

"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."

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"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."

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"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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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.

## CHAPTER 1

# Where I Come From

*This nation has always struggled with how it was going to deal with poor people and people of color. . . . We’ve had the war on poverty that never really got into waging a real war on poverty.*

—MAXINE WATERS

The sounds were what got to me: my father shouting, “I’ll kill yo ass”; my mother shrieking; the sickening thump of flesh hitting flesh, hard. I had been playing board games—probably Operation or something like that—with three of my sisters in the bedroom I shared with my youngest brother, Ray. He was three, too young to play, but I was watching him, keeping him out of trouble. The fierce Miami sun was setting and we could tell the fighting was getting worse because my parents had moved from their bedroom, where they tried to keep things private, into the living room, where anything went.

It was a Friday or Saturday night and I was six years old.

Soon we could hear large objects being thrown against the walls, glass shattering, long, piercing screams. I had known it

was going to be a bad night when my oldest sister, Jackie, left to go home. Then thirteen, Jackie was the child of my mother's previous partner, born when my mother was eighteen, before my parents had met and gotten married. She lived with Grandmama, as we called our maternal grandmother, but during her frequent visits with us, she was sometimes able to prevent my parents from attacking each other.

Not this time. Maybe she had sensed what was coming. It was worse than ever—even worse than some of the other times when the neighbors had called the police. In 1972—long before Farrah Fawcett's *The Burning Bed* and O.J. and Nicole—the courts were reluctant to prosecute domestic violence cases, in part because they didn't want to incarcerate the family's primary wage earner, which might have left the wife and children destitute. As a result, domestic violence was a tolerated behavior and was not limited to black families. The police would eventually come and they would talk to my father. Sometimes they would tell him to go away for a bit to cool off, but they never arrested him. They saw it as private, something between a man and his woman. I felt relieved when they broke things up, but I didn't understand why the fights never stopped.

My sisters whispered to each other for a split second, then took the youngest ones by the hand and pulled us through the living room into the yard. Patricia, then nine years old, stayed behind. She often tried to play peacemaker like her big sister Jackie. The terrifying screams and crashes continued. Ten-year-old Beverly and seven-year-old Joyce tried to get me out as quickly as possible but I still saw my father hit my mother with a hammer. The glass coffee table that was usually in front of the couch was shattered. Shards of glass were everywhere. The ceramic lion that I once got grounded for accidentally dropping wielded its claws in empty menace by the front door.

I froze but my sisters dragged me along. The poster-sized photos of Martin Luther King and JFK on the living room wall looked dead in their frames. As we ran out, I looked back to see my mother collapse, bleeding, at the door that opened from the living room into the yard. What I remember most is horror. The memories themselves are disjointed, as if reflected in the splintered glass.

"My mama's dead!" one of the girls screamed. "My mama's dead!"

"Carl done killed my mama," another sister said. In my family, we never called our father Dad or Daddy, just used his first name, for reasons now lost to family history.

"Carl done caught her in the head with a hammer!" Beverly, my third-oldest sister, shrieked.

Someone, probably our next-door neighbor who'd made these types of calls before, dialed 911. An ambulance arrived and took my mother away to the hospital. At some point, her father, whom we called Pop, came to collect us and took us to our maternal grandmother's house. But no one told me how my mother was or anything about what was going on. And it didn't occur to me to ask: in our family, you didn't really raise those kinds of questions. I learned that she was alive only when she turned up a few days later, with blackened eyes and a bandage on one arm.

No crack cocaine was involved in my family life. That drug would not appear on the scene until the 1980s and I was born in 1966. There wasn't any powder cocaine or heroin, either. Alcohol, however, was definitely part of the chaos. My father never drank during the week. But weekends were his time to let go, to make up for the social and cultural isolation of his work as a warehouse manager. At the time, he was one of two black employees at his company and the only one in management. His whiskey with Coke chasers were his reward—and Friday nights were his time to hang out on the corner with his friends.



*My brother Ray (right) and me  
on Easter Sunday 1972.*

All of my parents' worst fights took place on weekends. Most were either Friday or Saturday night when he was drunk, or Sunday when he was hung over. As a result, unlike typical school-age children, my siblings and I dreaded weekends. My mom, Mary, would drink when people around her drank, but drinking wasn't a specific pursuit for her the way it was for my father. She imbibed for social reasons while he drank to get intoxicated and experience the disinhibiting effects of alcohol.

But although alcohol was involved, I now know it wasn't the real root of our problems. As a scientist, I have learned to be skeptical about the causes attributed to the difficulties that my family faced, living first in a working-class and later in a poor community. Simple factors like drinking or drugs are rarely the whole story. Indeed, as we know from experience with alcohol, drinking itself isn't a problem for most people who do it. As we

will see, the same is true for illegal drugs, even those we have learned to fear, like crack cocaine and heroin.

