

Speed culture in the digital generation: A commentary on amphetamine use at MIT and colleges nationwide

Amphetamine is gaining popularity with college students across the nation. Diverted prescription stimulants (mainly, amphetamines like Adderall and Dexedrine) are second only to marijuana in their popularity with this age group: surveys conducted at more than a hundred campuses reveal that speed is illicitly used by approximately 6.9% of college students; 2.1% have used it in the last month. Use prevalence estimates vary dramatically: while at some campuses no students had used amphetamines in the past year, at others as many as 25% reported past year use and 13% reported past month use. In fact, amphetamines are far more prevalent at highly selective, highly competitive private colleges in the Northeast than at most other schools. Just attending a highly selective college doubles your likelihood of using prescription stimulants nonmedically.¹ Such estimates don't account for students legitimately prescribed the drugs for attention disorders. No doubt schools with the highest illicit use rates also have high rates of legitimate prescribed use, for without the generosity of students diagnosed with ADHD there would be no speed around for others to use illicitly. It is therefore likely that far more than a quarter of the student body at these schools uses amphetamines – enough to render amphetamine use and abuse commonplace.

Harvard and MIT, both colleges located in Cambridge and both in the top five US schools, are just the hotbeds of chemical self-enhancement statistics present them as. Speed is standard here, and the culture that has formed around its use has little in common with the stigmatized marginal groups associated with other drugs.² And while supply here never entirely satisfies demand (at times falling so notably short that it prompts small factions of students to seek immediate treatment for attention problems), it is hardly surprising that more Adderall is prescribed in Massachusetts than in any other state.³ Writes David Lenson, “the current sympathy and overlap between drug takers and hackers are based on their common perception that the reprogramming of consciousness, whether human or electronic, promises a quasi-evolutionary leap.”⁴ If so, what campus better reflects the amphetamine phenomenon than MIT's?

MIT students' drug use invokes a developing relationship between young, educated Americans and the medical establishment as a drug dispensing mechanism. For although amphetamine's current popularity parallels rates and use patterns seen in the 60s and 70s, the broader context of attitudes toward drug use is entirely different today. Instead of touting drugs as a symbol of political rebellion, today's youth bypass the politics of the drug war altogether, allying themselves with the medical establishment to

¹ McCabe, SE, JR Knight, CJ Teter, H Wechsler. (2005). Non-medical use of prescription stimulants among US college students: Prevalence and Correlates from a national survey. *Addiction*, 100 (96).

² for a recent overview of the situation at Harvard, see “Harvard on Speed”, a feature published in the Harvard Crimson of May 3rd, 2006.

³ Weber, Rebecca. (2004, November 3). A drug kids take in search of better grades. *The Christian Science Monitor*, available online.

⁴ Lenson, David. (1995). *On Drugs*. Minnesota: Minnesota Press.

achieve their ends. The current attitude is one of opportunism, not opposition, so while amphetamines themselves haven't changed, 60s-era connotations of crime and speed freak are absent today. Rather, students feel justified in their desire for drugs that make their work salient and absorbing, allowing them to push limits of academic aptitude, efficiency, and exhaustion. In fact, speed is hardly a drug anymore – it's a tool.

Background

Amphetamine, a synthetic stimulant, was invented in 1887 and has since amassed a wide variety of users worldwide, from students to world leaders⁵ to truck drivers. 'Speed', as amphetamine is termed, reduces hunger and fatigue while improving mental focus, making stimuli more salient, and creating a profound sense of well-being. Over the past century, the drug has waxed and waned in popularity in a number of countries.

In the United States, pharmaceutical amphetamine use descended during the '70s from a peak in the late '60s, and the drug lay dormant for a few decades. Then, in the early '90s, amphetamine became once again a popular medication, prescribed mainly to treat attention-deficit hyperactivity disorder (ADHD) in children. US amphetamine production rose by 5,767% in the years 1993 to 2001 – this not including methylphenidate, a similar stimulant drug, production of which increased by 900% in the year 1999-2000 alone⁶. Thanks to ADHD, amphetamines were in business again.

