

"A refreshing new analysis of drug use that reveals how common misconceptions about illegal drugs are far too often not based on empirical evidence. . . . Hart manages to add to the voluminous drug-abuse genre a radically new approach that is thought-provoking and that will certainly stimulate controversial opinions, especially among the drug-abuse treatment profession. He succeeds in 'presenting' an interesting blend of personal memoir with a critical analysis of why drugs and drug users are shunned, the role racial policies have played in this perception, and how these misperceptions have resulted in current drug-fighting approaches he views as counterproductive. Hart's personal life experience adds credibility to this important work on substance abuse that is essential for all university libraries supporting treatment curriculum and treatment professionals."

—*Library Journal* (starred review)

"Combining memoir, popular science, and public policy, Hart's study lambasts current drug laws as draconian and repressive, arguing that they're based more on assumptions about race and class than on a real understanding of the physiological and societal effects of drugs. . . . His is a provocative clarion call for students of sociology and policy-makers alike."

—*Publishers Weekly*

"Perhaps nowhere has a voice been more resonant in a single place than in Dr. Carl Hart's profoundly impacting new memoir, *High Price*. . . . In a deeply personal tone, Dr. Hart (the first black man to achieve tenure in the sciences at Columbia University) describes what one might call an idiosyncratic path into academe."

—*Ebony.com*

# HIGH PRICE

**A Neuroscientist's Journey of Self-Discovery  
That Challenges Everything You Know  
About Drugs and Society**

**Dr. Carl Hart**

HARPER PERENNIAL

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## AUTHOR'S NOTE

I'm frequently asked why I wrote *this* book, a book that reveals many deeply personal details about my life. After all, I'm an academic neuropsychopharmacologist who is trained to conduct research and teach a select group of students about drugs, behavior, and the brain. And there are few things that I value as much as my privacy. So, I certainly didn't write the book because I thought people should know more about my private life—the vast amount of personal information revealed within these pages causes me a great deal of anxiety; nor did I write it to advocate illegal drug use—that would be a colossal waste of my training, skills, and talents. Currently, there are more than 20 million Americans who use illegal drugs regularly. I think it's clear that I'm not needed as an advocate.

The primary reason that I wrote this book was to show the public how the emotional hysteria that stems from misinformation related to illegal drugs obscures the real problems faced by marginalized people. This also contributes to gross misuses of limited public resources. To shed light on the relevant issues—

including maladaptive human behaviors and misguided public policies—I use real-life examples, mainly from my own life. I hope this will help the reader to learn by example and then generalize more broadly. But I also recognize that inaccurate conclusions can be easily made if personal anecdotes alone are used. Thus, in addition to real-life examples, throughout the book I used scientific knowledge of the human mind, brain, and behavior in an effort to decrease the likelihood of the reader drawing inappropriate conclusions.

In an attempt to be as accurate as possible, I visited relatives and friends and recorded what they had to say. Some of these individuals' names have been changed in an effort to protect their privacy. After absorbing the information I'd learned from meeting with them, I'd meet with the writer Maia Szalavitz, who helped me to put together a narrative that I thought would be interesting and digestible for a general audience. I gratefully acknowledge her assistance in explaining complex scientific findings and principles to a general readership, but I take full responsibility for any inaccuracy that may have resulted from oversimplification of complicated material.

It is my hope that after reading this book, you will be less likely to think about drugs in magical or evil terms that have no foundation in real evidence. As you will see in these pages, this has led to a situation where there is an unreasonable goal of eliminating illegal drug use at any cost to marginalized groups. Instead, I hope you, the reader, will come away with the ability to think more objectively and critically about the multitude of issues that come along with illegal drug use, and will understand that by applying what we have learned about human behavior, we can change it.

## PROLOGUE

*The paradox of education is precisely this—that as one begins to become conscious, one begins to examine the society in which he is being educated.*

—JAMES BALDWIN

The straight glass pipe filled with ethereal white smoke. It was thick enough to see that it could be a good hit, but it still had the wispy quality that distinguishes crack cocaine smoke from a cigarette of marijuana smoke. The smoker was thirty-nine, a black man who worked as a street bookseller. He closed his eyes and lay back in the battered leather office chair, holding his breath to keep the drug in his lungs as long as possible. Eventually, he exhaled, a serene smile on his face, his eyes closed to savor the bliss.

About fifteen minutes later, the computer signaled that another hit was available.

"No, thanks, doc," he said, raising his left hand slightly. He hit the space bar on the Mac in the way that he'd been trained to press to signal his choice.

Although I couldn't know for sure whether he was getting cocaine or placebo, I knew the experiment was going well. Here was a middle-aged brother, someone most people would label a "crackhead," a guy who smoked rock at least four to five times a week, just saying no to a legal hit of what had a good chance of being 100 percent pure pharmaceutical-grade cocaine. In the

movie version, he would have been demanding more within seconds of his first hit, bug-eyed and threatening—or pleading and desperate.