While I could tell my story without highlighting what I've learned about these issues, that would merely perpetuate the misinterpretations that misguide our current thinking. To truly understand where I came from, you have to understand where I wound up—and how mistaken ideas about drugs, addiction, and race distort the way we see lives like mine and therefore, how society addresses these questions.

First, in order to understand the nature of influences like alcohol and illegal drugs, we need to carefully define the real nature of the problems related to them. Knowing that someone uses a drug, even regularly, does not tell us that he or she is "addicted." It doesn't even mean that the person has a drug problem.

To meet the most widely accepted definition of addiction—the one in psychiatry's *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM*—a person's drug use must interfere with important life functions like parenting, work, and intimate relationships. The use must continue despite ongoing negative consequences, take up a great deal of time and mental energy, and persist in the face of repeated attempts to stop or cut back. It may also include the experience of needing more of the drug to get the same effect (tolerance) and suffering withdrawal symptoms if use suddenly ceases.

But more than 75 percent of drug users—whether they use alcohol, prescription medications, or illegal drugs—do not have this problem.<sup>1</sup> Indeed, research shows repeatedly that such issues affect only 10–25 percent of those who try even the most stigmatized drugs, like heroin and crack. When I talk about addiction in this book, I always mean problematic use of this sort that interferes with functioning—not just ingesting a substance regularly.

So why is our image of the illegal drug user so negative? Why do we think that drug use is addiction and that degradation is the primary result of taking drugs? Why do we so readily blame illicit drugs for social problems like crime and domestic violence?

Part of what I want to do here is look critically at why we see drugs and their users the way we do, the role racial politics has played in this perception, and how that has led to drug-fighting tactics that have been especially counterproductive in poor communities. I want to examine the way we ascribe causes to people's actions and fail to acknowledge the complexity of the influences that guide us on the paths we take through life. I want to explore the research data that is often used to back the claims that people make about drugs, addiction, and racism and reveal what it can and cannot tell us about these issues. By looking at how these issues affected my own life, I hope to help you see how mistaken ideas impede attempts to improve drug education and policy.

However, before proceeding I also need to clearly define one more term: *racism*. So many people have misused and diluted the term that its perniciousness gets lost. Racism is the belief that social and cultural differences between groups are inherited and immutable, making some groups inalterably superior to others. While these ideas are bad enough when lodged in the minds of individuals, the most harm is done when they shape institutional behavior, for example, that of schools, the criminal justice system, and media. Institutionalized racism is often much more insidious and difficult to address than the racism of lone individuals, because there's no specific villain to blame and institutional leaders can easily point to token responses or delay meaningful action indefinitely. I hope to shed some light on how that works here—but I never want to give the impression that I am overemphasizing its force or exaggerating when I use that

word. I mean precisely the role that the belief in innate racial inferiority plays in shaping group behavior.

By looking closely at all these factors, I hope to understand what forces held me back in my early educational experiences and what pushed me forward; what early influences were positive and which were negative; what happened by chance and what happened by choice; and what helps and harms children who face the same kind of chaos that I did. What allowed me—but not many of my family members and friends—to escape chronic unemployment and poverty, and to avoid prison? Can I give my own children the tools that worked for me? How do drugs and other sources of pleasure interact with cultural and environmental factors like institutional racism and economic deprivation?

It became clear to me quite early in life that things are often very different from the way they seem on the surface; that people present very different faces to the world at work, in church, at home, and with those they love most. That complexity is also found in some interpretations of research data. As citizens in a society where there are many people with varying agendas trying to wrap themselves in the cloak of science, it's important to know how to think critically about information that is presented as scientific, because sometimes even the most thoughtful people can be duped.

I want to explore with you what I've learned, especially the importance of empirical evidence—that is, evidence that comes directly from experiments or measurable observations—in understanding issues like drugs and addiction. Importantly, such evidence is reliable and experiments are designed to avoid the bias that can come from looking at one or two cases that may not be typical. The opposite of empirical evidence is anecdotal information, which cannot tell us whether the stories told are outliers or are ordinary cases. Many people rely on personal

anecdotes about drug experiences to try to understand what drugs do or don't do, as if they are representative cases or scientific data. They are not. It is easy to get bamboozled if you do not have specific tools for critical thinking, such as understanding different types of evidence and argument. I'll share these tools throughout this book.

All that said, what I do know for sure is that in my neighborhood, long before crack cocaine was introduced, many families were already being torn apart by institutional racism, poverty, and other forces. In his classic book *World of Our Fathers*, Irving Howe reminded us that the pathology seen in neighborhoods like mine was not unique to black communities. Many early immigrant Jewish families from Eastern Europe were disrupted by hostilities faced from other groups and poverty, which required family members to work different schedules and made it impossible for them to spend time together. Some were required to conceal or abandon their religious beliefs and customs in order to obtain marginal employment. As a result, it's not surprising that many early Jewish immigrant communities were plagued by crime, men abandoning their wives, prostitution, juvenile delinquency, and so forth. When these things happened in my neighborhood in the 1980s and 1990s, crack was blamed. For example, although crack is often blamed for child abandonment and neglect and for grandmothers being forced to raise a second generation of children, all those things happened in my family well before crack hit the streets.

