"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."
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HIGH PRICE

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

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CHAPTER 12

Still Just a Nigga

To be a Negro in this country and to be relatively conscious is to be in a rage almost all the time.

—JAMES BALDWIN

"Negro Cocaine 'Fiends' Are a New Southern Menace"

That was the title of the "journal article" I'd discovered when I began trying to track down a reference from a paper I'd read about cocaine. I was looking for early historical reports of cocaine withdrawal. The authors had cited the reference with a disclaimer. They wrote: "Reports of patients with similar symptoms had appeared in the early 1900s, but because these reports were deeply interwoven with elements of racist hysteria they were never taken seriously." But I still wasn't prepared for what I found when I read the entire article.

Of course, I knew that such blatant racism was common even in the medical literature in the Jim Crow era, and that I couldn't hold historical work to modern standards. This was just science. If the author had accurately described cocaine withdrawal, it could be a useful citation, I told myself.

It was March 1996 and I was in the science library at the University of Wyoming, finishing up my PhD. My dissertation

dealt with how nicotine's behavioral effects were influenced by changes in parts of nerve cells called calcium channels. For the opening of my thesis, I was required to describe the rationale for the experiments I'd done. That involved comparing the effects of nicotine to those of cocaine, and I wanted to cite relevant work about the influence of cocaine on human behavior. And since my education had shown me that if I had a particular thought, someone else had probably already considered the idea in depth, I went back as far as the leads would take me.

The paper that cited the provocatively headlined article had used it to support a claim that cocaine-related deaths and other problems had been described early in the drug's history. I wanted to see for myself what arguments it made. Though immediately offended by the language of the header, I was also excited because I'd never seen this paper cited before. If I could track it down, I might be able to find a very early description of cocaine to add to my work, which might impress my professors.

My first surprise came when I read the full reference: the "journal" in which the article had been published did not seem to be some august peer-reviewed medical publication. It was, instead, listed oddly as "New York," perhaps having been cut off by mistake. I can't recall how, but I eventually ascertained that what was meant was actually the *New York Times*, and, even though I now knew it was just a newspaper story published on February 8, 1914,[1] I decided to get a copy of the whole article.

I walked across the snowy campus to Coe Library, the university's main reference library. Old newspapers were stored there on clunky microfilm, not kept in the more specialized science library where I did most of my literature searches. I looked up the citation in a big bound index with a thick, worn cover. Then I requested the relevant reels of microfilm and watched

them scroll blurrily across the reader's screen until I found the right frames. That was what research was like in the days before the Internet.

The first thing I could read besides the headline was the subhead: "Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to 'Sniffing' Since Deprived of Whisky by Prohibition."

I was surprised at how shocked I was to see that. I knew intellectually that such blatantly racist writings existed and that it was once acceptable to print such things in respectable papers, but it had always seemed abstract and distant to me. It was very different to see the words in black-and-white on the pages of the *New York Times*, the publication that to this day is seen as the "paper of record." It was as different as reading about slavery in a history book is from holding in your hand an iron shackle once used to bind a real human being. Or as different as learning about the Holocaust in history books, versus actually going to Auschwitz and seeing firsthand the shoes of the children killed there.

But what shook me even further was how similar the article was to modern coverage of crack cocaine in the mid-1980s. The author, who was a medical doctor, wrote:

> Most of the negroes are poor, illiterate and shiftless. . . . Once the negro has formed the habit he is irreclaimable. The only method to keep him away from taking the drug is by imprisoning him. And this is merely palliative treatment, for he returns inevitably to the drug habit when released.[2]

This rhetoric was unsettlingly modern. For example, recall what Dr. Frank Gawin told *Newsweek* on June 16, 1986: "The best way to reduce demand would be to have God redesign the human brain to change the way cocaine reacts with certain neu-

rons." The message is that crack users are irretrievable, except for divine intervention. Of course, in 1986 explicit reference to race in such a context was no longer acceptable; instead, crack-cocaine-related problems were described as being most prevalent "in the inner city" and "the ghettos." The terms *inner city* and *ghetto* are now code words referring to black people.

