

Humboldt State University
Department of Social Work

Drugs, Justice, & Harm Reduction

SW 442

Fall, 2006
Mondays
2:00pm-4:50pm
Theatre Arts 110

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Office Hours:
Tuesdays, 10:30am-12:30pm
Wednesdays, 10:30am-12:00pm

Texts

Moss, P. & Butterworth, P. (1999). *Mosaic: an alternative resource for working with young people around drug use*. Adelaide, Australia: Dulwich Centre Publications.

Weil, A. & Rosen, W. (2005). *From Chocolate to Morphine, 3rd Edition*. New York: Houghton Mifflin.

Recommended (but not required):

Musto, David. (1999). *The American Disease: Origins of Narcotic Control*. New York: Oxford University Press.

All other readings are accessible through Blackboard under "Readings". You will need Adobe Acrobat Reader for many of them.

Blackboard is also a place to engage in discussions with each other if that interests you. Feel free to post messages, ask questions, raise concerns, make announcements, etc., by clicking the button labeled "Discussion Board." To use Blackboard, go to blackboard.humboldt.edu and use your HSU Username (before the "@humboldt.edu" part) and HSU Password to log in.

A Note About Posting to Blackboard Discussion Boards: When you are posting something lengthy, it's a good idea to write it in a word processing program and then cut and paste your submission into a Blackboard posting. That way you can spell-check it, and you don't run the risk of losing whatever you've been writing half way into it.

Course Requirements and Evaluation Criteria

There are three graded activities that, together with your engagement in the course, will make up your grade.

Activity #1: Altered States (25 “units”)

Do something you do not ordinarily do that enters you into a *non-substance-related* altered state of consciousness which persists for more than 30 minutes. Afterward, when you are in a space to do so, reflect on the following in relation to the altered state of consciousness you experienced:

- How do you *feel* afterward?
- How do you *think* afterward?
- How do you *act* afterward?
- Which effects did you *prefer*?
- Which did you *dislike*? How are these like “side effects”?
- What are the *benefits* involved in this activity?
- What are the *risks* involved in this activity?
- How is this experience *like* an experience with drugs?
- How is this experience *unlike* an experience with drugs?
- What might differentiate *use* and *abuse* in relation to the activity you engaged in?

There are an infinite number of ways to do this. Some people find that sitting under a tree in a quiet part of the forest will work, or a secluded neck of beach, or floating on a body of water, or try staring at a candle, chanting, dancing, riding a roller coaster, playing music, or listening to music.

You’ll find that about 2-3 *pages* should be sufficient. **Due September 11. 15 “units”**

Activity #2: Primary Prevention (20 “units”)

In class **on October 30** you will participate in an activity that will form the basis for a brief “take home examination” **due on November 6**.

Activity #3: Therapeutic Interviewing (35 “units”)

On the last day of class I will show a short video of a young man and his father talking about the effects of alcohol and other drugs in their lives. After viewing the video you will have the opportunity to talk with other members of the class about different directions you might pursue with this young man and his father, and reasons for going in those directions. You will then write a *3 page letter* on your own to one or both of them (depending on the directions you’d like to pursue). Besides sharing your observations, your letter really ought to focus on specific, genuine, directed questions you think might facilitate therapeutic change. For example, you might want to share some of the things you saw that could be considered strengths and find out if they indeed think of those things as strengths. If you have ideas for what you think might be helpful, you could share these as well. It is also very important for you to situate your observations and questions in the context of why you have chosen to include them in the letter. That is, what reasons do you have personally, professionally, therapeutically, preventively, politically, or morally for saying what you’ve said? **Due by 2:00pm on December 11.**

Engagement (20 “units”)

This refers to how present you are during the time we spend together. It relates to attendance and punctuality, certainly, but even more it requires your critical reflection on the material, mindfulness of your own life experiences in relation to the life experiences of your comrades, your willingness to speak when it might be uncomfortable to do so, and the presence of mind to remain silent when it might allow for the creation of new possibilities for someone else.

Grading:

Final grades for the course will be determined by the total number of “units” according to the following table:

94 – 100	= A	77 – 79	= C+
90 – 93	= A-	73 – 76	= C
87 – 89	= B+	70 – 72	= C-
83 – 86	= B	67 – 69	= D+
80 – 82	= B-	63 – 66	= D
		<63	= F

I prefer to have all written activities be *single-spaced*, with standard 12 point Times New Roman font, and standard margins (1” top and bottom, 1¼” left and right). This format saves paper and is easy for me to read. If you can do this, great. If not, so be it, but *account for this when you write your paper*. In the end, please concern yourself more with content than length...a little bit shorter or a little bit longer is just fine if that’s what it takes to convey your thoughts. Written activities can be emailed to me as attachments at swartz@humboldt.edu if you’d like. Unless you make alternate arrangements with me I will consider the lateness of your activity in generating the number of “units” you will receive for the activity. Late activities make things difficult for me as I have budgeted my time to address student work according to a specific schedule. I cannot, therefore, guarantee that a late paper will be reviewed with enough time for you to make revisions.