Although the condition was first documented early in the 20th century, it was not until the '90s that ADHD became a popular diagnosis for hyperactive children, from preschool on. In 1990, the American Psychological Association expanded ADHD diagnostic criteria, increasing its prevalence in the population and drawing attention of media, doctors, and parents. The disorder was at first seen mainly in boys, but gender differences in both ADHD diagnosis and stimulant prescription fell over the following decade, as girls were labeled ADHD increasingly more often.⁷ The end of the 20th century also saw greater public acceptance of biological explanations for behavior and affect, ensuring a ready market for stimulant drugs that treated a 'neurobiological' condition (as all behavioral predispositions by definition are).⁸ In result, 17% of white boys in grades 2 through 5 are prescribed stimulants today.⁹ According to another data source, while 3.4% of all children fit ADHD diagnostic criteria, 7.3% of children in the US are prescribed stimulants.¹⁰ As amphetamines produce immediate behavioral 'improvements' in children both with ADHD and without, their overprescription is hardly surprising. Or, as Harvard researcher Lester Grinspoon points out in *Speed Culture: Amphetamine Use and Abuse in America*, drug advertising is premised on the idea that

⁵ It is common knowledge that Winston Churchill, JF Kennedy, and Adolf Hitler, among others, all heavily relied on amphetamines.

⁶ Hall KM, Irwin MM, Bowman KA, Frankenberger W, Jewett DC. (2005). Illicit use of prescribed stimulant medication among college students. *J Am College Health*, 53 (4).

⁷ Zito JM, DJ Safer, S dosReis, JF Gardner, M Boles, F Lynch. (2000). Trends in the prescribing of psychotropic medications to preschoolers. *JAMA*, 283 (8), 1025-30.

⁸ Ibid.

⁹ Hall KM, Irwin MM, Bowman KA, Frankenberger W, Jewett DC. (2005). Illicit use of prescribed stimulant medication among college students. *J Am College Health*, 53 (4).

¹⁰ Angold A, A Erkanli, HL Egger, J Costello. (2000). Stimulant treatment for children: a community perspective. *J Acad Child Adolesc Psychiatr*, 39, 975-984.

“human life itself is a drug deficiency disease.”¹¹ Amphetamine overprescription reveals just how drug-deficient we feel.

A study at a Midwestern college found that 3% of students were diagnosed with ADHD and the same percent also prescribed stimulants. Yet 13.7% of students at the college said they had tried the drugs illicitly. This gives us estimate of how commonly stimulant medications are distributed to illicit users by those who are prescribed them. The so-called ‘gray market’ of pharmaceutical diversion appears robust indeed. At MIT, amphetamines are highly desired commodities - supply never catches up with demand - yet their market is a muddy one, for friends often give the drugs away for free while acquaintances may charge, with prices varying based on proximity of exams, competition with other customers, and the distributor’s whim. Certainly, tension between those with prescriptions and those who want the drug can be palpable, although it is a tensoon characterized by buyers’ utilitarian urgency rather than the type of murky dealings expected of a drug underworld.

Especially interesting is the blurring of lines between legitimate amphetamine users and illicit users. For instance, at one college, of those students who had a stimulant prescription, 40% also reported lifetime illicit, or un-medical, use of amphetamines. That is to say, they had already used these drugs before being prescribed them, or else they now used them in patterns, doses, or routes of administration that they were not prescribed (such as snorting crushed pills).¹² According to another college study, 14% of all illicit amphetamine users had been prescribed the drugs at some point in the past. Furthermore, the motives of use in this ‘semi-legitimate’ subgroup did not differ from those reported by illicit users who had never had their own prescriptions – that is, people who had once been prescribed the drugs were just as likely to use them to ‘get high’ as were totally illicit users.¹³

The populations of prescribed and non-prescribed users overlap and intermingle: 90% of all illicit users get the drugs from peers or friends who have prescriptions. Around half the college students who are prescribed stimulants are approached by others to sell them.¹⁴ The normalcy of prescription exchanges testifies to students’ collective attitudes toward the drugs, the disorder, and the medical profession in general: use, misuse, and abuse become semantic issues; students confidently defy doctors by taking responsibility for their own use patterns or giving the drugs to peers; the line between ADHD and normality is also seen as arbitrary and flexible. At MIT, students make no effort to conceal their orange prescription pill bottles; at some living groups, it’s not uncommon to find empty ones littering shelves and desks of rooms. Being on medication no longer implies disease or abnormality – sometimes, in fact, the prescription bottles serve almost a status symbol, sure to incite curiosity and often envy of onlookers. At one gathering, an orange prescription bottle makes its way around a group of users, followed by a ‘pill-crusher’ – bought at a corner drugstore, it conveniently grinds drugs into powder that can

¹¹ Grinspoon, Lester, and Hedblom, Peter. (1975). *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge, MA: Harvard University Press.