Dr. Edward H. Williams, author of the "Fiends" article, went on to claim:

> [Cocaine] produces several other conditions that make the "fiend" a peculiarly dangerous criminal. One of these conditions is a temporary immunity to shock—a resistance to the "knock down," effects of fatal wounds. Bullets fired into vital parts that would drop a sane man in his tracks, fail to check the "fiend."[3]

In other words, cocaine makes black men both murderous and, at least temporarily, impervious to bullets. By the way, the author was describing the effects of cocaine taken by snorting it. Attempting to further bolster his case, the writer then added anecdotes from southern sheriffs, who claimed to need higher-caliber bullets to take down these black "fiends." He also contended that cocaine improves the marksmanship of blacks, making us even more dangerous to the police and society.

I began to wonder how many of the "truths" that I now thought to be obvious about drugs were similarly shaped by racial bias. And I soon learned that it was sensational reporting like this that had largely led first to state and then national prohibition of the currently illegal drugs. I read histories like David Musto's 1973 classic, *The American Disease: Origins of Narcotic Control*, which helped me to further understand that drug laws banning drugs like cocaine, opioids, and marijuana

were based less on pharmacology and more on racial vilification and discrimination.

For example, between 1898 and 1914 numerous articles appeared in the scientific literature and popular press exaggerating the association of heinous crimes and cocaine use by blacks: the *New York Times* piece was not an exception, but an example. As Musto has detailed, "experts" testified before Congress that "most of the attacks upon white women of the South are the direct result of a cocaine-crazed Negro brain."[4] As a result, it was not difficult to get passage of the Harrison Narcotics Tax Act of 1914, which effectively prohibited the drug.

Before learning this history, I'd always assumed that the legal status of a particular drug was determined primarily by its pharmacology. However, I found that there were actually no sound pharmacologically rational reasons behind why alcohol and tobacco were legal, and cocaine and marijuana were not. It was mainly about history and social reasons, about choosing the drug dangers that would be highlighted to spur public concern and those that would be ignored. It seemed as if sound pharmacology was almost never considered or minimized.

Bans on drugs were inevitably preceded by hysterical coverage filled with scare stories about drug use by despised minorities, often immigrants and the poor. As Musto details, in the case of cocaine, the fears were linked to southern blacks. With marijuana it was blacks and Mexicans who were the bogeymen, and with opium it was Chinese railroad workers. In all three cases, sensational press reports were coupled with salacious portrayals of males of these groups using the drugs to facilitate rape or seduction or both of white women.[5] Even national alcohol prohibition had been passed with an aim at controlling the behavior of what the mainstream saw as frightening minority groups. In that case, it was primarily beer-drinking Germans and other

poor immigrants in the run-up to and during America's involvement in World War I.

My skepticism about the nature of the drug problem slowly increased during my academic training. For one, under Charlie Ksir's tutelage, I had begun teaching a course on Drugs and Behavior, starting out as his teaching assistant. In the class and in the textbook he wrote that we used (I became his coauthor on later editions), myths about drugs were constantly discussed and debunked.

For example, in one lecture, I remember him carefully presenting data showing that cocaine-exposed infants fared no worse than those who had been exposed to nicotine during their mother's pregnancy. Another time, I remember Charlie calling the Office of National Drug Control Policy (ONDCP, better known as the drug czar's office) to ask for the source of some information. An advertisement they'd released had claimed that some high number of cocaine-exposed infants was born every minute. But when Charlie pressed the ONDCP representative for the citation, it became clear that the number was obtained by extrapolating from other numbers. At best, this wasn't an ideal strategy, and at worst, it wildly overstated the real statistic.

At first I found these facts hard to believe because of everything I'd heard about the dangers of crack cocaine. But I soon realized that I had nothing other than what I could now see as media hype to support my position. Jim Rose had pounded into my head the need to back all of my statements with rigorous empirical data, and when I started applying my critical thinking skills to what I thought I knew about drugs, very little survived.

Much of what we learn as scientists involves critically interrogating the methodology used to conduct research and trying to root out as many sources of bias as we can. The media, how-

ever, does not apply these methods to its reporting and therefore frequently presents an overly simplistic and a distorted picture.