When you make reference in written documents to any ideas or “facts” that are not your own or “common knowledge” you’ve got to—I mean really got to—cite your sources. If you are not familiar with generally accepted approaches to citing sources, you can find some guidelines at <http://www.lib.usm.edu/~instruct/guides/apa.html> (this is also linked on Blackboard under “Course Documents” as “Reference Style”).

Please contact me as soon as you can if you believe I will need to make an accommodation for anything described in this Syllabus based on the impact of a disability.

HSU Policies

You are expected to adhere to all of Humboldt State University’s Policies, especially:

- Academic Honesty
- Nondiscrimination Policy
- Rights and Responsibilities for a Campus Community

These can be located at the beginning of your course catalog and can be found on Blackboard under “Course Documents”.

Classes

August 21 – Constructing a Context

Today we will get to know each other a bit and talk about expectations we all have of the course. We'll start considering drugs, drug use, and drug abuse from a contextual perspective by exploring such questions as: "What is a drug?", "Why do people use drugs?", and "How can drug use and drug abuse be distinguished?". Various strategic responses to drug use and drug abuse will be briefly described.

August 28 – Addiction / Drug, Set, and Setting

What is "addiction" and how does the way we construct addiction limit or open up possibilities for individual, family, community, and social change? One way of understanding the effects of drugs on individuals is through the lens of "drug, set, and setting." What this means and how it fits into positive and negative experiences with drugs will be one of today's topics. We will also look at factors that might relate to the abuse potential of drugs.

Read:

- 📖 SW442: Drugs, Justice, & Harm Reduction *Syllabus*.
- 📖 *From Chocolate to Morphine*: 10-29.
- 📖 Volkow, N. (2003). The Addicted Brain: Why Such Poor Decisions?. *NIDA Notes*, 18(4).
- 📖 Peele, S. (1990). Addiction as a Cultural Concept. *Annals of the New York Academy of Sciences*, 602, 205-220.
- 📖 Raven, M. (1997). The Politics of Drug Use. *Dulwich Centre Newsletter*, 2/3, 4-6.

Recommended:

- 📖 U.S. Drug Enforcement Agency "Drug Scheduling"

September 4 – No Class (Labor Day)

September 11 – Marijuana / Hallucinogens (Psychedelics)

Arguably the most polarized of currently illegal drugs, the social and political history of marijuana will be explored today with an emphasis on shifts (or lack thereof) that took place in the 20th century related to racism (e.g., anti-Mexican), propaganda (e.g., *Reefer Madness*), and medicalization (e.g., Proposition 215). We will also explore social developments related to hallucinogens/psychedelics that took place contemporaneously on the West and East coasts, with Ken Kesey and Timothy Leary respectively presiding, and how none of this could have happened without the U.S. military.

*****Activity #1 (Altered States) due*****

Read:

- ☞ Siegel, R. (1989). "Emerald Laughter: Hashish and Marijuana," in *Intoxication*. New York: E.P. Dutton. 147-150.
- ☞ *From Chocolate to Morphine*: 135-149.
- ☞ Frontline. (1998). Interview with David Musto. PBS. On-line at <http://www.pbs.org/wgbh/pages/frontline/shows/dope/interviews/musto.html>.
- ☞ Schlosser, E. (1994). Reefer Madness. *The Atlantic Monthly*, 274(2), pp.45-63.
- ☞ Thompson, D. (2003). Pot farms show strategic shift. *Fresno Bee*. December 16.
- ☞ Siegel, R. (1989). "War in Eden: Origins of Plant Drugs," in *Intoxication*. New York: E.P. Dutton. 19-23.
- ☞ *From Chocolate to Morphine*: 111-134, 157-163 (Deliriants).
- ☞ Weil, A. (1963). The Strange Case of the Harvard Drug Scandal. *Look Magazine*, November 5.
- ☞ Blakeslee, S. (2001). Scientists Test Hallucinogens for Mental Ills. *The New York Times*, March 13.

