

STUDENT WORK EXAMPLES: ADJUSTING REGISTER

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Understanding Addiction

Two of my closest friends were addicted to substances and they attempted to kill themselves in my sophomore year. While they were trying to recover, they got kicked, or counselled, out.

At the time, our community treated drug use with punishment: disciplinary hearings; suspension; expulsion. Disciplinary committees invited students to inform on each other, demanded that those caught tell the ‘truth’ about their actions and sources, and propagated an atmosphere of condemnation, fear, and reckoning. It seemed like the plan was to punish the way to deterrence.

I became intensely interested in the research on addiction. I read Johann Hari’s book, *Chasing the Scream*, Maia Szalavitz’s *Unbroken Brain*, Sam Quinones’s *Dreamland*, and a score of other books and articles. A lot of these texts examine the War on Drugs and the flow of drugs into the United States. *Chasing the Scream* and *Unbroken Brain* examine addiction, and the intersection of these two texts destabilizes many of our common-sense understandings of addiction, and suggest alternatives for treatment to the harsh punishments of Zero Tolerance policies and the War on Drugs.

In *Chasing the Scream*, Johann Hari argues that the way we look at addiction is wrong. What I used to believe, and what is a common misconception, is that there are chemical hooks in drugs that make users addicts. This is partly true. Coffee, for instance, and tobacco, create very real cravings for caffeine and nicotine. It turns out, according to Hari, though, that it is not chemical hooks that usually lead to repeated drug use. It is more often an environment of loneliness, boredom, or trauma.

Hari explains that the notion that addiction stems from chemical hooks came from a series of experiments done in the twentieth century with rats. Reinerman and Levine wrote about this famous study in their book, *Crack in America*. A single rat was put into a cage, and given access to unlimited quantities of cocaine or morphine through a drugged water source. Rat after rat would use compulsively until it died.

It turns out, though, that the environment the rats were in was even more significant than their access to drugs. Hari describes another, follow up study, done in the 1970s by Professor Bruce Alexander. Alexander hypothesized that the conditions these rats were living in mattered. So, he built what he dubbed “Rat Park.” Hari calls Rat Park a paradise. “Within its plywood walls, it contained everything a rat could want – there were wheels and colored balls and the best food, and other rats to hang out with.” Like the rats in earlier studies, rats in Rat Park had access to water, and to water laced with morphine. The rats in isolation used until they killed themselves. The rats in Rat Park barely touched the drugged water. Not a single one became addicted or overdosed. As Alexander declared, “these guys have a complete total twenty-four-hour supply, and they don’t use it” (172).

The implications of Rat Park are that it is not solely what is in drugs that leads to dependency. As Hari puts it, “it isn’t the drug that causes the harmful behavior – it’s the environment” (174). The reason the rats in Reinerman and Levine’s experiment became addicted was because they were compelled to live in conditions of isolation. In fact, their isolation was so extreme that it can be described as traumatic. “The biggest drivers of addiction,” according to Hari, are “isolation and trauma” (271).

You can’t talk about Hari’s thesis without talking about Portugal, which Hari uses as a case study. In 2001, Portugal was facing a state of emergency due to the number of people who were addicted to heroin. Out of every hundred people, one was addicted to heroin. Not just using or experimenting. Addicted.

Here’s what the political leaders of Portugal did: The Prime Minister and the leader of the opposition got together. They gathered an independent team to look at the problem in a more sophisticated way. The panel

reported back that, “drug users should be treated as full members of society instead of cast out as criminals or other pariahs.” Portugal decriminalized all drugs, from crack cocaine to cannabis. Where they had been spending 90% of their money on policing and punishment, and 10% on treatment and prevention, they reversed these percentages. They gave tax breaks to employers who would give opportunities to recovering users. They put all their efforts into treating drug users and pushing recovering drug users back into society (238).

What happened next is nothing short of astounding. Across the board, problematic drug use declined. According to Hari, “in the years since heroin was decriminalized in Portugal, its use has been halved – while in the United States, where the drug war continues, it has doubled.” The level of cocaine use in Portugal is now at almost half of the EU average. Most importantly for schools, “children aged 15-16 reported one of the lowest lifetime prevalence of cannabis use in Western Europe” (249).

If it were drugs alone that were the problem, then decriminalizing and destigmatizing them should make the problem of addiction worse. But it didn’t get worse, it got better. Instead of punishing drug users, Portugal took away the environment of isolation, shame, and punishment and substituted environments of caring, healing, and love.

Portugal reversed its drug problem.

Hari’s argument that it is environment and trauma that leads to addiction is simple, compelling, and important. It’s not the full story of addiction, and to be fair, it doesn’t try to be. Hari is most concerned with the story of the War on Drugs, and he talks about the story of addiction because that is part of the story of the War on Drugs.