Did we really now understand cocaine in a more sophisticated scientific manner—or had we just changed the language that we use about it in a way that hid the racist stereotypes that were so obvious in 1914? Starting in graduate school, I slowly began to question everything I thought I knew about drugs, in light of these disturbing parallels and the clearly racially driven origins of the drug laws.

An experience I had myself at the NIH, where I'd started work on my PhD after completing my master's degree in Wyoming, also made me think more about this. Located in Bethesda, Maryland, the main branch of the agency looks like the medical

Collecting data for my PhD research at the National Institutes of Health (NIH).

center on a major university campus. It's a self-contained world, with dozens of boxy high-rise, hospital-type buildings and labs. It even has its own bank, the NIH Credit Union, which is located in Building 36. That was about a hundred yards from the main clinical center where I worked, in Building 10.

Walking over to the bank, I was your classic absent-minded scientist: my mind focused on the samples I was working on and the data I needed to collect rather than on my surroundings. At the time, I had joked with friends that I was afraid of losing my social skills because I was spending so much time alone or with rats—but I was actually a bit afraid that it might be truth rather than just humor. I was entirely wrapped up in my work.

As I left the credit union after depositing my paycheck or getting some cash, two men approached me. They were looking at me so intently as I came out of the door that my first thought was that they were gay men trying to pick me up. I was dressed in a dark purple sweat suit that was fashionable among young black men at the time and had my big laminated NIH ID hanging prominently from a lanyard around my neck. I had a bank statement in my hand. I noticed the men's intense stares, but at this point, I was still thinking about my lab work.

When they approached me, however, they identified themselves as police; the NIH campus was so large that it actually had its own force. One said to me, "A crime just happened and we want to know if you can help us." I said, "Sure, absolutely, whatever I can do." I had no idea that I was the suspect. I identified myself as a doctoral student conducting research and offered them my bank statement.

Nonetheless, the two officers told me that there'd been a strong-arm robbery near the bank and that the perpetrator was wearing dark clothing. That is all I was told. I assumed that the

suspect was black but didn't learn this from the police. Nor was I told the suspect's height, weight, or any other identifying characteristics. What was apparent was that the two officers, who seemed to be in charge, were brown-skinned: a black guy and a Filipino.

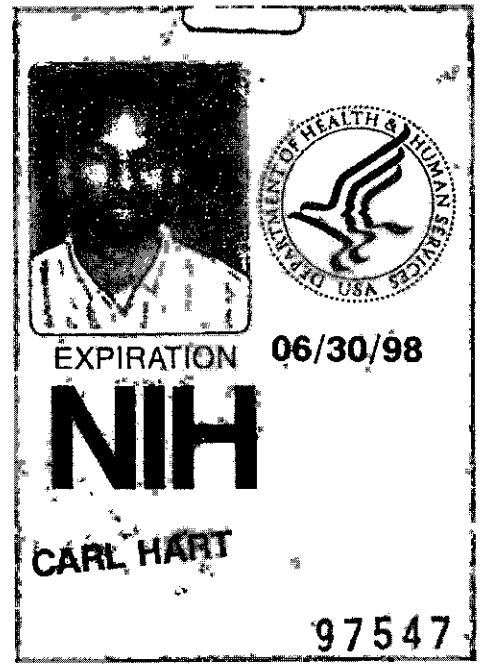
Of course, it would have been rather stupid for a bank robber to return to the scene of the crime for another transaction—let alone provide a bank statement full of identifying information—but that didn't matter. Being a young black man wearing dark clothing was enough for me to "fit the description." Nor did it matter that the officers themselves were minorities. In many instances like this, because institutional racism is so pervasive in some police organizations, the behavior of minority officers is more egregious than that of their white colleagues, in part because everyone in the organization knows what gets reinforced (rewarded) and what gets punished. The risks of mistreating me are far less than those of mistreating a white counterpart, who may be the son or relative of some "important person."

