Drugs & Deviance Lesson

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Units: Introduction, deviance, culture
Class time: 1 class period

Preparation:
Make copies of the drug packet. I make about 2 packets for each group.
Setup your room for students to work in groups of 3-4.

Procedure:
Divide the class into groups of 3 or 4 students, and give each group a number.
Give each a packet or two.
Inform students that these are real and accurate (I had a doctor verify) descriptions of various drugs. Instruct them not to try and figure out what each drug is, but rather to decide how each drug should be classified. I explain the following classification system:

1 → legal - over the counter
2 → legal - prescription
3 → illegal – misdemeanor
4 → illegal – felony

As the students are discussing, draw a grid on the chalkboard:
Label the rows with the drug numbers (1-8).
Label the columns with the group numbers.

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<thead>
<tr>
<th>Drug 1</th>
<th>Group 1</th>
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<th>Group 3</th>
<th>Group 4</th>
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When all the groups have finished (and, thus, have come to a conclusion for each drug), one
member of each group comes up to the chalkboard and fills out the grid by writing the number of the category in which they believe each drug fits under their group number.

Discussion:

I begin by asking students to be honest and say whether they think that they figured out which drug is which. Many attempt to do this even though I said not to, so I jokingly chastise them. And I make the case that by thinking that you know what drug you are analyzing, you run the risk of being biased based on the status quo or their previous experience with the drug. I then tell them that I do know the real name of each of the drugs. I will reveal this to them one drug at a time as we discuss them. Here are all of the drugs:

Drug 1  Aspirin  
Drug 2  Marijuana  
Drug 3  Cigarettes / Nicotine  
Drug 4  Alcohol  
Drug 5  Caffeine  
Drug 6  Cocaine  
Drug 7  Heroin  
Drug 8  LSD  

I usually go through the discussion of drugs as follows:  
First, “Did anyone figure out what drug this is? What do you think it is? Did your idea of what you thought the drug was affect your classification of it? Then I tell them what the drug really was. Then we analyze how the class classified the drug on the chart. I go through this one drug at a time, but some general things to note:

There is wide disparity in how to classify the drugs; some drugs are classified from a 1 all the way to a 4.  
Sometimes students have a drug listed as all four different categories.  
Nicotine and alcohol are often listed as illegal drugs and in reality they are legal.  
These results allow me to introduce the ideas of the social construction of reality and the relativity of deviance. I explain a short history of marijuana (seen as a “Mexican” drug that would compete with U.S. tobacco). A good source for this is Eric Schlosser’s Reefer Madness or Cynthia Kuhn et. al.’s Buzzed. I also make the case that even a relatively homogenous group like my class could not agree on a policy question with enormous implications for those whom it affects. If the drugs themselves cannot be easily classified, how will penalties be decided on? We have strict penalties for drugs that are not easily classified. I then read them some statistics about drug offenders and prison. Schlosser provides some startling cases of prison time that seems unwarranted. I also talk about the difference in classification of crack and cocaine. Crack, which is really just cocaine with baking soda is punished 300 times harsher than cocaine. I then use this lesson to transition into prison and the criminal justice system in America.
Drug 1

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

- antipyretic (reduces fever); analgesic (reduces pain); anti-inflammatory (e.g., reduces swollen joints); anti-allergy; anti-coagulant (blood thinner)

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY

- mild (like-to-desire) psychological dependency may develop if positive physiological results occur

SIDE EFFECTS

- tinnitus (ringing in ears), nausea, vomiting, skin rashes, changes in blood cells, anemia to massive hemorrhage

PRECAUTIONS

- caution should be taken in arthritic persons because degeneration of bones/joints may occur if dosage is too low; kidney damage and acute symptoms of gout may occur in persons susceptible to gout; do not give to children recovering from viral illnesses as it can be life-threatening

CONSISTENT/PREDICTABLE EFFECTS

- yes

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)

- no

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY

- restlessness, incoherent speech, tremors, hallucinations, convulsions, coma and death from respiratory failure can result from either an overdose or allergic reaction

GENETIC DAMAGE

- possible
Drug 2

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

- reduces pain, especially persistent chronic pain; potentiates norepinephrine systems causing mild stimulation; fluctuation of temperature and heart rate; perhaps useful in mental illness, but not yet studied enough to be sure; perceptual distortions; confusion; illusions; potentiates whatever mood the person is in at the time; rare post-use recurrence; occasional panic reactions