A nuanced extension of the narrative of addiction is given by Maia Szalavitz. In *Unbroken Brain*, Szalavitz suggests that addiction is a learning disorder, so that environment and trauma are only part of the equation of why people become addicted. Addiction is generally defined as continued compulsive use despite ongoing negative consequences. What Szalavitz suggests is that there is some kind of breakdown in the learning process, because otherwise, why would people who have ongoing negative consequences (such as impaired ability to connect, damaged relationships, ill health, etc) continue to use?

Szalavitz reinforces Hari’s idea that environment and trauma are crucial to drug addiction. Like Hari, Szalavitz examines Rat Park. She is particularly interested in how rats that had been forced to become physically dependent on drugs, and who had learned that drinking drugged water would ameliorate withdrawal symptoms, still turned away from drugged water once they were in the community of Rat Park. For Szalavitz, the environment of a cage, with its lack of companionship or recreation, was a traumatic environment that made them vulnerable to addiction.

But Szalavitz also adds in a genetic component to addiction – that “some brains are more vulnerable to it than others as a result of genetic predispositions, which affect development in utero and beyond” (37). Essentially, she suggests that a kind of over-learning happens. People with addiction, according to Szalavitz, repeat drug use because the learned relationship with the drug is skewed – the adaptive response becomes maladaptive, so that the original purpose, such as achieving comfort or support, no longer functions, but the user continues to compulsively use.

Szalavitz suggests that the environment, besides causing trauma, also determines how genetic traits express themselves (epigenetics).¹ This theory explains why rats recovered from addiction in Rat Park, but used until they died in conditions of trauma. “At least two thirds of addicted people have suffered at least one extremely traumatic experience during childhood,” says Szalavitz (65). Moreover, the more extreme the trauma, the more extreme the addiction.²

1 Epigenetics posits that how DNA is expressed can change, based on environment. Szalavitz explains that epigenetics involve which genes will be “turned on” and which “will remain silent” (66).

2 “Studies of what are known as “adverse childhood experiences” (ACEs) show a linear relationship between the number of such traumas and addiction risk. Even just one extreme adversity - like losing a parent or witnessing domestic violence - before age 15 doubles the odds of substance use disorders according to a study of the entire Swedish population” (65)

In an interview with Terri Gross on *Fresh Air*, Szalavitz explains that people develop an addiction over time, by taking drugs in specific doses, in a specific setting, in a kind of specific dosing schedule that frames how they respond to those drugs. Not every person will respond to drug use in the same way. She explains the nexus of conditions that leads to addiction more fully in *Unbroken Brain*:

To learn addiction, a person must choose to continue using - and such learning through repetitive dosing is most likely if a person is already short of coping skills, extremely stressed and disconnected socially, suffering from childhood trauma, predisposed to mental illness, or otherwise genetically or environmentally vulnerable (273).

Szalavitz's research on genetics and addiction doesn't suggest that addiction is a specific inherited gene, but it does suggest that there are significant inherited traits or predispositions that play into the likelihood of addiction. Studies of alcoholism, in particular, show that people whose parents tended towards alcoholism are more likely to be vulnerable, regardless of environment or trauma. "Children of alcoholics," Szalavitz states, "have a risk of developing alcoholism that is two to four times greater than that found in the general population, even if they are adopted by nonalcoholics or raised by parents in recovery" (81).

Szalavitz devotes whole chapters to physical dependence, tolerance, and sensitization. These issues are essential to understanding recovery from addiction. Physical dependence is important because it helps us make distinctions between how addiction is often portrayed and what it is. There are, for instance, blood pressure medicines that create a dependency so strong that withdrawal would be fatal. But obviously that doesn't qualify as addiction. Humans are physically dependent on water, and food, but we wouldn't define that as addiction. When we talk about coffee, for instance, a lot of people will say that they are addicted to coffee. But the vast majority of coffee users are *not* addicted to it; they have a physical dependency. They *can* stop and often do, for short or long periods, for a variety of reasons.

Physical dependence matters because any drug can develop dependence, and treating physical dependence itself will not treat addiction. Thinking of addiction as physical dependency perpetuates a pharmacological theory, that it is simply the hooks in drugs that create addiction. Both Hari and Szalavitz insist that the most important treatment mitigates trauma and isolation. Szalavitz also says that understanding the role of tolerance and sensitization are significant in understanding ways to treat addiction.

Let's start with tolerance. Soldiers, for instance, stop ducking every time they hear a cannon shot, if nothing bad happens when they hear that sound. Szalavitz refers to a Nobel prize winning study on sea slugs done by Eric Kandel.³ When Kandel stimulated the siphons of sea slugs in a non-painful way, initially, they retracted their siphons. But over time, they stopped retracting their siphons. That's tolerance. In the same way, a New Yorker might stop hearing the sound of sirens, and stop pulling over quickly at that sound – a sound that a driver who wasn't habituated to it (who hadn't learned a tolerance to it), would find frightening.