The police asked: would I consent to walking in front of one of the campus buildings so the victim could try to identify me? They wanted me to participate in an impromptu one-man lineup, something that is notoriously unreliable. I didn't see any choice other than to agree. I walked toward the police cars that I now saw across the parking lot and was told that the crime victim was watching from one of the windows. They had me turn one way, then another so that the person could get a better view. After about twenty minutes, they let me go, saying that the victim hadn't recognized me. The whole thing was excruciatingly embarrassing, being conducted in the center of campus where any of my friends or colleagues could potentially have seen it.

By the time they let me go, I was in part relieved and in part working to tamp down my anger, something I'd had to become

extremely skilled at by this point. I went to see my NIH mentor, but he didn't understand why the incident had affected me so deeply. He tried to use the comparison of himself—an elderly white man—being stopped by police in a black area of Washington and asked why he was there.

That made it only worse because it didn't reflect the reality. Like many blacks, I'd come to expect this sort of denial and minimization from white people—many of whom seem to see acknowledging racial injustice as an admission of guilt by association or a signal that their privilege is undeserved. But I still



The NIH ID that I was wearing when I was stopped by the NIH police and subjected to an impromptu one-man lineup.

felt a bit betrayed by his inability to recognize my perspective, and worse than before I'd gone to see him.

There I was with my NIH ID around my neck and my bank statement in my hand and I was still seen as a likely bank robber who'd strong-armed a customer. Or a "Negro cocaine fiend," for that matter. Here in the United States, I was still just another nigga, no matter how many hours I had put into studying or conducting my experiments. When I met with Levon Parker, a black man who was director of student programs at the agency, and Leroy Penix, a black neurologist whom I sometimes shadowed on his rounds, they were upset but not surprised. The black professionals whom I respected didn't talk about it publicly, but they'd all had the same kinds of experiences. It hit me hard why some of the blacks I knew at the agency called the place the "plantation." The overwhelming majority of the scientists were white and most of the support staff was black.

Parker contacted Harold Varmus, who was then the head of NIH. I was asked to meet with the director to discuss the situation. Soon my phone was ringing off the hook with people trying to pacify me and prevent what happened from being publicized and becoming an embarrassment to the agency. They wanted me to meet with the NIH police and tell them what they should be doing better, even though I had no qualifications for this task other than being black. Even then, I recognized it as a token response.

Since I was just starting my PhD, I didn't want to attract this kind of attention to myself, either. I spoke with Varmus on the phone (he was traveling) and met with his staff. I told them what I thought, but I realized that without public exposure and specific policy alterations, these incidents rarely lead to change. It was like the "beer summit" that President Obama later had with the Cambridge, Massachusetts, police officer who arrested

Harvard professor Henry Louis Gates Jr. after he was seen trying to get into his own house. Instead of tackling and revising the policies that produced these institutionally racist results, the events were symbolically addressed as isolated misunderstandings. The system that produced them was left untouched.

Although I'd tried to cut my ties with her, the "breakup" that Robin and I had negotiated didn't last. Less than a month went by before I realized how much I missed her. I began to think we'd made a big mistake. I had few friends in Washington, D.C., and none was as close as her. Although she was pursuing her PhD in clinical psychology in Wyoming, we spoke on the phone frequently and her support after my near arrest was rock solid. She helped me write the letters to the NIH officials that I sent as events unfolded. While I was dating other women, I began to yearn to see her again. I invited her to visit and she accepted.

I'll never forget the dress she wore when she came to Washington on June 10, 1994. It was a bold, brilliant blue and had a demure white collar. Our reunion was passionate, intense. Although I wouldn't know it for a few months, we conceived our son Damon that night.

Still, when she called several weeks later to tell me that she was pregnant, I didn't know what to do. I remained ambivalent about creating a family with a white woman and deeply concerned about the issues Derrick Bell had so aptly described as making these relationships so fraught. But one thing I knew I didn't want to do was leave a child fatherless. As the pregnancy progressed, I knew I had to make a decision about whether I'd return to Wyoming and be with Robin.

And so, when Damon was born on March 13, 1995, I was right there in the delivery room. I watched in awe as Robin per-

severed through hours of labor. We had a large private room at Iverson Hospital in Laramie, Wyoming. She had wanted and achieved a drug-free birth.