¹² Hall KM, Irwin MM, Bowman KA, Frankenberger W, Jewett DC. (2005). Illicit use of prescribed stimulant medication among college students. *J Am College Health*, 53 (4).

¹³ Teter et al. (2005). Prevalence and motives for illicit use of prescription stimulants in an undergraduate student sample. *J Am College Health*, 53 (6).

¹⁴ McCabe, SE, JR Knight, CJ Teter, H Wechsler. (2005). Non-medical use of prescription stimulants among US college students: Prevalence and Correlates from a national survey. *Addiction*, 100 (96).

be snorted (package instructions suggest the crusher is for children and the elderly, who cannot swallow pills whole). In these settings, to be disordered and to receive medication – especially stimulants – is not stigmatized but admired, and ‘productive’ psychiatrist visits are recounted in heroic tones.

Speed: a new phenomenon?

Current rates of student amphetamine use are strikingly similar to those of the 1960s and ‘70s. Indeed, as the hippie-dominated Haight-Ashbury became “speed capital of the world” in 1968, amphetamine use soared all over the US.¹⁵ In 1967, 178 million amphetamine prescriptions were issued, despite expert opinion that a few thousand would have sufficed to cover true medical need.¹⁶ Indeed, illicit amphetamine use soared that year among students, exceeding even marijuana’s popularity. According to Grinspoon, “by 1970 it had become clear that abuse of the drug was epidemic on many campuses.” That year, an unprecedented 10 billion amphetamine tablets were legally produced.¹⁷ By the end of 1971, almost half of Massachusetts’ high school seniors had tried the drug.¹⁸ In 1972, NIDA estimated that 30% of pharma-made amphetamine was diverted into the black market; NIMH reported that 21% of the nation’s college students had taken these drugs illicitly. Finally, federal quotas on amphetamine production were imposed that year and stimulant use fell sharply over the next few decades. Today’s statistics mirror those seen at the peak of amphetamine’s popularity in the late 60s and early 70s. Now, as then, a surplus of prescription stimulants has resulted in sweeping illicit use among students – estimated at around 20% of the entire college population.

Despite numerical similarities, do the two amphetamine cultures – that of the 60s and that of today - differ from each other? They do. Current users look to ADHD as the ‘ticket’ to getting speed; a surprisingly large number of students are diagnosed with ADHD for the first time in college. It seems especially incongruous that many students receive the diagnosis of a learning disorder *after* they have gotten in to a selective and competitive school like MIT, without the aid of medication. Indeed, a few get prescribed stimulants by faking symptoms of ADHD once here. But many more try the drugs illicitly, find that they help them work, and therefore assume they must have really the disorder. Armed with this new disease self-identity, they have no problems convincing campus doctors to dole out medication: “she’s a psychiatrist – it’s her *job* to give you the drugs you want,” counsels one MIT senior with an Adderall prescription to a freshman who now thinks he may have ADHD. Still other students don’t bother to get their own meds because they have enough friends with ADHD to borrow some from when work builds up. Regardless, there is among students a sense of alliance with the medical establishment: they advise being honest with psychiatrists and stress the importance of presenting your case in a way that will make it easiest get prescribed the drugs you want.

¹⁵ Grinspoon, Lester, and Hedblom, Peter. (1975). *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge, MA: Harvard University Press.

¹⁶ Graham, James M. (1972). Amphetamine politics on capitol hill. *Transaction*, 9 (3).

¹⁷ Grinspoon, Lester, and Hedblom, Peter. (1975). *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge, MA: Harvard University Press.

¹⁸ *Ibid.*

When they tell their psychiatrists that they don't think they're concentrating as well as they could be, or that their friends seem able to work longer hours, they aren't lying.

It seems, looking back, that in the '60s drugs often served as a symbol of counterculture and political rebellion. Amphetamine use among students was part of this cultural opposition. Although those using the drug mostly maintained high GPAs, they also, as a ruke, did not participate in any kind of organized groups, societies, or extracurriculars on campus.¹⁹ Amphetamines were not generally prescribed as study aid, and so the using student was a renegade, if only for his motives of use.