Tolerance matters to understanding addiction because of how it shapes treatment. The most successful care for opiate addiction is maintenance dosing. If you take the same small dose of methadone at the same time, each day, you develop a tolerance for it, which is a good thing, because you won't get high off of it. The dose keeps you from craving something stronger, but doesn't create a high that significantly alters behavior. A common misconception, for instance, is that trading heroin for methadone is like trading vodka for gin—that you are substituting one high, and one substance addiction, for another. That comparison, though, reflects a few key misunderstandings. What's really happening is that you are trading an addiction for a physical dependency. And tolerance means that this physical dependency doesn't get you high in any significant way. It's a good trade.

The second issue is sensitization. Sensitization is the opposite of tolerance. Sensitization has to do with memory and amplified response. Besides testing sea slug siphon retraction due to non painful touch, Kandel

3 Eric Kandel won the Nobel prize in 2000 for his work with sea slugs, which demonstrated a learned memory, or sensitization to stimuli. Szalavitz shows that with sensitization and addiction, learning happens in implicit, unconscious ways.

also tested their response to painful stimulation – a shock. In Kandel’s experiment, he showed that once sea slugs had been shocked, even a light, non painful touch to their tails caused them to quickly retract their siphons – they carried forward a memory of the pain response, so that even the light touch was amplified. That’s sensitization.

In the same way, if you take large doses of a drug, or take it in unpredictable or varied ways, sensitization develops. Most street users take whatever high doses they can, whenever they can, which creates an erratic pattern. It prevents tolerance and increases sensitization. What’s awful about this for people who use drugs is that even if they start using less, their body still responds in the same way. In fact, it turns out that “good” effects of drugs are often lessened, even as bad effects continue to emerge.⁴

In *Unbroken Brain*, Szalavitz quotes Berridge and Robinson, who show that sensitization leads to craving, but not pleasure, increasing. Szalavitz argues that one reason that it is so hard to get off of drugs is that “because addiction escalates wanting more than liking, the drug experience gets carved into your memory” – the seeking becomes a kind of craving (116). Learned stimulants such as artifacts, emotional states, or environments can come to drive cravings. It’s also harder to unlearn than to learn, when you are unlearning pleasure responses. It’s easier to learn about seeking pleasure than it is to learn about giving up pleasure.

Szalavitz shows that human beings need a balance of tolerance and sensitization in any learning process. But with addiction, the process of tolerance and habituation become skewed, so that, as Szalavitz puts it, “the joy leaches out of the drug experience, and even other pleasures become muted” and yet we keep using the drug (118). Thinking of all of this as a learning disorder is, admittedly, opaque. To read Szalavitz is to consistently feel as if you are almost ‘getting’ what she is saying, without being able to fully elucidate it. She summarizes as:

Addiction isn’t just taking drugs. It is a pattern of learned behavior. It only develops when vulnerable people interact with potentially addictive experiences at the wrong time, in the wrong places, and in the wrong pattern for them. It is a learning disorder because this combination of factors intersects to produce harmful and destructive behavior that is difficult to stop (134).

What Szalavitz suggests here, is that not everyone will respond to the same environment, or to the same drugs, in the same way. Some learn in dysfunctional ways, that lead to addiction.

All of this nuanced history and explication on the part of Hari and Szalavitz matters because of the implications for how we think about the treatment of addiction. Here’s where Szalavitz’s and Hari’s ideas come together, even if for different reasons. Szalavitz mostly talks about harm reduction and changing breakdowns in learning, whereas Hari mostly advocates decriminalization and destigmatization. Both, ultimately, talk about love.

Let’s start with Hari’s analysis of the problems with the War on Drugs and how it has shaped the pathologizing of drug users in a way that prevents healthy treatment. If you accept Hari’s research that conditions of isolation and trauma are causal for addiction, then increasing those conditions is counter-productive for treating addiction. The War on Drugs, and its correlative of Zero Tolerance in institutions (such as high schools), are built on the idea that you can punish your way to deterrence. Yet addiction is literally defined as a condition that is resistant to punishment.

Punishing drug users also presumes that drug use is a free choice, and that users could just ‘stop’ if they chose—yet the conditions that led to drug use (trauma and isolation, and if you add in Szalavitz, genetic predisposition) are not ones of choice.

4 Szalavitz explains that pleasure can be produced through wanting and liking. Stimulants in particular create more sensitization. Opiates create more tolerance. Steady state dosing on Ritalin, for example, will not produce tolerance. Sensitization primarily affects the dopamine system—feelings of desire (wanting) are elevated, but satisfaction (liking) are not. Wanting is critical to learning, but liking is less so. Wanting is what makes you repeat experiences. Addiction escalates wanting more than liking, which is the kind of ‘overlearning’ that Szalavitz names as the learning disorder aspect of addiction.

Hari reflects that “we have built a system that thinks we will stop addicts by *increasing* their pain” (166). We attack and ostracize them, we punish and criminalize them, we marginalize and traumatize them, all of which basically guarantees that people who have turned to drugs will be driven deeper into addiction. Decriminalization, then, is inherent in any rational treatment of addiction. Instead of a war on drug users, Hari promotes the idea of a war on the conditions that lead to addiction—a war on isolation, disconnectedness, trauma.

