

It's Not about the Drugs: What Is Missing from the Current Smart Drugs Debate

“In a modern world where everybody wants an edge, how far are you willing to go?” This is the question posed by an ABC news segment on the drug Provigil. The segment begins with an extended clip from the movie *Limitless*, likening the fictitious miracle drug in this movie to the real life drug Provigil. Though it is meant to treat narcolepsy or shift work disorder, many people who don't have these conditions use Provigil as a stimulant: it has become one of the newest “smart drugs.” Smart drugs, prescription drugs abused for cognitive enhancement, do not actually make you smarter-and certainly no drug can mimic the effects of the *Limitless* pill. But these drugs do enhance qualities that we associate with being smart: they can increase motivation, focus, and productivity. As the news segment continues, Provigil begins to sound more and more enticing. Why wouldn't we jump at the opportunity for instant improvement? Yet I am not at all on board with this line of thought.

There are many reasons to be wary of smart drugs. To start with, prescription drug abuse is always risky, and smart drugs such as Adderall and Ritalin often have severe side effects. Many smart drugs are also extremely addictive, and the long-term effects of smart drug use are unclear. In addition to medical concerns, there are also ethical considerations: do smart drugs give some an unfair advantage over others? Is taking smart drugs a way of cheating? On the other hand, suppose there were a non-addictive smart drug with no side effects, a drug as medically safe as Provigil purports to be. Would it be a mistake to overlook this valuable resource? I am unable to offer satisfactory

answers to these questions, though others have certainly tried. But this is inconsequential, because these concerns are beside the point. To identify the true issues at the heart of the smart drugs debate we must look beyond the drugs themselves. Provigil is indeed, in the words of the ABC news anchor, “the ultimate pill for a 24/7 society.” But we should turn our efforts towards examining this society and *not* this pill.

Smart drug abuse is a rising problem among millennials, a notable departure from our typical impressions of teenage drug abuse. Today, ‘80s anti-narcotics campaigns warning that “Winners Don’t Use Drugs” and “This [fried egg] is your brain on drugs” are no longer relevant, as the current drug of choice for my generation is ADD medication. Roughly one in five college students report having taken unprescribed drugs to help them do well in school, and between 2008 and 2013, the percentage of young adults taking ADD/ADHD medication nearly doubled, an increase largely attributed to unnecessary use of these drugs. This not just a student problem; anecdotes of smart drug abuse dominate the online discussion boards of stock traders and investment bankers who have abandoned cocaine in favor of a different amphetamine: Adderall.

There is a reason that smart drug abuse is so prevalent among millennials: these drugs have become the vice of a generation who believes that failure is a flaw. Raised on aphorisms expressing firm confidence in our abilities, repeatedly told that we were special, my generation grew up believing that we would and must be successful. Simultaneously, we learned to view failure as a sign of

weakness, to view shortcomings as limits to be surpassed. We are called to be both high achieving and failure-proof, and it is in response to these impossible demands that smart drug abuse takes root. Smart drugs enable us to do more, to be better students and employees, to meet limitless societal expectations in spite of our limited abilities. And in not having to settle for our own limitations, we are able to avoid failure.

Yet smart drugs lend themselves to a very narrow definition of success: one defined by comparison and measured by external results. To be this kind of successful, we must be better *than*: better than our coworkers, our classmates, our natural self. The more people we surpass, the more successful we become. In a recent article in the Atlantic entitled “In praise of the ordinary child,” Jeffery Kluger jokes that we are living in a Lake Wobegon nation, the real life incarnation of Garrison Keiller’s fictional town where “all the women are strong, all the men are good looking, and all the children are above average.” It is a symptom of our increasingly narrow definitions of success and achievement that being average is not good enough. But the problem is that not everyone can be above average: if we measure success by this rubric, half of everyone must necessarily fail and only a small percentage can ever be truly successful.

