows the true effect of the drugs until they actually are used; vexing because kitchen chemists seem able to produce new drugs whenever the need arises." Thus today's drug abusers are exposed to a vast smorgasbord of readily available substances that are far more potent than those used by their predecessors.

The other change—a dramatic change in attitude—also began in recent decades. In the past, social and cultural barriers made drug abuse a rarity. As Inciardi notes, "Both the medical and religious communities defin[ed] it as a moral disease."

These barriers began to fall in the 1950s. Young people, the product of a new, prosperous middle class, were able to share in their parents' prosperity. As a result, as David Halberstam states in *The Fifties*, "The young formed their own community. For the first time in American life, they were becoming a separate, defined part of the culture: As they had money, they were a market, and as they were a market, they were listened to and catered to." The nation's youth gave their allegiance to each other, rather than to their parents' socioeconomic, religious, or ethnic groups.

The young always rebel, but the rebellion of the 1960s and 70s was different. This "baby boom" generation formed a population bulge. Their numbers and prosperity gave them power, and cultural artifacts such as television contributed to their cohesion, as well as to their understanding and frustration about the state of the world. Humanity had developed the power to destroy the entire earth, and in a cold war that occasionally grew heated, the

United States and Russia busily built and tested atomic weapons. Nuclear brinkmanship, accented by "duck and cover" drills at schools, fostered nihilism—rejection of traditional values—among the young; many believed the world would end before they were thirty. Some turned to a live-for-today hedonism. Some became antiwar protesters, insisting that America get out of Vietnam, or took up other rebellious social causes, such as civil rights and women's equality. Along with thousands of young American soldiers who became familiar with illicit drugs in the jungles of Vietnam, they met in the new drug culture, which variously promised escape, physical pleasure, enhanced spiritual insights, or just a sense of belonging. James A. Inciardi concurs:

Concomitant with [the] emergence of a new chemical age, a new youth ethos had become manifest, one characterized by a widely celebrated generational disaffection, a prejudicial dependence on the self and the peer group for value orientation, a critical view of how the world was being run, and a mistrust of an "establishment" drug policy the "facts" and "warnings" of which ran counter to reported peer experience. Whatever the ultimate causes of the drug revolution of the sixties might have been, America's younger generations, or at least noticeable segments of them, had embraced drugs.

The new openness of a large segment of the population to the use of drugs, combined with the scientific advances that made them more powerful and easier to use—and thus to abuse—helped create that 20-fold increase in the percentage of the population that abused drugs. As Inciardi recaps, "The abuse of drugs as such can be traced to a number of factors—advances in chemistry and medicine, the discovery of new intoxicants, and a variety of social and political changes."

The impact of these changes in drug-taking behavior continues to be felt. The chapters in this newly revised edition of *Drug Abuse: Opposing Viewpoints* debate the problems of drug abuse and the controversies over how to solve them by examining the following questions: How Serious a Problem Is Drug Abuse? How Should the War on Drugs Be Waged? Should Drug Testing Be Used in the Workplace? How Should Prescription Drugs Be Regulated? How Can Drug Abuse Be Reduced? The issues of drug use and abuse remain volatile. As drug researcher Steven Wisotsky points out: "People take drugs, as they have throughout history and across cultures, because they need and like the experience. Unlike the politicians and drug enforcers, they do not see themselves as victims of the drug they take. Yet a balanced view of the matter must also respect the legitimate concerns arising from drug use. What about those who become addicted? Are they not victimized, and doesn't the law find its greatest justification in trying to prevent that disaster?" These are among the questions debated in the viewpoints that follow.

How Serious a Problem Is Drug Abuse?

DRUG ABUSE

Chapter Preface

Determining the seriousness and extent of drug abuse is difficult. Hard-core drug abusers—those who use the most illegal drugs—are hard to find and talk to unless they come in contact with the criminal justice or health care system. Because obtaining reliable information is difficult, drug abuse researchers must rely on a variety of methods to determine what drugs are used, how often, and in what quantities. One method is to give drug tests to arrestees and track what drugs they use. Other methods are to study the frequency of drug-related emergency room visits and to study the rates of admission to drug treatment programs to learn about health problems related to drugs. While this information is useful, it is not hard evidence. Clearly, determining the seriousness of the drug problem is difficult.

One current debate concerns the belief by some researchers that a 1970s-style heroin epidemic has begun. Heroin is an addictive and destructive drug. Experts fear that if the epidemic is real, it would strain America's already overburdened health care and criminal justice systems. Law enforcement agents report that the quantities and purity of heroin are increasing while the street price is declining, allowing addicts to purchase larger quantities of better-quality heroin. At the same time, heroin-related emergency room visits are increasing in regions where heroin is most common. For example, one New York state agency notes that in the first nine months of 1991 emergency treatment for the adverse effects of heroin was up by more than half the 1990 rate. Admissions to treatment programs for heroin addiction are up as well. Many experts believe these factors indicate that heroin use is increasing and will once again become a serious problem.

Other experts are skeptical about evidence of increased heroin use. They maintain that the rate of positive tests for heroin use among arrestees—a primary indicator of drug trends—has remained stable. According to Eric Wish, director of the Center for Substance Abuse Research in Maryland, "The trend in opiate positives for arrestees tested in Washington, D.C. . . . has remained flat, as has been the case for arrestees tested in other large cities." Wish suggests that increased heroin purity is causing more health problems among users, leading to more emergency room visits and treatment admissions. There is no increase in the number of users, he concludes—just an increase in the number of heroin-related health problems.

Because there are so many interrelated factors, determining the extent of drug abuse—whether the drug is heroin, PCP, or crack—is very difficult. Experts debate the seriousness of heroin and other drug use in the following viewpoints.