Both Hari and Szalavitz advocate avoiding a moralistic stance on drug use. Szalavitz specifically warns against programs like AA, because of the way they manifest as moralistic. She asks if you can imagine any other medical treatment, such as that of cancer, suggesting that you pray to a higher order. Doing that with addiction suggests that addiction is a sin—that it is a personal and moral failing, rather than a disorder. She also takes issue with the way AA suggests it’s important for the person struggling with addiction to hit ‘rock bottom.’ Szalavitz argues that you do not need to, nor should you hit ‘rock bottom,’ and that the idea of rock bottom is dangerous. The idea that someone who uses drugs needs to bottom out leads to the continued withholding of love and compassion, and even interventions of attack and castigation, until the person who is addicted hits bottom. Her research suggests that very few people who are addicted improve in those conditions, and that instead, you want to avoid the self-destructive stage of bottoming out, and instead offer love and support immediately.⁵

A basic tenet of 12 steps program is recognizing a lack of power or control over alcohol or drugs. This is where the distinction between disease and learning disorder become important. A disease is outside of a person’s control. A learning disorder is something you seek to understand and apply coping strategies to. As Szalavitz puts it, “the more someone believes in the idea that addiction is a disease over which he is powerless, the worse and more frequent a person’s relapses tend to be” (219). To be clear, AA does not suggest that addiction is a disease. But they do advocate a model that suggests that you don’t have any control over addiction, the same way you don’t have any control over a disease.

Szalavitz thinks that, in fact, people with addiction can achieve power, by learning – relearning their relationship with drugs in healthier and more productive patterns. “All drug users,” she says, “including those who are actively addicted, can learn, if taught and provided appropriate support” (232). Those supports come first by improving the conditions that lead to addiction. One way that she suggests we start this process is through harm reduction. By this, she means, broadly speaking, reducing the harm of drug use, so, things like needle exchange, and designated drivers. Harm reduction means common-sense responses that minimize damage to users and people around them. At first glance, harm reduction would not seem to treat addiction – but it does, in fact, through destigmatizing and reducing danger, which increases understanding and community, and thus ameliorates the conditions that lead to drug use.

Naysayers will argue that these kinds of programs send the wrong message—a kind of implicit condoning of drug use. Here’s how Szalavitz responds:

Needle exchange and harm reduction don’t say: Go on and kill yourself with drugs, no one cares. They tell people—both drug users and non-users—that everyone deserves life and dignity and that being addicted shouldn’t be a sentence of death or exile from humanity (236).

Harm reduction is, for Szalavitz, a kind of love. It is the opposite of tough love. It is a kind of unconditional kindness that gives hope through acceptance and community. It’s this kind of love that both Hari and

⁵ Szalavitz says that “while recovery stories are often told as though they result from sudden insight that prompts life-altering action studies find that psychological breakthrough are not the typical path to change and rarely lead directly or in any linear way to alterations in behavior” (14). AA also wants to avoid the kind of love and support that might enable people with addiction—so, for example, any kind ‘covering’ for a loved one, or providing emotional support that shows love for someone who continues to use is perceived as enabling. For AA, that kind of enabling creates a codependency that dis-enables the person with addiction. What’s pernicious and dangerous about this theory of codependency is how it frames codependency as a terrible thing instead of a useful and even needed stage.

Szalavitz suggest will make the biggest difference in addiction. In his Ted Talk on addiction, Hari says this: “I think the core of the message – you’re not alone, we love you – has to be at every level of how we respond to addicts, socially, politically, and individually. For one hundred years now we’ve been singing war songs about addicts. I think all along we should have been singing songs of love to them, because the opposite of addiction is not sobriety. The opposite of addiction is connection.” Szalavitz echoes this sentiment, saying: “Love and addiction are alterations of the same brain circuits, which is why caring and connection are essential to recovery” (7).

If all of this research is so clear, you might wonder how we ended up with extreme criminalization and stigmatization, with the War on Drugs and Zero Tolerance policies. There is another element to this entire explication. That element is that the narratives of drug use and the War on Drugs are neither neutral nor medical. There is a master narrative that is racially charged and political, that benefits some (such as organizations and political parties that increase their revenue and power by demonizing certain drug use and drug users).⁶

A master narrative of addiction and addicts is that it is “typically” a problem prevalent among minorities and the poor, and that these groups also prey on vulnerable white teens. Yet Szalavitz shows that that “whites use drugs”⁷ ●

6 Dan Baum’s article in *Harpers* is one of the most succinct descriptions of the overtly racist agenda of the early War on Drugs. Baum quotes Ehrlichman, who was assistant to President Nixon on Domestic Affairs and a huge part of Watergate. In his interview with Baum, Ehrlichman said “You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.” Dan Baum, “Legalize it All: How to Win the War on Drugs.” *Harpers*, April (2016), 22.

7 In *The Postmodern Condition*, Lyotard explains that a master narrative is one that is not the truest, but it is the most visible, and often, honored. A master narrative like this one feeds into an oppressive discourse that benefits some (affluent whites) over others (minority groups and the poor).

