Department of Justice, Law and Society
School of Public Affairs
The American University

Fall 2010
Drugs, Alcohol and Society JLS-303-001
Mondays and Thursdays, 11:20 AM to 12:35 PM
Ward 4

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Course Description

Most people believe alcohol, tobacco, and illegal drugs cause "addiction." Addiction is said to be characterized, in part, by involuntary behavior and "loss of control" over drug consumption. Addicted persons allegedly lose their ability to refuse addictive drugs and/or to moderate their consumption of those substances. History shows us this kind of thinking likely emerged from the anti-alcohol rhetoric of temperance-era leaders, the anti-alcohol attitudes instrumental in establishing alcohol prohibition, and the beliefs about alcohol advanced by members of Alcoholics Anonymous following repeal.

Contemporary public health, clinical, and legal perspectives on legal and illegal drugs such as tobacco, alcohol, heroin, cocaine, and marijuana, etc., also tend to be based, in part, in the same temperance-era thinking, that is, those drugs are universally-addictive substances and people develop “loss of control” when they inevitably become addicted to them. The implications of these perspectives for personal and criminal are significant and often contradictory. For example, attempts to regulate tobacco by the federal Food and Drug Administration (FDA) were based in the ideas that nicotine is an addictive drug and that cigarettes are "nicotine-delivery systems." Thus, tobacco is now considered a "dangerous" drug. This is contemporary anti-smoking and anti-tobacco crusade rhetoric. Most people quit smoking after many years or moderate their smoking for many years. Moreover, the widespread attempts by state attorneys general to hold tobacco companies liable for the health consequences of smoking are clearly based in the idea consumers were "tricked" into being addicted by the tobacco industry. Yet, many smokers say they choose to smoke despite the risks.

In this course we examine the validity of those ideas about addiction and their implications for public, clinical, and legal policy. In addition to learning about diverse explanations for addiction, we will examine in detail conflicting types of treatment for addiction, the efficacy of addiction treatment in general, First Amendment issues and court-ordered addiction treatment,

addiction and criminal responsibility, Alcoholics Anonymous and religious-conversion experience, the use of mind-altering drugs as religious activities, and the ethics of general attempts to protect people from themselves advanced by today's public health movement. A new feature of this course involves the examination of current ideas and policies regarding prescription pain control, specifically, the use of opiate medications for chronic pain patients. Lecture and discussion format.

Course Objectives

1. To improve the student's legal and policy-oriented thinking about the meaning of addiction and the foundation of behavior labeled as "addictive."
2. To evaluate the evidence supporting and contesting the idea that addiction exists, that it is characterized by involuntariness, and that it is treatable.
3. To understand what happens in voluntary and involuntary treatment for drug addiction.
4. To understand public policy, legal, philosophical and psychological perspectives on why people choose to use mind-altering drugs.
5. To evaluate the efficacy and constitutionality of diverse perspectives on, and policies for, alcohol, drug and tobacco use in contemporary society.
6. To examine the structure and function of the contemporary "public health movement."
7. To develop intellectual skill in debating these and related controversial issues in legal and public policy settings.

Required Texts

- (2) Fingarette, H. (1988). *Heavy drinking: The myth of alcoholism as a disease*. Berkeley, Ca: University of California Press.
- (1) Schaler, J.A. (2000). *Addiction is a choice*. Chicago: Open Court
- (4) Schaler, J.A. and Schaler, M.E. (eds). (1998). *Smoking: Who has the right?* Amherst, N.Y: Prometheus Books.
- (3) Schaler, J.A. (ed.) (1998). *DRUGS: Should we legalize, decriminalize, or deregulate?* Amherst, N.Y.: Prometheus Books.
- (5) Szasz, T.S. (1992). *Our right to drugs: The case for a free market*. New York: Praeger Publishers.

Additional articles and required readings may be handed out.

Description of course requirements

Course Requirements and Grades

Paper	50%
Final exam	50%
Class participation	*20%* →
Total =	100%

Note: You **must** do the CP assignment. There is no grade for it. It is just a required part of the course. If the assignment is not completed, the final grade is reduced by twenty percent. Blackboard access is terminated after the last week CPs are due.