Recommended:

- ☞ Safety First. (2003). *Facts About Drugs: Marijuana*. Drug Policy Alliance.
- ☞ Mack, A. & Joy, J. (2000). Can Marijuana Help?. Chapter 2 in *Marijuana As Medicine?: The Science Beyond the Controversy*. Institute of Medicine, National Academy Press. 13-37.
- ☞ Safety First. (2004). *Facts About Drugs: Psilocybin*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: LSD*. Drug Policy Alliance.

September 18 – Cocaine / Opiates / Amphetamines

While it is rather difficult to fully explore the multiple contexts of coca and its derivatives, opiates, and amphetamines in the course of one class period, today we will give a cursory look at the shifting nature of these drugs' relationships with people from cultural agents, to medical agents, to, finally, agents of destruction.

Read:

- ☞ Siegel, R. (1989). "Forced March: Coca and Cocaine," in *Intoxication*. New York: E.P. Dutton. 168-171, 173-175.
- ☞ *From Chocolate to Morphine: 49-53 (Coca and Cocaine)*
- ☞ Siegel, R. (1989). "Milk of Paradise: Romance and Addiction with Opium," in *Intoxication*. New York: E.P. Dutton. 125-128.
- ☞ *From Chocolate to Morphine: 94-110 (Narcotics)*.
- ☞ *From Chocolate to Morphine: 53-57 (Amphetamines and Related Drugs)*
- ☞ Wong-Anan, N. (2003). UN Sees Rapid Rise in Amphetamine Use Worldwide. *Reuters*. June 20.
- ☞ *From Chocolate to Morphine: 126-128 (MDMA)*.

Recommended:

- ☞ Safety First. (2003). *Facts About Drugs: Cocaine*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Heroin*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Methamphetamine*. Drug Policy Alliance.
- ☞ "Methamphetamine Fact Book: A Community Handbook and Resource Guide," *Humboldt County Speed Prevention and Awareness Network (SPAN)*.
- ☞ Safety First. (2004). *Facts About Drugs: Ecstasy*. Drug Policy Alliance.

September 25 – Alcohol / Tobacco part 1

Alcohol is the most widely used substance generally considered to be a drug. This is true across the U.S., across the world, and across history. Regulation of alcohol has been central to far-reaching social movements, bringing forth influences on the abolishment of slavery and the recognition that women, too, are entitled to rights under the Constitution. Alcohol is a legal commercial product. It thus holds a unique place in popular culture as it shapes and is shaped by that culture. Only recently have professionals begun to regard tobacco as a “drug.” One of the few clearly consciousness-altering substances that remains legal, tobacco use and abuse must currently be understood in the context of a commercial enterprise. It is a dramatic example of how drug use, drug abuse, and addiction cannot be fully understood within an individualistic lens.

Read

- ☞ Siegel, R. (1989). “Ark on the Rocks: Alcohol as the Universal Intoxicant,” in *Intoxication*. New York: E.P. Dutton. 101-104.
- ☞ *From Chocolate to Morphine: 70-80.*
- ☞ Hobson, R. (1914). The Prohibition Amendment. *Congressional Record*, December 22. In Park, P. & Matveychuk, W.(1986). *Culture and Politics of Drugs*. Dubuque, Iowa: Kendall/Hunt.142-146.
- ☞ Musto, D. (1996). Alcohol in American History. *Scientific American*, 274(4), 78-83.
- ☞ Siegel, R. (1989). “A Shrewdness of Apes: Learning to Use Tobacco and Other Drugs,” in *Intoxication*. New York: E.P. Dutton. 82-84.
- ☞ *From Chocolate to Morphine: 58-62.*
- ☞ “Philip Morris/Kraft North American Brands,” www.kraft.com/brands/namerica/us.html
- ☞ Monardi, F. & Glantz, S. (1998). Are tobacco industry campaign contributions influencing state legislative behavior?. *American Journal of Public Health*, 88(6), 918-924.
- ☞ Saillant, C. (2003). Smoking Issue a Quandary for Psychiatric Facilities. *Los Angeles Times*, August 18.

Recommended:

- ☞ Safety First. (2003). *Facts About Drugs: Alcohol*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Tobacco*. Drug Policy Alliance.
- ☞ Chandler, D. (2002). *The Impact of Tobacco in Humboldt County*. Humboldt County Department of Health and Human Services, Public Health Branch.
- ☞ World Health Organization. (2003). *Framework Convention on Tobacco Control*.

October 2 – Tobacco part 2 / Other Drugs

Mood-altering substances that are prescribed by physicians for the treatment of specific problems are commonly referred to as pharmaceuticals, psychotropics, or psychiatric medications. While they have appeared relatively recently on the drug scene, they have quickly ascended to become the most widespread drugs of abuse. What are they called? What are they used for? Where did they come from? How did they become so ubiquitous? These questions will be considered. We will also talk about drugs frequently used and abused that don't fit well into any of the previous categories we've explored but have garnered significant media attention of late.