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY

- some like, desire and/or crave it psychologically while others dislike it with equal intensity

SIDE EFFECTS

- none known

PRECAUTIONS

- should not be used by persons experiencing depression or when operating heavy equipment

CONSISTENT/PREDICTABLE EFFECTS

- no

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)

- yes

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY

- the concept of an overdose does not apply, however, effects of the drug may contribute to behavior which could lead to death of the effected person or others

GENETIC DAMAGE

- possible
Drug 3

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS
- local anesthetic, especially useful in highly vascular areas such as eyes, nose, ears or throat; marked CNS stimulation; counteract narcotic effects of drugs such as morphine; exhilaration and lasting euphoria; increased self-control; greater capability to work long hours; decreased fatigue and hunger; feelings of greater competence; raises blood pressure; increases heart rate and cardiac output; dilates pupils; vasoconstriction; decreased sex drive

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY
- many who use this drug develop a strong psychological craving for it; current evidence suggests physiological dependence as well; withdrawal symptoms may include depression, paranoia and suicidal tendencies

SIDE EFFECTS
- weight loss, may cause liver damage; vertigo; exhaustion; nervousness; hallucinations; profuse sweating; convulsions; many cause cardiovascular problems and hypertension; ulcerations of mucus membranes

PRECAUTIONS
- great caution should be taken when using this drug due to the possibility of dependency; should not be used by those with a sensitivity to the drug; should not be used over an extended period of time because it causes deterioration in the mental and physical state with chronic use

CONSISTENT/PREDICTABLE EFFECTS
- yes

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)
- yes, rapid

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY
- high doses or sensitivity can cause vertigo; exhaustion; nervousness; hallucinations; profuse sweating; convulsions; cardiovascular collapse; liver damage; violent behavior; mania; reversible psychotic reactions; and death from exhaustion and respiratory failure

GENETIC DAMAGE
- possible
**Drug 4**

**PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS**

- CNS depressant; decreases blood pressure; vasodilator; diuretic; impairs psychomotor performance; releases inhibitions; person may “think” competency is improved; reduces sensory awareness including pain

**POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY**

- some who use this drug develop a strong craving for it both physiologically and psychologically; withdrawal from heavy dosages may result in shaking, tremors, sweating, nausea, vomiting, anxiety, diarrhea, hallucinations and disorientation; death may occur from hyperthermia associated with peripheral vascular collapse

**SIDE EFFECTS**

- increased sexual desire with decreased performance; GI tract irritant; depression; blunts perceptiveness and memory; depresses respiration and circulation; long-term use decreases digestive functions; if used by epileptics over a period of time and then stopped, convulsions increase

**PRECAUTIONS**

- should not be used in combination with other CNS depressants; not to be used by those suffering from peptic ulcers or by epileptics; should not be used when operating heavy equipment or when fine motor reflexes are important; interacts unfavorably with antibiotics, high BP medications, analgesics, anesthetics, estrogens, antihistamines, etc.

**CONSISTENT/PREDICTABLE EFFECTS**

- no

**TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)**

- yes

**HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY**

- broken blood vessels, especially around the nose; loss of inhibitions; chronic use damages brain and other vital organs; impairment of psychomotor performance; death may result from either long-term use or from high dosages

**GENETIC DAMAGE**

- yes, results in an abnormally small head, joint or limb abnormalities; facial irregularities; heart and genital defects, etc. if the drug is used heavily during pregnancy
Drug 5

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

- CNS stimulant; improves intellectual and motor performance; increased sensitivity to stimuli; promotes wakefulness; enhances sense of competency; increases respiration; stimulate muscles of the heart to function more efficiently as a pump; constricts blood vessels in the brain, thus, is especially useful for those suffering from migraines; dilates coronary arteries and peripheral circulations; increases urine output; brightens mood

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY

- some persons develop a mild preference (like-to-desire) while others crave it both psychologically and physiologically; if used heavily, withdrawal symptoms include restlessness, irritability, headaches, shakiness, lethargy and inability to work effectively

SIDE EFFECTS

- irregular heartbeat; hypertension; gastric irritations; excessive nervous stimulations; depresses appetite; increases flatulence; diarrhea and insomnia