Note: Throughout this course you must abide by Virchow and Szasz's definition of a disease: Disease refers to cellular abnormality, a physical lesion (wound). In other words, you must abide by a pathologist's definition of disease, not that of mental health professionals. This has nothing to do with denying the existence of disturbing, abnormal, or irrational behavior. We are simply abiding by the empirical and scientific meaning when it comes to defining and describing disease.

Paper:
You are free to write about anything you want, as long as it is somehow related to what we read and discuss in the course. You must follow the instructions regarding format, though.
No page limit. You decide how long your paper should be. Most students submit papers between six and ten pages long. Your paper must have the following sections in it: A title page, an introduction – containing your thesis, or the purpose of your paper. A section containing operational terms and definitions, if needed. A literature review (your opinion must be absent from this section. You include only the opinion of others). A discussion section, where you analyze and interpret your findings in the literature review (your opinion is appropriate for this section—no colloquialisms, or "casualisms," please). A summary/conclusion followed by your references, which begin on a separate page at the end.

Note: Each of the other sections do not begin on a separate page, except for the title page and your introduction. You must use American Psychological Association style/format. (Find APA format guidelines on the web. There is only one version of APA format. If someplace suggests a different version, it is not the correct version. We will go over all of these requirements the first week of class.

Keep the following points in mind regarding your paper:

- Take into consideration the relationship between liberty and responsibility, a positive correlation as discussed in class, not a negative correlation.
- All references to literal disease are consistent with the definition of disease by pathologists and nosologists, that is, disease is a lesion of the physical body, cellular abnormality, defined primarily by signs, not symptoms. Disease is defined as by Rudolf Virchow in his nineteenth century classic *Cellular Pathology*. Behavior is a metaphorical disease, not a literal disease. You must differentiate between metaphorical and literal disease if you are ever to refer to behavior as disease.
- Your paragraphs must neither be too short nor too long. Each paragraph should be able to stand alone.
- Make sure you have smooth and logical transition from sentence to sentence and from paragraph to paragraph.
- Make sure you keep people, possession, and time parallel. For example, if you begin a sentence speaking in the plural and present tense, don't follow up in the same sentence using the singular and past tense.
- Make sure each sentence is a complete sentence.
- Make sure you differentiate between factual material and your opinion. Your opinion is fine, however, do not express your opinion as if it is fact. Use qualifiers like "in my opinion," to be clear to your reader.
- If you cite a source within the text, make sure you **use APA format**. If you don't know what APA format is, go to the library or purchase the APA Manual of Style. In-text

citation is like this (Smith, 1969), and only like that. Not, (Smith, p. 46). It's always author's last name, year of publication, and if necessary, the page numbers, like this (Smith, 1969: pp. 12-15).

- Do not use footnotes.
- Do not cite material in the reference section that you did not cite in-text. Do not cite material in-text that you do not cite in the reference section. The reference section is on its own page.
- Make sure your name is on the first page. Give your paper a short and descriptive title. Make sure each page is numbered, centered, at the bottom of each page.
- Do not quote more than two lines of material. Paraphrase material in your own words, then reference it from the source it came from.
- Keep your writing and language formal, no colloquialisms.
- Keep a copy of your paper.
- Your paper may be selected to be run through turnitin.com, to check for originality. This can also lead to suspicions regarding plagiarism. You may use turnitin.com to check your own paper.
- You may not use past papers written for other classes, in part or whole. Doing so violates the academic integrity code.
- Avoid using the pronoun "I".
- Do not cite Professor Schaler. You may address ideas in class, of course, but neither praise nor attack persons in your paper. Focus on ideas.

This is a short research paper. You must have the following sections clearly indicated with these headings: **Introduction; Operational Terms and Definitions (if needed); Literature Review; Discussion; Summary/Conclusion**. Do not put your opinion in the literature review. Your opinion goes in the second half of the Discussion section, plus, Summary/Conclusion. **You must use APA (American Psychological Association) format**. Make sure your in-text citations are correctly cited as per APA, and your references in the end are EXACTLY APA format. No paper length—you decide—however, you must use the section headings. Further instructions will be handed out or talked about in class, if needed. There should be little need for further discussion. Everything is here.