Dear Administration and Parent Board,

I'm writing to ask you, to beg you, to reconsider our zero-tolerance-instant-expulsion policy for drug use. I'm asking because there is new research that suggests this kind of draconian response can damage kids, forever, when they most need their community – this community.

Let's be frank. Our school, like almost all schools in America, has a drug problem. To frame the problem of *our* students using drugs, I want to give you some stories to help you see this issue from the inside. The reason I want you to not only encounter but try to enter these stories is that the students who are doing drugs may not be who you think they are, or be in their own hearts as others see them.

Let's begin by imagining, if you can, what it feels like to be a student in our school who has been accused of drug use and who may have used drugs.

This student gets to school and gets his bag searched. He's late to class then, so the teacher pulls him aside, already "disappointed in him." He goes to the bathroom and teachers go in after him, to "check on things." When he walks out, he gets pulled aside again, by a teacher or by security. They check his bag. They smell his clothes. He walks the halls and is treated with suspicion by kids, by faculty, by security. "Ah, Jackson," you are thinking, "you overstate the case." No, I understate it. This is a daily pathologizing reality.

For right now, hold that feeling, of being that kid who has been searched and smelled and followed by teachers and rejected by students. Imagine what a year of those kinds of days would feel like from inside. Understand that, and you'll understand a little about the need we have for human connection, and about the terrible, willful ignorance it is to refuse empathy.

Let's imagine another scenario.

You've been at the school for years and you think you give a lot to your school. You wake early in the damp, cold winter mornings. You are not going to do drugs on the street, you're going to morning basketball practice, hours before a lot of other kids are even awake. You run and you sweat. You work physically hard, for an hour or more, then you begin the school day. That's when it gets hard. It doesn't really feel like a place where you perfectly belong, or where you know exactly how to be. There's an endless monotony to the day. Other kids seem to find it easier. There's a way to feel better though. You slip into a bathroom. You sit inside a stall and, quietly, you use something. It might be some tobacco, nestled inside your lip. It might be nicotine, which you inhale, the way your parents smoked when they were young. It's something small, which takes the edge off. As you soak it in, remind yourself that you have to go back, back into the halls and classrooms, not just today but every morning and every afternoon of every day of the year for as long as you can do this.

Now picture, if you can, what it would be like to be a ninth grader in a bathroom, in the minute between classes, with a student who is older than you by at least a year (a Medici sovereignty of status in high school), who offers you an e-cig filled with nicotine. It's a relatively harmless substance, not illegal for adults. You see adults, in fact, all over the city using these openly.

Picture that moment, standing with a student whom you admire, that moment when you can do something small, that will forge a bond. You know that it's forbidden, but it seems like a very small bad thing, and the kid you want to connect with is right there. Please don't condemn that teen, for getting into that situation, or for not handling it better. She may not handle it well because it is a difficult situation. She may have gotten into it by being a young adult in a high school in New York City.

One last story, a small one, but it's important to me. It's a conversation that I find myself in again and again with other students. I ask that peers suspend judgment, that we call upon pools of compassion, and I find those pools empty. Students say to me that "these kids" shouldn't be in our school. Students I trust and like and respect say they are disappointed in me because I don't give up friends. Students refuse to discuss these issues with me because "I'm one of them." I seek oceans of empathy, and find the desiccated harshness of the desert.

This is what it feels like: a student's perspective on policy effects.

Our community currently, visibly, treats drug use with punishment: disciplinary hearings; suspension; expulsion. Oh, and those are combined with secrecy. I think that two students have been expelled or asked to

leave this year for drug use, but I'm not completely sure of the circumstances. Their actions and their treatment are shrouded. It's understandable, the need to protect students' reputations. When students are here, and then not here, however, that creates its own issues. There's a sense for the rest of us of imagined peril that is distinctly unsettling. We don't know what is going on. We don't know how to act or what to learn from the disappearance of peers. We know only that some of our peers are gone from the community, and that next, it could be us. It's a menacing atmosphere, one that frightens and divides. We are learning lessons, but perhaps not the ones that you intend.

The system as it is evolving feels to us like one in which students are invited to inform on each other. Students who are caught at something are asked to tell the 'truth' about their actions and sources, when that truth is damaging and scary. It feels like a propagated atmosphere of condemnation, fear, and reckoning. It seems like the great hope is to punish our way to deterrence. We get it. I get it. The reason these solutions seem enticing is that they treat the immediate symptoms of a school drug problem. They offer what seems a simple solution: get rid of students who have these problems, and you will eliminate the drug problem. For us that means: get rid of some of us, and the school will be better for the ones who remain.

It's an awful feeling for those of us remaining, and it's an even more awful feeling for the ones who have left. You kick or counsel a student out of our school and it will feel (and it may be true) that you have ruined that child's life.