Today's students, meanwhile, are not united politically or in social opposition through drugs. They work *with* institutions to get what they want, both doctors and students couching drug use in disease and treatment rhetoric. For instance, an article called "Don't leave ADHD untreated" writes that "teenagers with untreated attention deficit hyperactivity disorder will seek activities that give them an adrenaline rush because it focuses their mind," and that "addiction is also a big risk, from drugs to computers to gambling. Not only are teens with the disorder more likely to smoke and drink, they're also prone to abuse drugs like marijuana, heroin and methamphetamine." The article promotes long-acting formulations of stimulants as treatment, reminding that the condition cannot be cured, but the symptoms can be eliminated: "the best bet for success is medication."²⁰ In effect this report defines ADHD by, among other things, patients' desire for an adrenaline rush, warning that addiction to drugs like meth can be a consequence of leaving this desire untreated. To avoid this risk, it recommends daily use of practically identical, equally addictive amphetamines (as long as they are dispensed by a doctor), yet does not see this as a form of dependence in its own right.

The message here is one that students at top colleges have absorbed: if you are bored by your work and see cocaine as a more interesting alternative, you match criteria for a condition that is best treated with what is, for all intents and purposes, a longer lasting, pharma-grade, synthetic cocaine. And while it's easy to be ironic about this, the bottom line is that of course the treatment works: the drugs improve performance and they decrease chances of (illicit) 'substance abuse'.

Indeed, as one student's campus psychiatrist put it: "you shouldn't think of yourself as someone who is diseased or abnormal – think of yourself rather as someone who benefits from this medication." Many students at our top colleges already do.

Social Attitudes

Kids with ADHD are at increased risk for stimulant abuse, so we shortcut the problem by prescribing them stimulants as medicine. The issue at stake isn't what drugs the kids are taking, but who is distributing them and why. Says Lenson, "any user could make a medical (rather than hedonistic) case for her or his drug of choice... Medicalization will force these users back into the drug companies' market, and will artificially escalate 'demand' for all sorts of new product, which, on the model of methadone, will be prescribed as part of 'treatment.'"²¹ Even the detached Grinspoon concedes there is no real distinction between medical use of amphetamines and "behavior

¹⁹ Ibid.

²⁰ (2006, March 18). Don't leave ADHD untreated. *The Record*. available online.

²¹ Lenson, David. (1995). *On Drugs*. Minnesota: Minnesota Press.

generally recognized as drug misuse or abuse.”²² The difference lies not in the behavior but in the physician distributor, the legal market, and the positive social attitude toward the drug.

A comparison of prescription amphetamines with meth drives this point home. Meth, too, is experiencing a resurgence in the US right now, but in the black market and with lower-class, unemployed, white users.²³ Unsurprisingly, media horror stories abound, with a Newsweek cover emphasizing that “the drug has an insatiable pull” and that even first-time users are instantly hooked (never mind that the same story reports both that 12 million Americans have tried the drug, and that meth addicts number less than 2 million)²⁴. The Drug Enforcement Agency spent \$151.4 million in 2004 alone in combating meth— a sum of similar magnitude to pharma companies’ annual profits from selling their approved amphetamines.²⁵

According to Lenson, soon “the distinction between scripted and back-alley medicaments will be based more than ever on marketing and profit rather than efficacy.”²⁶ Indeed, methamphetamine is legally prescribed in treatment of ADHD as the drug Desoxyn (methamphetamine hydrochloride) made by Ovation Pharmaceuticals. Yet the drug’s stigma discourages most doctors from prescribing Desoxyn - despite copious evidence of its greater therapeutic efficacy and lesser side effect profile compared to amphetamine.²⁷ Meth is highly efficacious because it acts preferentially on the central nervous system; d-amphetamine targets both the peripheral and central nervous systems, resulting in more peripheral side effects like increased heart rate or hypertension. Nevertheless, marketing, profit, and drug propaganda all ensure d-amphetamine’s dominance in the legal speed market.