PRECAUTIONS

- should not be used by those suffering from gastric ulcers or those susceptible to gastric problems; inappropriate use may result in irritability and exhaustion

CONSISTENT/PREDICTABLE EFFECTS

- yes

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)

- yes

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY

- gastric irritation; peptic ulcers; hypertension; irregular heartbeat; tremors; shakiness; fatalities are rare, but high doses can lead to convulsions and death

GENETIC DAMAGE

- results of research inconclusive
**Drug 6**

*PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS*

- physiologically acts as a CNS stimulant, however, psychologically acts as a mood leveler with both tranquilizer and stimulant effects; increases respiration; increases heart rate; increases blood pressure; decreases urine output

*POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY*

- produces both physiological and psychological dependency; used on a regular basis, a craving for the drug develops; withdrawal symptoms include restlessness, irritability headaches, depression, digestive difficulties, weight gain and inability to concentrate

*SIDE EFFECTS*

- nausea, especially in early usage; increased intestinal activity; diaphoresis; hypertension; decrease HDL plasma levels; constricts peripheral blood vessels leading to cold hands and feet; elevated concentrations of free fatty acids; inhibits the absorption of certain foods in the small intestine

*PRECAUTIONS*

- should not be used by those suffering from hypertension, poor circulation or other heart ailments; should not be used by those with lung disorders; long-term usage debilitating; can lead to lunch and heart ailments

*CONSISTENT/PREDICTABLE EFFECTS*

- yes

*TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)*

- perhaps, but slight

*HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY*

- gastric irritation; hypertension; interferes with proper heart and lung functioning that can then indirectly cause death

*GENETIC DAMAGE*

- possible, has been linked with low birth weight
Drug 7

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

- analgesic, antitussive (cough suppressant), CNS depressant, sedative/hypnotic effects, relieves diarrhea, decreases smooth muscle contractions, improves small muscle tone, reduces the perception of unpleasant stimuli and anxiety

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY

- may cause both physiological and psychological dependence; persons may develop a craving for the drug; withdrawal symptoms include yawning, runny nose, teary eyes, sweating, chills, restless sleep, loss of appetite, nausea, vomiting, diarrhea, irritability, tremors, sneezing, depression, intestinal spasms, back pain, weakness, and abnormal white blood count, as well as the possibility of death

SIDE EFFECTS

- nausea, vomiting, constipation, depresses respiration

PRECAUTIONS

- should not be used by person with lung disorders or when operating heavy equipment; care should also be taken in prescribing this drug due to the possibility of rapid tolerance

CONSISTENT/PREDICTABLE EFFECTS

- yes

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)

- yes, rapid

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY

- drowsiness, mental clouding, apathy, lethargy, unconsciousness and death may result

GENETIC DAMAGE

- possible
Drug 8

PRIMARY PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS

- reduces intraocular pressure associated with glaucoma; reduces nausea and vomiting; increases sense of well-being; general relaxed and euphoric feeling; increases appreciation of sounds and colors; dilates blood vessels; increases heart rate; broncho-dilation in moderate doses and broncho-constriction in heavy doses

POSSIBILITY OF PHYSIOLOGICAL OR PSYCHOLOGICAL DEPENDANCY

- mild; withdrawal symptoms after heavy use may include GI upset, sweating, tremors, weight loss, anorexia, irritability, restlessness and sleep disturbances

SIDE EFFECTS

- imperceptions of time; a lag between thought and reaction; increased hunger or thirst, nausea, dizziness or dry mouth; rare reports of panic reactions; short-term memory loss; postural hypotension; impairment of motor skills

PRECAUTIONS

- should not be used in conjunction with CNS depressants; can result in respiratory problems, e.g., sinusitis or bronchitis; should not use when operating heavy equipment

CONSISTENT/PREDICTABLE EFFECTS

- yes

TOLERANCE (PROGRESSIVELY HIGHER DOSAGE NEEDED FOR SAME EFFECT)

- possible

HIGH DOSAGE OR OVERDOSE EFFECTS AND POSSIBILITY OF FATALITY

- an overdose and possibility of fatality is highly unlikely although conceivable if person operated heavy equipment while motor skills impaired

GENETIC DAMAGE

- possible