- You may not use *Wikipedia* for research.
- Do not quote more than two lines of material.
- Do not rely exclusively on Internet research, that is, by citing urls. You must give author, date, title, journal, editors, publishers, and place of publication.
- Any and all court case citations must be in italics with the date of the decision, for all in-text referencing.
- Use the following headings: ***Introduction (make sure you state the purpose of your paper here); Operational terms and definitions (list and define any that may be relevant and unfamiliar to a reader); Literature review (list what other people have found); Discussion (clearly state your opinion, don't present it as fact); Conclusion: (Summarize, list limitations and possible biases); References: APA style. Important.***

<u>Final examination</u>: The final examination may consist of multiple choice and/or essay questions focused on the material we study throughout the whole course. You may be given the opportunity to express your own point of view on the many controversial issues we

addressed in the course. You are always welcome and encouraged to disagree with material that we cover in class. The primary focus is on comprehension of concepts and their application in policy domains of law, clinical, public, and social arenas. There will also be philosophical questions. The point and purpose of the course is on how to think about issues we address in class, not what to think. Thus, agreeing or disagreeing with the professor is irrelevant to the final grade you will receive.

Class participation (CP): One post per week. We start the second week of class. Your post for the week is due no later than each Sunday evening at midnight. The last week for posts in the discussion board will be announced in class as we the end of the semester. If you have any questions about Blackboard and your posts, contact our Teaching Assistant.

You may also be called on by name to answer questions throughout the course, and especially to give your opinion on issues we are reading or discussing. This is a time for everyone to be involved. You are perfectly free to disagree with me, your professor, and the authors of material we are reading together. Do not, however, attack anyone's character to try and win an argument. Stick with ideas. Be respectful. Argue *ad rem*, not *ad hominem*.

CP Directions: Each week you post one CP assignment for the appropriate week on the Blackboard discussion board. There are three parts to one CP assignment or post. Title each CP post the following way and make sure your name is listed as it appears with the registrar: CP post, date, your name.

Inside your post you do this: You post the name of the news item along with the url. You summarize the article briefly, put the url there so that fellow students can read the article you found, then you give your brief opinion of the article. Thus,

1. CP, your name, the date, in the subject area.
Title of article in the text area with the
URL of article, followed by

2. Your opinion of article/issue. You decide the length. You should present enough to establish a clear statement of your opinion.

3. Then, underneath this you write "Reply to (name of student you are replying to)."
Here you post a response to the opinion written by someone else in class—their opinion in any post of theirs for that week. Please be polite and respectful. *Argumentum ad rem, no argumentum ad hominem*. If you don't know what this means, ask.

You complete this by Sunday evening, midnight. Remember: This counts for twenty percent of your final grade. This means that your final grade can drop by twenty percent if the CP assignment is not completed perfectly. *You do not receive a grade for your weekly CP post*. You are expected to complete this assignment as part of course work. You do not receive an additional twenty percent credit for completing the assignment. If you fail to complete the assignment, or do a poor job on the assignment, your final grade can drop by as much as twenty percent.

Note: Clear and accurate writing—including accurate spelling on exams and papers—will be taken into account in assigning grades, as well as **participation in class discussions**. Material

discussed in class, or in films, and not in any of the readings, may form the basis for questions on the examinations. **The exam must be taken on the date assigned.** Students are responsible for anything covered in class during their absence. Readings must be completed by the session to which they are assigned. Additional readings may be assigned during the course. Students are encouraged to form study groups on their own. You do the readings. You write down questions for discussion from the readings and lectures. I lecture on various points from the readings. I do not lecture on everything you read. You are responsible for the readings. This is different from high school. You could be tested on something that is part of the readings that I did not lecture on in class. Grades: A-=90, B+=89, B-=80, C+=79, C-=70.

Punctuality

It is very important to be punctual, or on time, for class or when you have an appointment with Professor Schaler or one of the teaching assistants. If you set up an appointment, you must be on time. If you skip the appointment, you may not be seen again, or, you may be seen at a later date, at the Graduate Assistant, or Professor's convenience. Please sign in at each class.