It doesn't matter if to the surrounding adults, an expulsion or invitation to leave is considered something temporal. To the student, to one of *us*, it is everything. I'm haunted by what happened to Teddy Graubard. He was a star physics student at Dalton. Junior year, *once*, he cheated on a Latin test. Catching him in the act, his teacher had a brief conversation with him, arranged to get back to him later, and left him to his own devices. I feel a physical pain by imagining his tortured thoughts. Would they put a note in his permanent record? Would they make an example of him? Would his family and friends find out? Whilst adults did what they did, they left Teddy alone. He went to the eleventh floor and jumped from a window. Trauma followed by isolation followed by despair.

You can't do this to kids. We're doing this *right now*.

I know, you're thinking this is an exaggeration. I'm telling you that this is what it feels like, and it feels scary and awful. We find a student who uses. Do we whisk that student into a safe environment, cocooning this student in layers of support and treatment? No. We cocoon that student in layers of trauma. Discipline procedures, including inquisitions that ask a troubled teen to somehow miraculously show good judgment and integrity in the midst of trauma. Secrecy. And then sometimes, giving the student the ultimate rejection – pushing him or her out of the school. In that single act, we pronounce a judgment that is final and awful. We reject the entire human being.

Please don't do this. Don't push out kids who need help. Don't isolate and punish kids who may become brilliant members of our community. Somehow we are sliding into a policy of punishment and isolation. We say it is to protect the community, and to deter drug use, which is, after all, illegal. But the simple truth is that research doesn't back up the claim that punishment acts as a deterrent for drug use. The research on how trauma plays a role in drug use and addiction has grave implications for our current treatment of students. In fact, what we're doing is the worst possible thing. We are driving students who might be occasional users, who have experimented with substances in mild ways, into conditions of isolation and humiliation: the very conditions that lead to increased drug use. These students are being irresponsible. No one argues with that. They are misguided. Maybe. They are making mistakes. Certainly. But crucially, *they are teenagers*. They are not criminals or write-offs, or even a danger to others. Isolating them is only adding to the likelihood that they seek a solace from substance that they are not finding from their fellow humans.

I promise you, we need to rethink how we're going about this problem. We need to spend more effort on helping students develop skills to deal with a reality that will not go away and from which you cannot protect them forever.

There are solutions which can help us!

In order to understand my argument, you have to understand something about why people use drugs. Johann Hari, a reporter for *The Independent*, the *New York Times*, and *Slate*, and author of *Chasing the Scream: The First and Last Days of the War on Drugs*, spent years investigating this topic, and he shows that virtually everything people think they know about drugs, drug use, and drug policy is wrong.

What I used to believe, and what is a common misconception, is that there are chemical hooks in drugs that make users addicts. This is partly true. Coffee, for instance, or tobacco, creates very real cravings for caffeine or nicotine. It turns out, though, that the real reasons that people return to drugs are environments of loneliness, boredom, and unhappiness. People use drugs because of isolation and trauma.

Hari shows that the idea of addiction stemming from how drugs hook the user came from a series of experiments done in the twentieth century with rats. Reinerman and Levine wrote about this in a famous study. A single rat is put into a cage, and given access to unlimited quantities of cocaine or morphine. Rat after rat, once it tried the drugged water, would use compulsively until it died. The thing about research, though, is that it evolves. We know more about radiation now than Marie Curie did, which is why we wear lead vests when we get x-rays. We know more about drug use as well. The sequel to the rat in a cage study was done in the 1970s by Professor Bruce Alexander.

Alexander questioned whether it was the chemical which drove rats to use, or if it was something else. He hypothesized that the conditions these rats were living in mattered as well. So he built what he dubbed “Rat Park.” Hari calls Rat Park a paradise. “Within its plywood walls, it contained everything a rat could want – there were wheels and colored balls and the best food, and other rats to hang out with.” The rats had access to water, and to water laced with morphine. The rats in isolation turned to the laced water and used until they killed themselves. The rats in Rat Park barely touched the drugged water and not a single one became addicted or overdosed. The rats went from an almost 100% overdose rate to a 0% overdose rate.

Rat Park teaches us that we are going about dealing with drug use at our school in exactly the wrong way. We isolate, we investigate, and we punish. We try to create a barrier between students who are accused of (and who may be) using drugs, and other students. We withdraw the community.

When you isolate any creature, it seeks solace, and it will take that solace through drugs if those are available. But, as Hari puts it, “it isn’t the drug that causes the harmful behavior – it’s the environment.” It is not that hooks in chemicals don’t play a role in drug use and addiction. They do. It’s just that isolation plays a far greater role.

Hari shows that you can quantify the role that chemical hooks play. When the nicotine patch first came out, everyone thought it would solve the problem of smoking. Smokers could get their fix from the patch. But only 17.7% of people who try the patch quit smoking. They are smoking for more than the nicotine. They crave not just that chemical, they crave the sense of “being a smoker.” In the same way, students who use drugs are seeking something more than the chemical itself.

People who have researched the problems of addiction and drug use would give us advice to do the opposite of what we’re doing. Hari says this: “I think the core of that message – you’re not alone, we love you – has to be at every level of how we respond to addicts, socially, politically, and individually. For one hundred years now we’ve been singing war songs about addicts. I think all along we should have been singing songs of love to them, because *the opposite of addiction is not sobriety. The opposite of addiction is connection.*”

Let’s take a look at Portugal.