My own mother, who was never an alcoholic or addict of any type, left me and the rest of her children to be raised by her relatives for more than two years during my early childhood. Some of my siblings were not raised by her at all. My maternal aunts also frequently relied on my grandmother for long-term child care. But none of these relatives ever touched cocaine or had any other addictions.

Although Lyndon Johnson's War on Poverty had helped bring the percentage of black families living in poverty down from 55 percent to 34 percent between 1959 and 1969,<sup>2</sup> that progress began to be reversed during my childhood. Unemployment among urban black men rose throughout the 1970s, reaching 20 percent by 1980.<sup>3</sup> The rate for blacks has always been at least double that for whites—and studies find that this bias tends to persist, even when blacks are equally or even more qualified than whites.

And so, atop this clear example of institutionalized racism, job losses driven by industrial contraction and cuts in social services under President Ronald Reagan created vulnerable communities. High unemployment rates were indeed correlated with increases in crack cocaine use, it's true: but what's not well known is that they preceded cocaine use, rather than followed it. While crack cocaine use has been blamed for so many problems, the causal chain involved has been deeply misunderstood.

Indeed, much of what has gone wrong in the way we deal with drugs is related to confusing cause and effect, to blaming drugs for the effects of drug policy, poverty, institutional racism, and many other less immediately obvious factors. One of the most fundamental lessons of science is that a correlation or link between factors does not necessarily mean that one factor is the cause of another. This important principle, sadly, has rarely informed drug policy. In fact, empirical evidence is frequently ignored when drug policy is formulated.

We will see this most clearly when we examine the penalties for crack and powder cocaine and explore the disconnect between spending on law enforcement and prisons and drug use and addiction rates. Crack cocaine, for example, was never used by more than 5 percent of teenagers, the group at highest risk of becoming addicted. Risk for addiction is far greater when drug use is initiated in early adolescence versus adulthood. Daily use

of crack—the pattern showing the highest risk for addiction—never affected more than 0.2 percent of high school seniors. A 3,500 percent increase in spending to fight drugs between 1970 and 2011 had no effect on daily use of marijuana, heroin, or any type of cocaine. And while crack has been seen as a largely black problem, whites are actually more likely to use the drug, according to national statistics.<sup>4</sup>

Indeed, when I first learned about actual crack cocaine use rates and the race of most crack cocaine users—among the many other false claims made about the drug—I felt betrayed. I felt like the victim of a colossal fraud, one that had been perpetrated not only against me but also against the entire American people. To understand my story, we need not just to understand the results of one policy but also to explore some of the ways drug strategies have been used for political ends.

As Michelle Alexander brilliantly explains in her magisterial analysis, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, American drug policy has often intentionally masked a political agenda. The use of drug policy to “send a message” about race was a key part of Richard Nixon’s infamous Republican “southern strategy.” That strategy was aimed at winning the South for Republicans by exploiting white fear and hatred of blacks in the aftermath of Democratic support for the civil rights movement. It made words like *crime*, *drugs*, and *urban* code for black in the eyes of many white people. Consequently, it gave legitimacy to policies that appeared to be color-blind on the surface but in reality inevitably resulted in increased black incarceration and disenfranchisement. Even as later administrations continued this so-called war on drugs without necessarily having the same goals, the biased results remained the same.

Indeed, all of the outcomes of these policies—the wasted potential of people behind bars, the shattered families, the miss-

ing fathers, the violence seen in the drug trade, even high unemployment rates for black men—were soon being blamed on the nature of crack cocaine itself. I myself agreed with this view in my twenties, even though, as we’ll see, my own experience should have made me question it. But in fact, these problems were either worsened or actually created by political choices in economic and criminal justice policy. The policy decisions and misconceptions about the dangers of drugs devastated my generation while we ourselves were blamed for their outcomes. Before I became a scientist, I bought right in.

Meanwhile, the real problems that had made our communities vulnerable to many social ills remained absent from public debate and unaddressed. They are visible in stories like mine, but only if you know where to look and how to think carefully about the problem. It took me many years to understand it. Unfortunately, many people—both blacks and whites—fell for the idea that crack cocaine was *the* key cause of our problems and that more prisons and longer sentences would help solve them.

And now, even though crack cocaine is no longer a major political or media concern, one in three black males born after 2000 will spend time in prison if we don’t shift course drastically.<sup>5</sup> My youngest son, Malakai, is in this age group and I am doing my damndest to protect him by exposing the injustice of this situation.

Of course, children have no understanding of the larger forces that shape their lives—and I certainly didn’t know what was going on as the 1970s turned into the 1980s and the maelstrom of economic, political, and criminal justice upheavals of the era began to shred the lives of everyone around me. In fact, I was about to be miseducated on virtually everything about drugs, crime, and the causes of neighborhood strife, including the ongoing domestic violence that would soon shatter my own family.