So how did amphetamine manage to avoid meth’s sinister reputation? In 1972, congressional hearings were held on The Controlled Dangerous Substances Act, intended to curb drug abuse. In response to amphetamine’s diversion and addiction potential, an amendment proposed to move this entire group of drugs from their Schedule III classification to the much more restricted and regulated Schedule II. The move was vehemently opposed by the pharmaceutical lobby, with many industry representatives speaking at the hearings and staff from the American Pharmaceutical Association sitting in on Justice Department conferences on the bill’s drafting.²⁸ The industry was able to retain amphetamines’ schedule III standing, in part by encouraging the move of injectable methamphetamine alone (which was not nearly as profitable as oral preparations) to Schedule II. Images of the ‘speed freak’ – a marginalized, emaciated, and violent addict who shot up speed and subsisted on crime – were invoked to emphasize the difference between oral amphetamines – “the drug of the white American with money to spend”²⁹ –

²² Grinspoon, Lester, and Hedblom, Peter. (1975). *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge, MA: Harvard University Press.

²³ *Treatment admissions continue to rise for methamphetamine and prescribed narcotics*. (2006, April 24). SAMHSA: press release. Available at http://www.samhsa.gov/news/newsreleases/060424_admissions.htm

²⁴ Jefferson, David. (2005, August 8). America’s most dangerous drug. *Newsweek*.

²⁵ *Ibid.*

²⁶ Lenson, David. (1995). *On Drugs*. Minnesota: Minnesota Press.

²⁷ *Desoxyn* (date unknown). Wikipedia encyclopedia entry. Retrieved May 02, 2006 from <http://en.wikipedia.org/wiki/Desoxyn>

²⁸ Graham, James M. (1972). Amphetamine politics on capitol hill. *Transaction*, 9 (3).

²⁹ *Ibid.*

and meth, convincing legislators that the unlimited pharmaceutical manufacture of speed pills was warranted. “Lawmakers who have declared that possession of marijuana is a serious crime have simultaneously defended and protected the profits of the amphetamine pill-makers,” writes Graham. The industry triumphed over medical experts’ opinion that precisely because the pills are so embedded in American culture, “amphetamine addiction is more widespread, more incapacitating, more dangerous, and socially disrupting than narcotic addiction.”³⁰ Students today seem to have fully bought into the amphetamine vs meth myth. Many I spoke to believed that amphetamines should be available over-the-counter and felt little threat from the drug, yet were violently disapproving of methamphetamine, much less its users.

The divergent images of the two amphetamines reveal social norming at work. According to most media sources, the meth user is a willing exile from the community, not only defying social expectations but working actively to bring ruin upon the community (by polluting the environment with chemicals, committing crime, endangering children, encouraging deviant sex, and so on). Even the contemporary ‘humanitarian’ spin on the issue presents the addict as powerless victim to the drug, which causes his despicable behavior and ruins his life. Yet people with ADHD are *given* the very same drug to make them *more* like others, to compensate for a deficit and bring their lifestyles closer to ‘the norm’. The drug is again said to be responsible for this transformation – amphetamines are portrayed as a blessing, a god-given tool to let disordered people lead ‘normal’ lives. These paradoxical attitudes toward the same drug are so deeply entrenched in contemporary culture that their absurdity never occurs to most.

Implications of student amphetamine use

Expert TC McCormick wrote in the 70s, “no other group of drugs can affect or change personality to a greater degree than the amphetamines.”³¹ If this is true, then how will widespread and culturally endorsed amphetamine use impact society as a whole? And what does the upsurge in speed use say about our generation? Talking to users, it is evident that each sees his or her own use as highly personalized – a private relationship between self and chemical that partly defines the user’s identity. But judging from the number of articles on student stimulant abuse published and the number of prescriptions dispensed and diverted, the taking of speed is a group event – a social construct, even. The *need* to take speed to do well (which users often describe) seems largely an illusory yet conventional and collective feeling, as is the belief that pressures are harder on this generation than they have been on any before it and that it is therefore impossible to keep up or schedule time in a way that won’t necessitate taking amphetamines. Research shows that knowing an illicit amphetamine user is the strongest predictor of one’s own illicit use.³² Amphetamine’s popularity spreads as both the drug and its social acceptance

³⁰ Ibid.

³¹ Grinspoon, Lester, and Hedblom, Peter. (1975). *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge, MA: Harvard University Press.