In Hari’s book, he devotes an entire chapter to the way Portugal responded to its drug crisis. In 2001 Portugal was facing a state of emergency due to the number of people who were addicted to heroin. Out of every hundred people, one was addicted to heroin. Not just using or experimenting. Addicted.

Here’s what the political leaders of Portugal did: the Prime Minister and the leader of the opposition got together and gathered an independent team to look at the problem in a more sophisticated way. The panel reported back that, “drug users should be treated as full members of society instead of cast out as criminals or other pariahs.” So, Portugal decriminalized all drugs, from crack cocaine to cannabis. They put all their efforts into treating drug users and pushing recovering drug users back into society.

What happened next is nothing short of astounding. Across the board, problematic drug use declined. Most importantly for my argument, “children aged 15-16 also reported one of the lowest lifetime prevalence of cannabis use in Western Europe.”

Portugal reversed its drug problem.

There is another benefit of Portugal’s focus on treatment and connection, which is perhaps harder to see but is just as important for our community. Hari reports that in Portugal, attitudes towards the police changed. In fractured communities, trust was restored.

Can our school be a Portuguese Rat Park?

The good thing about the way our school deals with students who are found with cigarettes or drugs is that our response is in its chrysalis stage. Ms. F’s letter to parents, in which she recommended taking each infraction on a case-by-case basis, rather than instituting a sweeping zero tolerance policy, is a step toward caution. I invite you, here, to consider even more divergent thinking – to consider steps that don’t lead toward punishment at all. It sounds radical, I know. Yet when you look at the history of punitive drug policies, you’ll find that they neither limit drug use nor help recovering addicts and users.

Disconnection is the classic cause of drug use and addiction. That means we want to avoid policies that stigmatize, separate, and isolate those who most need *more* connection. We need to not send students home to spend hours and days alone, or force them to leave the community. Instead, we need to bring them deeper into the community. We need to offer in-house counselling. If they need to spend time reflecting, or hours atoning, let them do that in the heart of the school, among us and amidst a cocoon of care.

You took us in. That was a promise to us. You entered into a covenant to care for and educate us. Surely that means educating us through some of the hardest choices we’ll ever make, and that we will face continually no matter what you do?

We need recognition in our community that we students may mess up more than once, that we may make bad decisions under stress, that we are in the process of becoming wise and we are not there yet. Don’t make unreasonable the act of being a teenager. It’s not reasonable to expect that teens who have been caught with drugs will speak well on their own behalf, or make nuanced, responsible choices when deciding between friendship bonds and honesty to adults. It’s not reasonable to think that with all the choices proffered teens in our environment, they will make good choices every time.

I remind you of our school’s core values: *welcome, safety, and respect*. Isolating children is not the action of a community that welcomes difference, respects suffering, or cares for the psychological safety of the individuals in its care. Do we only wish to manifest these values when they are easy? It is how we react when there is trouble that reveals our essential humanity.

We can solve the drug problem in our school.

Imagine how different it would be, if students in our school felt they could openly go to a teacher to talk about drug problems? Imagine if they could seek help instead of hide? It would be a game changer. When vulnerable students feel valued and supported, when they feel less disconnected and more connected, when they feel less like rats in a cage they did not choose and cannot find their way out of, drug use will decrease.

You are school leaders, and I understand that you hear arguments from all sides and that there are a lot of voices in this conversation. Let’s take a look, together, at counter arguments. One counterclaim, that I hear often in the halls and classrooms of our school these days, is that “these kids aren’t worth saving.” The idea is that they’re losers. They’re write-offs. They’ll never really do anything. There’s a shocking cruelty to these statements. And it’s just not true.

I’m not personally condoning the use of drugs, but there is *no evidence* that people who have never tried drugs are better people. They are not more innovative or more creative or more successful. They are not kinder or smarter or more compassionate. The discourse that labels all drug users as losers is one that is pathologizing, oppressive, and most of all *inaccurate*. Yet it gets repeated again and again, in the micro-language of critique, so that its very repetition reinforces its reality, holding up some students as ‘normal/

good' and others as 'flawed/bad.' We have to create a discourse that recognizes the fractured celebration that is teenage life.

A second counter argument I often hear is that our school isn't equipped to "deal with" these kinds of problems. That's like saying we're a school that isn't equipped to deal with... kids. We need to equip ourselves. We have learning specialists, we have security specialists, we have curriculum specialists, we have community service specialists. We also have a drug problem. We need specialists in this area. Arguably our high school needs these specialists more than any other kind. We take whole days off from the curriculum to help other communities. Yet we haven't taken any days to bring our community together around its gravest troubles. We need an office where students and teachers can seek help. We need highly trained specialists who understand about addiction and adolescence. I can only imagine one reason that we don't have this kind of office. Fear that by acknowledging the problem, we'll make it public, or we'll make it worse. We can't make it worse; we can only make it better.