Academic Integrity Code

"Standards of academic conduct are set forth in the University's Academic Integrity Code. It is expected that all examinations, tests, written papers, and other assignments will be completed according to the standards set forth in this code. By registering, you have acknowledged your awareness of the Academic Integrity Code, and you are obliged to become familiar with your rights and responsibilities as defined by the Code. Violations of the Academic Integrity Code will not be treated lightly, and disciplinary action will be taken should such violations occur. Please see me if you have any questions about the academic violations described in the Code in general or as they relate to particular requirements for this course."

CLASS SCHEDULE

Any topic is subject to change. Additional readings and articles may be sent out by email or be available for download on Blackboard. Read those topics associated with the date on the left. Discussions may necessitate carrying a topic or presentation over to the following week. Make sure you have the readings done.

Date	Topic	Reading
August 23 & 26	Introduction and overview	Schaler
	Addiction is a choice	
August 30 & Sept 2	*Heavy drinking: The myth of alcoholism as a disease*	Fingarette
Sept 6	Labor Day break	
Sept 9	The Drug *Policy* Problem	Schaler/*DRUGS* I
	Drugs	Parts II to III
	Drugs	IV to V
Sept 13 & 16	Addiction and Criminal Responsibility	VI to VII
	A disease model defense: Three Supreme Court cases	
Sept 20 & 23	State-supported and Court-ordered	VIII
	Treatment for Addiction; The Power	Fingarette, Luff
	of Self-fulfilling Prophecies	Schaler, Schaler
	Symbolic action in AA/Sipowicz .	

Sept 27 & 30	*Smoking: Who has the right*? Please read the intro carefully; A sociological view	Schaler & Schaler Berger 4
Oct 4 & 7	Anti-tobacco campaign of the Nazis Dealing with the devil	Proctor 6 Annas
	Tyranny of experts	Chafetz 14
Oct 11 & 14	Szasz article in the *SMOKING* book	
October 15	Fall break	
	Social symbolism of smoking	Gusfield 15
Oct 18 & 21	**Read**: Right to drugs as property The American ambivalence The fear we favor	Szasz 1 Szasz 2 Szasz 3
Oct 25 & 28	Drug education: The debate on drugs Blacks and drugs	Szasz 4, 5 Szasz 6
Nov 1 & 4	Doctors and drugs;	Szasz 7
Nov 8 & 11	Between dread and desire;	Szasz 8
Nov 15 & 18	Finish readings and handouts	
Nov 24 through 28	**Thanksgiving break**	
Nov 29 & Dec 2	Review	
Dec 6	Final Exam 11:20 AM to 1:50 PM	

Note: Try to get the readings done by the dates shown. Readings and dates are approximate. When in doubt, read ahead. We may spend more time on one chapter than another. Often, lectures are based on ideas in the readings, however the illustrations of the ideas are not in the book. Thus, you will need to take good notes. We will have discussions about points related to the readings, to illustrate ideas in the readings, however, we may not necessarily discuss in class every part of the readings. You will share in presenting parts of Proctor, assigned in class. The final exam has to be on taken on the date assigned, based on the date assigned by the university registrar's office. Changes to this syllabus may be made by the professor. **One grade reduction if you miss more than four classes, regardless of reason.** This is a "no-fault policy." You have four absences. If you miss class after the four excused absences due to a medical reason you may have your final grade lowered. Save your excused absences so that if you do get sick, or have a medical emergency, you can use them then. Important: Any and all of your writing may be scanned for originality using www.turnitin.com . You are encouraged to use this software before you hand in your paper to make sure that all your sources and citations are in order. You may not use a paper for this course that you used in another course. That is considered a violation of the academic integrity code.

Remember: Class discussion is a major part of this course. You will be tested on material discussed in class, not necessarily in the readings. We may not go over the readings verbatim, however, you will be tested on anything in the readings.

The Three-Step Model

You are going to learn an important model in this course that was developed by Professor Schaler. Some of you have used it in other courses of mine/ It is called the "three-step model of policy analysis." Throughout the course, refer back to this model. Whatever it is that you

are reading in books, articles that I post for you to read, lectures, discussions, the topic and what we are focusing on fits somewhere in this model. The three-step model is an intellectual compass. It will help you not only in this course, but in other courses you are and will be taking.