³² Hall KM, Irwin MM, Bowman KA, Frankenberger W, Jewett DC. (2005). Illicit use of prescribed stimulant medication among college students. *J Am College Health*, 53 (4).

travel from person and person, and the phenomenon is predicted to only increase in magnitude.³³

In general, amphetamine use – and likely abuse – remains linked to upper or educated socioeconomic classes. It is most prevalent among whites at private elite Northeastern colleges. Stimulants are a natural drug of choice for the achievement-oriented and ambitious, yet amphetamine use in this group may not impact culture or shape the future generation's personality as much as reflect our preexisting desires for superhuman capacity. Amphetamines don't create the Ivy League atmosphere – the Ivy League creates amphetamine demand. This group's goals and behaviors are not likely to be altered by amphetamine because it is already, from the outset, devoted to an insomniac pipe dream of hyper-efficiency and performance: there is no rest for the weary here because nobody admits to being weary. Amphetamine is just the last touch to this modern persona; it makes it easier to play the required role, but it didn't create the role and it doesn't fuel it.

Furthermore, amphetamines' (moderate) use is inconspicuous and encourages behaviors and thought patterns that are in keeping with an industrious post-puritan work ethic. Even when addiction interferes with productive life patterns in the high-dose abuser, the user himself may continue to interpret his characteristic feelings of restlessness, hyperawareness, and insomnia as productivity, goal-orientation, and attentiveness. Amphetamine makes a person feel good in and of itself; the relentlessly deconstructing, hair-splitting, and assertive thought patterns it induces make many feel better than they ever will without it. Comments one MIT student at a party: "I used speed often a few years ago, although not much recently... It was different than all the other drugs. Cocaine is fun, but you get over it; but I know I haven't ever really been happy since I felt what happiness was on speed." Amphetamine is pleasurable, but its socially approved (initial) effects transform that pleasure further into self-confidence, guilt-free satisfaction – authentic happiness, for as long as it lasts.

Amphetamine is the ultimate anti-apathy agent – whether one actually becomes hyper-productive on it or not, one feels that one's new amphetamine-persona is fundamentally accepted – one is at one's best. In amphetamines we've created a reinforcing drug without the trade-off of social marginalization. Amphetamine notably lacks the subculture symbology and manifestos of other drugs: there is no equivalent to the cannabis-leaf image to signal membership to the speed club; there is no ritual or time of day associated with its use; despite the legions of celebrities and notables who have used speed, no Bob Marleys or William Burroughs' have emerged to vindicate this user lifestyle. There has been no need for such: amphetamine has fit so seamlessly into the fabric of twentieth century society that, ultimately, it has gone unnoticed as a hard drug. There are globally more amphetamine users than those of cocaine and heroin combined,³⁴ but nobody is disturbed because in a sense we all want to be on amphetamine: even those of who don't have access to the drug or haven't heard of it cultivate an amphetamine hyperreality of dedication, drive, and saliency.

³³ Ibid.

³⁴ Drug Enforcement Agency (2006, May 9). Prepared remarks of DEA administrator Karen P. Tandy at IDEC opening ceremony, Montreal, Canada. Speech. Retrieved May 11 2006 from <http://www.dea.gov/speeches/s050906.html>.

Amphetamine use among college students has recently risen and is becoming normative as more students are diagnosed with ADHD and prescribed stimulant drugs as treatment. This trend points to a collective fascination with what is quintessentially amphetamine – charisma, assertion, organization, relentlessness. Widespread use of amphetamine won't change our social fabric as much as coveting the amphetamine personality already has: above all, we want to be digital: we want to be natural-born speed freaks. So it's hardly surprising that those of us with good medical insurances use drugs to aid us in this self-actualization.

Amphetamines highlight also our generation's friendly alliance with the medical establishment and its pharmacopoeia. This relationship is facilitated by our circular disease rhetoric. If the psychiatric drug 'helps' you (that is, if you like its effects), you are assumed to have had the attendant neurochemical disease and to now be cured, for as long as you stay on the drug. Diagnosis has thus become an addendum more than the cause for treatment. Young Americans have finally stumbled upon a system that benefits everyone involved: the doctors who caters to their customers, the companies that provide the drugs, and, of course, the consumers themselves. We've finally won back a clean and unstigmatized way to get high, conflating with it concepts of work, enjoyment, treatment, enhancement, authenticity, and artifice. Medicine's obligation to serve the interests of the community have taken on an entirely different flavor, and it's one you can't miss: little orange pill bottles rattling with pharma-grade, candy-colored speed are coming soon to drugstores near you.