The third, and for this conversation, final, counter argument seems to be this: If we are more understanding, or are perceived as being lenient about drug use, our community will become one of committed drug users. We'll turn into one of those schools like the infamous uptown school starting with an "S," where students openly smoke on the front steps. As I hope I have by now shown, if we invest in counselling, empathetic community engagement, and profound commitment to each and every community member, *this is simply not true*. Remember, problematic drug use *declined* in Portugal.

There is a problem at our school. The problem is not, however, 'these kids.' We have more opaque, harder to solve problems of anxiety, isolation, competitiveness and feelings of inadequacy, competitiveness and feelings of superiority, false notions of moral preeminence and reluctance to acknowledge or accept vulnerability.

To sum up, here are some thoughts about what it could look like. If what we want is to stop students from becoming addicts, and to heal those in our midst, then *every time*, compassion is a better approach than punishment. This isn't a philosophical or ideological debate. It has been shown that compassion helps more than punishment. It has been shown that isolation and trauma lead to greater likelihood of addiction. We could substitute therapy, service within the community, counseling and peer connections for expulsion. We need to have a counselor on staff who is a specialist on teens and drug use. We need a peer-counseling group that specializes in bringing students deeper *into* the community when they are endangered. We have to make a permanent, cannot-be-broken vow to protect *all students* by educating and caring for them through the hard times, so that all students in our community will be less vulnerable to situations that are either emerging now or will emerge later, *inevitably*, because they live in New York City.

We shouldn't worry that we are a high school that has drug issues. There are drug issues in every school. There is no "getting rid of drugs." There is only helping students make smarter choices. If you try to just get rid of drugs and those touched by drugs, all you'll really do is drive the problem underground, where it will fester, damaging all those it touches in lasting and invisible ways. We can, and must, do better. We can look at the conditions that are leading students to seek drugs. We can see drug use as a sign that a child needs more community, more love, more understanding, more connection. We can seek un Parque Rato at our school.

Sincerely,

Jackson E ●

It began at our school. In those days, we were a class of kids who scarcely knew one another at all. We spoke with a bantering inconsequence that was as cool and impersonal as the white and gray that satiated our wardrobe. In the mornings, we gathered at the elevators. The group would swell with new arrivals, slim confident girls who would weave among us, becoming the center of triumphant groups, tall boys who glided through us, dissolving and reforming us. And underneath, sharp comments. “Trying too hard,” about a boy with carefully chosen clothes. “Did you dye your hair?” Sometimes a sudden emptiness would fill me. I was fourteen.

Among this large and moving ensemble we formed a group of four. We centered around a tall European boy. His face was serious and open with vivid things in it, vivid eyes and a vivid excitement to his voice that made him difficult to forget. When he was present, we circled around him, the three of us moving in and out of his wake singly and in pairs.

The other two boys in our group were less open and more insolent. One was a slight straw-haired boy, a boy who was always jostling aggressively and striving. The slim boy was a teaser and a needler. The heavyset boy was cruel in a different way. He would find the weakness, the hidden insecurity. To be around him was to feel less than, weakened, and unsure.

Two years later, the European boy had gone home. I scrapped with the straw-haired boy on the playing fields. This boy had grown into an athlete and he had a façade of greater confidence. He was also high all the time. The heavyset boy had gotten stronger and crueler and more magnetic. I found him frightening and opaque. This boy now took a random cacophony of anti-anxiety drugs, anti-depression drugs, and painkillers. He became a kind of black hole for us. We roamed at his edges and were sucked in. We were anti-Icaruses, far from the sun.

I was young, and they were compelling. I wasn't thinking, though, of them, and why they did these things. It wasn't long into the year when everything imploded. The straw-haired boy was first. It began with him being taken from class. Bubbles were forming on his nostrils. He couldn't speak clearly. The teacher was crying. They took him to the hospital and then home and it was there that he attained his carefully hidden stashes and scrambled up the fire escape to the roof.

Most of the reports of what happened next were a conceit – distorted, circumstantial, enthusiastic, and insincere. What we knew was that the straw-haired boy was gone. Word was of screaming, of the arbitration over the phone of the dark heavyset boy who now told us the story, of intervention and sudden flight to a wilderness program.

The dark-haired boy didn't return to school either. Three days later, he too looked for a permanent escape. His fall lacked the drama of the straw-haired boy's. It happened outside of school. He was kicked out, taken to Utah, found himself also in a wilderness program.

They were juvenile and precarious years. I know, now, I was party to the near catastrophe of two friends and their willed brushes with death.

I lost those two friends, in multiple ways. But it set me to researching addiction. I read books and research reports, wrote articles, appealed to the administration. Because what I found was that research doesn't back up the claim that punishment acts as a deterrent for drug use. The research on how trauma plays a role in drug use and addiction suggested that what these boys needed was empathy, and connection. Ironically, I didn't learn empathy when I was in the midst of suffering friends. I learned it in the midst of books, and advocate for it now. ●