Nonetheless, he'd just calmly turned it down because he preferred to receive five dollars in cash instead. He'd sampled the dose of cocaine earlier in the session: he knew what he would get for his money. At five dollars for what I later learned was a low dose of real crack cocaine, he preferred the cash.

Meanwhile, there I was, another black man, raised in one of the roughest neighborhoods of Miami, who might just as easily have wound up selling cocaine on the street. Instead, I was wearing a white lab coat and being funded by grants from the federal government to provide cocaine as part of my research into understanding the real effects of drugs on behavior and physiology. The year was 1999.

In this particular experiment, I was trying to understand how crack cocaine users would respond when presented with a choice between the drug and an "alternative reinforcer"—or another type of reward, in this case, cash money. Would anything else seem valuable to them? In a calm laboratory setting, where the participants lived in a locked ward and had a chance to earn more than they usually could on the street, would they take every dose of crack, even small ones, or would they be selective about getting high? Would merchandise vouchers be as effective as cash in altering their behavior? What would affect their choices?

Before I'd become a researcher, these weren't even questions that I would think to ask. These were drug addicts, I would have said. No matter what, they'd do anything to get to take as much drugs as often as possible. I thought of them in the disparaging ways I'd seen them depicted in films like *New Jack City*, and *Jungle Fever* and in songs like Public Enemy's "Night of the Liv-

ing Baseheads." I'd seen some of my cousins become shells of their former selves and had blamed crack cocaine. Back then I believed that drug users could never make rational choices, especially about their drug use, because their brains had been altered or damaged by drugs.

And the research participants I studied should have been especially driven to use drugs. They were experienced and committed crack cocaine users, who typically spent between \$100 and \$500 a week on it. We deliberately recruited individuals who were not seeking treatment, because we felt that it would be unethical to give cocaine to someone who had expressed an interest in quitting.

The bookseller was seated in a small, bare chamber at Columbia-Presbyterian Hospital (now New York-Presbyterian) in upper Manhattan; his cocaine pipe had been lit by a nurse at his side with a lighter, who also helped monitor his vital signs during the research. I was watching him and several others in similar rooms through a one-way mirror; they knew we were observing them. And over and over, these drug users continued to defy conventional expectations.

Not one of them crawled on the floor, picking up random white particles and trying to smoke them. Not one was ranting or raving. No one was begging for more, either—and absolutely none of the cocaine users I studied ever became violent. I was getting similar results with methamphetamine users. They, too, defied stereotypes. The staff on the ward where my drug study participants lived for several weeks of tests couldn't even distinguish them from others who were there for studies on far less stigmatized conditions like heart disease and diabetes.

To me, by that point in my career, their myth-busting behavior was no longer a surprise—no matter how odd and unlikely it may seem to many Americans raised on Drug Abuse Resistance

Education (DARE) antidrug programs and "This is your brain on drugs" TV commercials. My participants' responses—and those in the dozens of other studies we'd already run, as well as studies by other researchers around the country—had begun to expose important truths. Not just about crack cocaine and about addiction, but about the way the brain works and the way that pleasure affects human behavior. Not just about drugs, but about the way science works and about what we can learn when we apply rigorous scientific methods. This research was beginning to reveal what lies behind choice and decision-making in general and how, even when affected by drugs, it is influenced powerfully by other factors as well.

These experiments were potentially controversial, of course: the tabloids could have described me as a "taxpayer-funded pusher, giving 'crackheads' and 'meth-monsters' what they want."

Nevertheless, I tried to keep the sensational stuff hidden in the mantle and cold language of science in my scholarly publications. I'd published dozens of papers in important journals, had been awarded prestigious fellowships and competitive grants to conduct research, and had been invited to join influential scientific committees. I cowrote a respected textbook that became the number-one text used to teach college students about drugs; I won awards for my teaching at Columbia University. But throughout my career I mainly tried to avoid controversy, fearing it might derail me from conducting the work I so loved.

Eventually, I realized that I could no longer stay silent. Much of what we are doing in terms of drug education, treatment, and public policy is inconsistent with scientific data. In order to come to terms with what I have seen in the lab and read in the scientific literature, there is nothing else to do but speak out. Using empirical data, not just personal anecdotes or speculation, I have to discuss the implications of my work outside the insu-

lated and cautious scientific journals, which were my normal métier. Because basically, most of what we think we know about drugs, addiction, and choice is wrong. And my work—and my life—shows why.

As I monitored the people I was studying, I began to think about what had brought each of us to such different places. Why was I the one in the white coat—and not the crack cocaine smoker in the cubicle? What made us different? How did I escape the distressed neighborhoods I grew up in—and the adult lives marked by drugs, prison, violent death, and chaos that so many of my family and childhood friends have had? Why did I instead become a psychology professor at Columbia, specializing in neuropsychopharmacology? What allowed me to make such different choices?