I'd brought my CDs to play soothing music for her and we listened to Bob Marley as the contractions got closer together and became more intense. I was overwhelmed by Robin's beauty and grace throughout the whole messy and sometimes frightening process. Indeed, moments before Damon was actually born, I'd seen a look of concern flash in the doctor's eye as he discovered that the umbilical cord was wrapped around our baby's throat—but he didn't tell us that this was what had occurred until the boy was safe in our arms. I couldn't believe I was a father. It was beyond anything I'd ever experienced.

I'd never before felt as happy or close to anyone as I did to my little family when we first held Damon. The responsibility we had for this tiny, brand-new life felt like both a blessing and an almost unbearable burden. I had been reading John Edgar Wideman's *Fatheralong*, which emphasized the difficult task faced by black fathers in protecting their sons. I was humbled by the challenge I faced, keeping a black boy safe while he grew up in the America I knew.

I also couldn't believe that they were letting people as inexperienced as we were take this fragile creature home with us. At the same time, I wanted to give him everything I'd always wanted from my father. I realized I had no clue what I was doing. I knew my life would have to change.

For one, I recognized that I had to get serious about our relationship and resolve my internal interracial-couple conflict. I wasn't yet sure exactly how to do this, but I knew for certain that I wanted to raise my son right. I wanted the security of a two-parent home for my baby. I certainly didn't want any child of mine to have the kind of chaotic home life that I'd experienced.

Robin and Damon in Wyoming while I was in D.C. studying at the NIH.

I ultimately decided not to stay at NIH, where I'd planned to complete my PhD. Instead I'd return to Wyoming to do it, so that I could be with Robin and our son. We would ultimately get married there, three years after Damon was born, on May 23, 1998, in a simple ceremony at Wyoming's Newman Center, following Robin's Catholic traditions. But first, I had to go back to Washington shortly after Damon was born to wrap up my research before I'd be able to return to Wyoming to get my degree.

While at a D.C. Metro stop waiting for a train, I began what turned into a lengthy conversation with a machine technician who was working in the station, repairing the ticket vending

equipment. I had complimented him on his dreadlocks, thinking that he wore them as part of the Rastafarian religion. For years I had considered growing dreads myself, but I'd always held back because I believed that it was disrespectful if you weren't a part of that religion. I also did not want to be seen as faddish or simply following the crowd: that was not how I wanted to live.

But this man said that for him, wearing dreads was a way of showing homage and respect, even though he wasn't religious. That resonated with me, as did his self-assurance and thoughtfulness. By the time I left, we were no longer strangers. And I decided right then to grow my hair. It would remind me that I could be myself and be a conscious spirit, no matter what other people might decide a scientist should look like. It would connect me both to my heritage and my new son. It felt right.

I found myself thinking about this and about Damon's future a few months later, when Louis Farrakhan gave the keynote speech at the Million Man March on October 16, 1995. I'd been unable to attend since I was back at work on my research in Wyoming by that time, but I watched on TV as I minded Damon. Here were hundreds of thousands, perhaps more than a million black men. They were leaders, businessmen, professional people like Barack Obama (who attended himself), mainly middle class, and virtually all employed. It was inspiring to see.

And yet, the rhetoric was tightly focused on hard work and responsibility, on pulling ourselves up by our bootstraps and supporting our families. No demands were being made of Congress; no delegations sent just a few streets over to meet with our senators and representatives. Here were people who had done what we were supposed to do—not people who were uneducated or unmotivated—and they still didn't get it. They had bought into the mainstream narrative that we ourselves were the problem; that we were to blame for things like the selective enforcement of drug laws, the underfunded schools, and biased hiring that hindered so many.

These were men who still tried to fit into a country that didn't want to recognize their contributions. They were all folks who could still be put in the equivalent of a lineup outside a bank, while carrying a statement and a photo ID identifying them as a scientist at the premier government health research institution in the world.

It infuriated me, but that's what I realized my son would soon face. A world where even in the most clear-cut situation, someone with our skin tone could still be seen as a "crackhead" just because he dressed a certain way—or to use the language of an earlier wave of drug hysteria, a "Negro cocaine fiend." And all of this made me think a lot more critically about my research and about how to think about drugs.