Read:

- ☞ *From Chocolate to Morphine*: 150-157 (inhalants), 89-90 (GHB), 167-168 (ketamine), 42-49 (caffeine).
- ☞ Arthurs, S. & Driscoll, J. (2003). Pain Matrix. *Eureka Times-Standard*. December 14.

Recommended:

- ☞ Safety First. (2003). *Facts About Drugs: GHB*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Ketamine*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Inhalants*. Drug Policy Alliance.
- ☞ Safety First. (2003). *Facts About Drugs: Oxycontin*. Drug Policy Alliance.

October 9 – Drug Control Policy part 1

While we cannot investigate every aspect of United States' drug control policy, over the next few weeks we will do our best to hit some of the most significant events in the last century, such as the influences on and influences of the Pure Food and Drug Act (1906), the Harrison Narcotics Act (1914), "Prohibition" (1919), the Marihuana Tax Act (1937), the Controlled Substances Act (1970), and the Anti-Drug Abuse Acts of 1986, 1988, and 1989.

Read:

- ☞ Musto, D. (1991). Opium, Cocaine and Marijuana in American History. *Scientific American*, 265(1), 20-27.
- ☞ Dunlap, E. & Johnson, B. (1992). The Setting for the Crack Era: Macro Forces, Micro Consequences (1960-1992). *Journal of Psychoactive Drugs*, 24(4). 307-321.
- ☞ Helmer, J. (1975). The Chinese Opium Crusade. *Drugs and Minority Oppression*. The Continuum Publishing Company. In Park, P. & Matveychuk, W. (1986). *Culture and Politics of Drugs*. Dubuque, Iowa: Kendall/Hunt. pp.176-184.

October 16 – Drug Control Policy part 2

See March 7.

Read:

- ☞ Schlosser, E. (1994). Marijuana and the Law. *The Atlantic Monthly*, 274(3), 84-94.
- ☞ Schlosser, E. (1997). More Reefer Madness. *The Atlantic Monthly*, 279(4), 90-102.
- ☞ Delsohn, G. (2003). Major parole moves on the table. *Sacramento Bee*, December 27.

October 23 – Drug Control Policy part 3

Since September, 11, 2001, there has been a new “front” opened on the “war on drugs.” This connection was explicitly made in various commercials and speeches soon after the event of 9/11. Recently, there has been a shift toward focusing on marijuana. Today we will examine developments in the National Drug Control Strategies of the Bush Administration.

Guests:

Paul Gallegos, Humboldt County District Attorney

Jamie Flower, former Humboldt County Deputy Public Defender

Read:

- ☐ Office of National Drug Control Policy. (2002). “Introduction” and “National Priorities” in *The President’s National Drug Control Strategy*. 1-26.
- ☐ Nadelmann, E. (1992). Thinking Seriously About Alternatives to Drug Prohibition. *Daedalus*, 121(3), 85-132.

October 30 – Data / Prevention

Of all the strategies used to control drug use and drug abuse, prevention receives the least resources. One might wonder whether drug *use* is an amenable target for prevention or if drug *abuse* is a more appropriate target. Today we will go over some statistics that drive drug abuse prevention activities and we will discuss past and present prevention programs.

*****Activity #2 (Primary Prevention) will take place today*****

Read:

- ☐ Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2005). *Results from the 2004 National Survey on Drug Use and Health*. Chapter 2, “Illicit Drug Use”, 11-22.
- ☐ Blocker Jr., J.S. (2006). Did Prohibition Really Work?: Alcohol Prohibition as a Public Health Innovation. *American Journal of Public Health*, 96(2), 233-243.
- ☐ Project ALERT website (<http://www.projectalert.best.org>)
- ☐ *Pick a few more of the Substance Abuse and Mental Health Services Administration’s “Model Programs” to check-out (http://modelprograms.samhsa.gov/matrix_all.cfm)*

Recommended:

- ☐ Office of National Drug Control Policy. (2006). *Girls and Drugs*. Executive Office of the President.
- ☐ Ennett, S., Tobler, N., Ringwalt, C., & Flewelling, R. (1994). How Effective is Drug Abuse Resistance Education: A Meta-Analysis of Project DARE Outcome Evaluations. *American Journal of Public Health*, 84(9), 1394-1401.
- ☐ Humboldt County Department of Health and Human Services, Public Health Branch. (2004). *Paths to Prevention and Recovery: Alcohol and Drugs in Humboldt County*.