First, there is what I call a "**phenomenon of interest**." The phenomenon of interest for the course could be anything, "mental illness," "addiction," and so on. We are learning about, comprehending, explaining, and determining the efficacy of policy in light of how the three steps relate to one another → all concerning the phenomenon of interest. So, with the phenomenon of interest "mental illness," the model looks like this:

Step One: We must **describe and define mental illness.** Describe is different from define. Describe and define are different from "explain." Never confuse explanations for mental illness with description and definition of mental illness. We are concerned with the description and definition of mental illness. We do not want to confuse description and definition with theories about why mental illness occurs, or what we call "explanations for mental illness." We are interested in explanations for mental illness, they are tremendously important to comprehending and evaluating policy, we just don't want to confuse explanation with description and definition. How do the drugs get into the body? Are we talking about behavior or disease? Study the meaning of behavior. We are using the Virchowian definition of disease → Disease = cellular abnormality. This is also the definition that pathologists use. We are ***not*** using the definition of disease frequently used by members of the mental health profession. To the extent that we are concerned with medicine in this course we are concerned with, and differentiate, scientific medicine not/from clinical medicine. Everything that is in the Diagnostic and Statistical Manual of Mental Disorders (DSM) is part of Step One. This is because the DSM describes many diverse behaviors. It does not explain why the behavior occurs.

We will also discuss and **you will learn about the difference between public and private health**. Both are concerned with disease. One way of remembering the difference is that a true public health problem is phenomena whereby you can contract a disease simply by being in the vicinity of another. Private health problems are the result of a consensual relationship where contracting a disease is a potential risk of the relationship. Catching *herpes genitalis* from having consensual sex with someone is a private health problem or risk. Catching *swine flu* virus simply by breathing the air in a contagious person's vicinity is a public health problem or issue. You didn't do anything to contract the disease but be in the vicinity, be near a person who was contagious. We will discuss many other examples.

Step Two: Explanations. Why does mental illness occur? We will examine four domains of explanation: Religious or theological; Biological/genetic; Psychological; and Sociocultural. The biological and genetic explanatory paradigms are most popular here, however, this has not always been so, and it is unlikely to remain this way. Much of what you may have learned elsewhere regarding the truth about neurotransmitters and genes or mutations of genes as causes of mental illness may not be true. We will examine the evidence supporting claims regarding each of these explanations. It is up to you to decide what you think makes the most sense.

Step Three: Policy. What do we do about mental illness. Keep in mind that one of the policies can always be doing nothing, that is, leaving people alone. Policy here means what we do about mental illness and the people who are labeled as mentally ill.

We are concerned with policy in four domains: **The legal domain**, meaning, **to what extent does mental illness exculpate criminal behavior**? Here we are concerned about involuntary commitment, the insanity defense, testamentary capacity, the right to refuse treatment, competency to stand trial, and so on. **The second domain is concerned with clinical treatment**. If we regard mental illness as a "treatable disease," or even just a treatable problem in living, what approaches are best? Do any treatment approaches actually work? **The third area of policy** is concerned with what we call **"informal social control,"** in sociology, or what we shall refer to here as "social policy." There are two areas we are especially concerned with here: relational forms of social control and self control. Remember that when it comes to social policy, or informal social control, we are not talking about the involvement of the state. And finally, the fourth area of policy that we are focusing on in this course is referred to as **"formal social control"** by sociologists, or public policy. Here we are talking about the involvement of the state in controlling mental illness. Does the State have any business "inside a citizen's head?"

So, this is the three-step model that we will constantly return to in terms of comprehending mental illness, explaining it, and comprehending the relationship between explanations and policy in each of the four domains mentioned. If you are ever lost in terms of material we are covering, always go back to this three-step model and find out where you are stuck in the model. Then ask the professor or teaching assistant for help if you need more assistance. The three-step model makes learning this very new and different perspective easy and fun.

Note: This syllabus may be changed at any time by the professor throughout the course.