Moreover, this kind of success is measured only by end results. Smart drugs lead to successful outcomes by allowing us to surpass our own limitations, but there is more to success than can be measured by these outcomes alone. As an illustration of this, we might consider a unique group of smart drug abusers: classical musicians. In 2004, a reporter from the New York

Times spoke with several musicians who admitted to taking beta-blockers before auditions and performances. Beta-blockers are drugs that reduce blood pressure and lower the risk of recurrent heart attacks. They also block adrenaline, and can help relieve anxiety or stage fright. For musicians, whose shaky hands can mean the difference between a mind blowing and disastrous performance, these are invaluable side effects. But some dissenters have pointed out that this enhancement comes at the expense of the music itself. The musicians who have taken beta-blockers produce music that, while technically accurate, is lifeless and mechanical. And as one bassoonist pointed out, “no one wants to listen to a secure, accurate but disconnected performance.” Being a musician involves more than accurately playing the notes of a cello concerto. True musicians have an emotional connection to the music that they play, and smart drugs weaken or sacrifice this connection.

This connection is lost because while smart drugs allow for instant improvement, they overlook what can be learned from the process of improving. The musicians who were resistant towards beta-blockers pointed out that anxiety and stage fright can be useful experiences. Musicians who confront their performance anxiety by rehearsing more to build confidence in their work have found that stage fright can make their performance all the more impactful. The risk of playing in front of a live audience adds an authentic exhilaration to their performance, and this authenticity is what is missing from the mechanical performances of those on beta-blockers. Smart drugs perpetuate the belief that we have nothing to learn from our own limitations or failures; that what is

important is only the end result. But it is by acknowledging rather than ignoring our limitations that we are able to truly improve, and by favoring the end result over this process, smart drugs allow for only superficial improvement.

But is this process always more valuable than the end result? Perhaps the examples of students and workers are too selective. One of the reasons that this debate has become so complicated is that there are many reasons to use smart drugs that have very little to do with personal success. There seems to be a significant difference between a college student who abuses Adderall to get better grades and the doctor who takes Adderall to focus during a long and difficult surgery, and my view might seem too idealistic to have any practical relevance in the latter case. Honestly, I would much prefer to be operated on by a surgeon who is as alert and focused as possible, and the operating table does not seem like the appropriate place to be promoting self-reflection over practical improvement.

Intuitively, smart drugs seem a positive addition to this situation: they have the potential to improve the experience of both the patient and the doctor. But I think that this intuition is enabled by damagingly high expectations. We are right to have certain expectations of doctors, as they quite literally have our lives in their hands. But too often, the result of these expectations is that we begin to see doctors as no more than their technical abilities and accomplishments. As a 2014 *Time* article points out, one of the largest reasons for burnout among doctors is that they are products of a system that determines their worth by what they can do, rather than who they

are. There is not enough attention paid to the human behind these abilities, and the wellbeing of doctors suffers as a result. In response, some have suggested the introduction of mindfulness programs for doctors. These programs turn the focus of the doctors to inward reflection, emphasizing self-awareness and intentionality. Pilot studies have found that even doctors who participated in only a few mindfulness sessions reported lower levels of stress, depression, and burnout. This solution is not concerned with quantifiable end results, but centers around the humanity of the doctors. Indeed, however unconsciously, we value something about the very human nature of doctors. Hospitals have found that patients are more likely to drop a medical malpractice lawsuit after their doctor offers a sincere apology. One patient who dropped her lawsuit as a result of such an apology said of her doctor: "I found out he was a real person." Another was touched because "he honored me as a human being." The doctor who admits that he made a mistake does not change anything; he does not undo the harm he caused. But apologizing is a very human gesture, and there is clearly comfort to be found in this shared human recognition. Smart drugs are a solution that discounts the importance of the human relationship at the heart of each medical procedure.

There is fear on both sides of the current smart drugs debate. To some, smart drugs are scary because they are reminders that we are not perfect, that we cannot do everything ourselves. Yet smart drug abuse itself is sparked by these same fears: smart drugs are ways of ignoring rather than addressing our imperfections. What is most damaging about the current debate is its willful

ignorance of the true problems here, that both sides accept as norms parts of society which ought to be questioned and reexamined. It is not enough to measure the pros and cons of smart drug abuse or to search for medically harmless smart drugs. Smart drugs ought to make us question our very notions of achievement. They should prompt us to consider how we might redefine success. This redefinition might involve thinking of success as a personal rather than comparative achievement. It might involve considering what we can learn from our limitations. But insofar as redefining success will involve reflection and genuine improvement, there is certainly no place here for smart drugs.