These questions weighed on me even more heavily later in the year as I continued to conduct these experiments. Sometimes, while I watched the drug users contemplate whether to take another dose, I couldn't help thinking about some of the choices I'd made during my youth. Marvin Gaye's lyric from "Trouble Man" would run through my head, especially the lines about growing up under difficult circumstances, but eventually turning the tables to succeed. Usually, I tried to keep my past far behind me. But that part of my life had been called to my attention in an unavoidable and shocking way that spring.

Early one morning in March 2000, I was awakened by a loud banging on the door of my Bronx apartment. It was about 6 a.m.; I was in bed with my wife. We had a young son, Damon, who was about to turn five. Several months earlier, I had been promoted to assistant professor at Columbia. Life was good. As we say back home, I was feeling myself. But I also knew that word of my success had hit the streets of South Florida. Indeed, I'd recently received what I thought was an absurd letter from a

Florida court claiming that I was the father of a sixteen-year-old boy. The pounding became more insistent.

When I opened the door, I was met by a thick-necked white guy wearing an undersized suit and displaying a badge. He handed me some official paperwork and instructed me to appear before a judge. As it turned out, the boy's mother had actually gone ahead and filed a paternity suit. I'm embarrassed to say that I didn't even know her last name. But, in the fall of 1982, when I was fifteen and she was sixteen, we'd had a one-night stand. It started to come to me as I thought back; soon I had a vague memory of her signaling me to sneak in through her window to avoid alerting her mother that she had a visitor.

As the DNA test ultimately confirmed, I'd gotten her pregnant that night. For the next two years, prior to joining the U.S. Air Force, I'd lived in and around the Carol City neighborhood of Miami (known to hip-hop fans as the gun- and drug-filled home of rapper Rick Ross and his Carol City Cartel), but she had never even mentioned the possibility to me that I was the father of her baby boy. And I never even thought to ask, because I had engaged in this type of behavior in the past without noticeable consequences.

But that's the abrupt way I discovered that I had a son I didn't know—one who was being raised in the place I'd tried so hard to escape; yet another fatherless black child of a teenage mother. At first, I was enraged, horrified, and embarrassed. I thought I had at least avoided making that mistake. Here I was doing the best I could to raise the child I knew I had in a middle-class, two-parent family. I couldn't believe it. I didn't know what to do. Once I got over my initial shock, I was appalled to think about what it must have been like for my son to grow up without ever knowing his father. It really got me thinking about how I'd managed to thrive despite lacking those advantages.

I'd wanted to teach my children everything I hadn't known as I grew up with a struggling single mother, surrounded by people whose lives were limited by their own lack of knowledge. I wanted them to go to good schools, to know how to negotiate the potential pitfalls of being black in the United States; to not have to live and die by whether they were considered "man" enough on the street. I also wanted to illustrate by my own example that bad experiences like those I had as a child aren't the defining factor in being authentically black.

Now I had learned that one of my own children—a boy, whose name I learned was Tobias—had grown up for sixteen years in the same way I had, but without any of the hard-earned knowledge I could now offer.

Later, I'd discover as well that he'd taken the very path I feared most. He had dropped out of high school and fathered several children with different women. He had sold drugs and allegedly shot someone. What could I tell my sons about how I'd escaped from the streets? Could my experience and knowledge help change Tobias's downward trajectory? How did I really manage to go from being one of the black kids in the auxiliary trailer for those with "learning difficulties" in elementary school to being an Ivy League professor?

Though I now regret much of this behavior, like my newborn son I'd sold drugs, I'd carried guns. I'd had my share of fun with the ladies. I'd deejayed in the skating rinks and gyms of Miami performing with rappers like Run-DMC and Luther Campbell in their early gigs, ducking when people started shooting. I'd seen the aftermath of what the police call a "drug-related" homicide up close for the first time when I was just twelve years old; I lost my first friend to gun violence as part of the same chain of events. Indeed, my cousins Michael and Anthony had stolen from their own mother, and I had attrib-

uted this abhorrent behavior to their "crack cocaine addictions." I saw what happened as crack first took hold in Miami's poorest black communities. Falling for media interpretations and street myths about all of these experiences had originally misled and misdirected me. Some of that, as we shall see, may ironically have helped me at certain times. But more often, it was a distraction, one that prevented me and so many others in my community from learning how to think critically.

So how could I now in good conscience study this scourge of a drug, even offer it to my own people in the laboratory? In the grand scheme of things, what was really so different between what I was doing in my research and what was likely to get Tobias arrested on the street?

The answers lie in my story and the science, which reveal the untold truth about the real effects of drugs and the choices we make about them as a society. By exploring how these myths and social forces shaped my childhood and career, we can strip away the misinformation that actually drives so-called drug epidemics and leads us to take actions that harm the people and communities we presumably intend to help.