November 6 – Traditional Treatment Perspectives

The prevailing model of substance abuse treatment is informed by a medical understanding of addiction as a disease. The vast majority of treatment programs organize their program structures around this framework with “12 Step” protocols, abstinence as the singular expectation, “recovery” as the metaphor, and “relapse prevention” as an essential strategy. Some treatment programs operate within a social model that sees participating in daily community activities as required skill-building for successful re-integration into the non-treatment world. Lastly, there are a few programs that see addiction as resulting from a problem in the “family system” and try to incorporate entire families in the treatment process.

*****Activity #2 (Primary Prevention) paper due today*****

Read:

- ☐ Faupel, C., Horowitz, A., & W., Gregory. (2004). Therapeutic Responses to Drug Problems: Drug Treatment. Chapter 12 in *The Sociology of American Drug Use*. Boston: McGraw-Hill. 373-403.
- ☐ Nadelmann, E. (2002). No Longer Hope for Progress. *Counselor Magazine*, 3(4).

November 13 – Contextual Treatment Perspectives

While the “medical model” may be the dominant approach in substance abuse treatment, there is a growing movement to integrate into existing treatment philosophies—or offer as alternatives—therapeutic practices grounded in contexts wider than just individuals and their families. Work that builds on people’s strengths and celebrates their achievements rather than that which uncovers their deficits and “resolves their issues” offers inspiration to people seeking services and those providing services alike.

Read:

- ☐ James, K. & Perry, L. (1997). Living with the past. *Dulwich Centre Newsletter*, 2/3, 7-14.
- ☐ Smith, L. & Winslade, J. (1997). Consultations with young men migrating from alcohol’s regime. *Dulwich Centre Newsletter*, 2/3, 16-34.
- ☐ Wixson, J. (2004). Letters in the street: A narrative based outreach approach. Retrieved on December 1, at *Deconstructing addiction: a web-based resource*, www.dulwichcentre.com.au/deconstructing_addiction.html

November 20 – No Class (Autumn Break)

November 27 – Harm Reduction

As the United States largely continues to spend resources on stopping people from using drugs, many other countries in the world have adopted policies and practices that aim to reduce the harm that results from drug use and abuse. Known collectively as “harm reduction,” these policies and practices happen within prevention and treatment contexts. The most well-known example, and the one with the most, albeit limited, acceptance in the United States is “needle exchange,” which allows intravenous drug users to trade their used needles for clean ones, thereby reducing the risk from various infections.

Guest: Anna Thieleman, Program Manager, RAVEN Project, Redwood Community Action Agency, Youth Service Bureau

Read:

- ☞ Gable, R. (2006). The Toxicity of Recreational Drugs. *American Scientist*, 94(3), 206-208.
- ☞ Duncan, D., Nicholson, T., Clifford, P., Hawkins, W., & Petosa, R. (1994). Harm Reduction: An Emerging New Paradigm for Drug Education. *Journal of Drug Education*, 24(4), 281-290.
- ☞ Zelvin, E., & Davis, D. (2001). Harm Reduction and Abstinence Based Recovery: A Dialogue. *Journal of Social Work Practice in the Addictions*, 1(1), 121-133.
- ☞ Rosenbaum, M. (2002). *Safety First: a reality-based approach to teens, drugs, and drug education*. San Francisco, CA: Drug Policy Alliance.
- ☞ Moss, P. & Butterworth, P. (1999). *Mosaic: an alternative resource for working with young people around drug use*. Adelaide, Australia: Dulwich Centre Publications.
- ☞ Scotto. (2001). DanceSafe Seattle: Psychedelic Harm Reduction In Action. *Trip*. Fall(6).
- ☞ Hainsworth, J. (2003). Canada Plans Injection Site for Addicts. *Associated Press*, June 27.

December 4 – Other Faces of Drugs / Closing

Before wrapping up the course and reflecting on its usefulness, we will talk about sides of drug use and drug abuse that are rendered invisible under the regime of individualism (e.g., individual choice, individual liberty, individual problem, individual accountability), including exploitation and the effects of production, distribution, consumption, and eradication of drugs on the environment. We will also watch a brief video as part of the last graded activity of a young man and his father talking about the effects of alcohol and other drugs in their lives.

*****Activity #3 (Therapeutic Interviewing) is due by 2:00pm on December 11*****

Read:

- ☞ Driscoll, J. (2003). A darker side of pot growing. *Eureka Times-Standard*. June 13.
- ☞ Walsh, D. (2003). 15-year penalty asked in pot trial. *Sacramento Bee*. November 15.
- ☞ New Mexico Methamphetamine Working Group. (2005). *A Comprehensive Plan for New Medico Communities*.