Reading, Writing, and Rehab

At three publicly funded Massachusetts high schools, all the students are recovering substance abusers. The idea is to give the kids a safe and stable learning environment where they can overcome their addictions. So what’s with all the weed smoking and failed drug tests?

By Beth Schwartzapfel

IT’S TUESDAY AFTERNOON just before fourth period, and groups of teenagers are smoking cigarettes outside their high school. Standing among them is Billy, who has the smooth cheeks and soft-edged features of a typical 16-year-old. But there’s also a hardness to him. His hazel eyes are impassive. His dark hair is buzzed close to his head, and he has a wispy goatee and his last name tattooed in black script on his forearm.

When Billy was 14, his father, Bill Sr., went to jail on drug-related charges, and the family lost their house and split up. Billy stayed with his mother in a homeless shelter and a series of hotels, each of them trying to hide their drug use from the other. Eventually they stopped pretending and started hustling together to come up with the money for their $200-per-day heroin habit.

At most schools, an adolescent heroin junkie would be a pariah, and probably even be expelled or arrested. But Billy goes to Northshore Recovery High in Beverly, one of three state-funded schools attended exclusively by teenage drug and alcohol addicts. And according to his teachers and principal, he’s been thriving — it’s the first time he’s consistently shown up for school since seventh grade. Having completed a 90-day residential treatment program for his heroin use, he’s now living with his father, who was recently released from jail, and his uncle. (His mother also sought treatment, but eventually relapsed and is now locked up.) He met his girlfriend, Lexi, at the school, and the two of them help each other stay sober. Billy and his father both agree that if he weren’t at Northshore, he wouldn’t be in school at all.

It may sound like trouble — a bunch of teen addicts spending their days together in an alternative school — but Harvard psychologist John Kelly, the associate director of the Center for Addiction Medicine at Massachusetts General Hospital, says a recovery high school can “provide a safe social context,” which helps teenagers resist temptations.

Perhaps that’s so, but resisting temptation can apparently mean different things to different people. Billy may be attending a school specially designed to help him overcome his drug addiction, but he and Lexi openly admit that they regularly smoke pot. In fact, Billy keeps failing the drug tests that are required at the school. After each positive test, he sits down with his principal and the school’s recovery counselor, and they call in his father or uncle for a group discussion on how to help him stay sober. The school’s approach has been to focus on the major concern — heroin — first. Billy says the message he’s been given is “We’re not really worried about you failing for weed. Opiates are the problem right now.”

Most recovery schools across the country require students to commit to sobriety in order to enroll. But Northshore director Michelle Lipinski, who functions essentially as the principal, takes a much different approach. She believes that even if students are using, her school provides them with a safe environment to work through the recovery process. If they’re struggling with drug use, she reasons, better they do so at Northshore than on the streets. “These are the kids who will eventually be the dropouts of our society, not just our schools, if we don’t do something for them,” she says. “Sobriety isn’t how I measure success.”

NORTHSORE RECOVERY HIGH occupies the ground floor of an old public school in Beverly, and the hallways are filled with the familiar sound of sneakers squeaking on linoleum and lockers slamming. Students curse freely and wander in and out of class without much reprimand. During gym, they are allowed to “take a walk” (i.e., go outside to smoke). At one point during math class, the teacher looks up from drawing sine waves on the board to discover there are only four students at their desks. “Where did everyone go?” he asks.

Photographs by Jonathan Kozowyk
The woman overseeing this chaos, Michelle Lipinski, has wavy brown hair and a gregarious center-of-attention personality. The familiar, intimate way she relates to her students makes her seem, at 45 years old, more like a mother than a principal. At any hour of the day, and even on weekends, she can be found texting with students and their parents.

Before arriving at Northshore, Lipinski worked as a science teacher at an alternative school in Salem, eventually becoming the school’s director. For years she watched her students leave for rehab, come back looking healthy, and then relapse within weeks. When one of them died of a drug overdose, she says she began “thinking about what we can do differently as a school system to really address the problem.” It’s then that she started to question how well abstinence actually works in a classroom setting.

The country’s first recovery high school opened in Minnesota in 1989, and the model has since spread to about 20 schools in 10 other states. In 2006, Massachusetts opened recovery schools in Beverly, Boston, and Springfield, and one is scheduled to open in Brockton next month. The schools in Massachusetts are small, with no more than a few dozen students at any given time, but collectively they have enrolled some 450 kids in their first five years. Half of them have either graduated or are still in school.

Recovery highs are structured much like traditional schools, with students attending classes taught by certified public school teachers. The kids are referred by parole officers, other schools, fed-up parents, the Department of Children and Families, and rehab and detox centers. Tuition, which averages around $10,000, is paid for by their home school district, while the Department of Public Health provides each recovery high with up to $500,000 a year for substance abuse counseling, drug testing, and training. Students are required to create and follow an individualized recovery plan, which can include anything from attending 12-step meetings to working with a therapist or joining a sober bowling team.

Though most addiction research has focused on adults, studies demonstrate that two aspects of the adolescent brain make teenagers particularly susceptible to problem drug use. The first is that the nucleus accumbens — the brain’s pleasure center — has not yet fully matured in teens, meaning they often look for easy ways of finding excitement and rewards. The second, says psychologist Robert Miranda, an associate professor at Brown University’s Center for Alcohol and Addiction Studies, is that the frontal cortex — the part of the brain responsible for caution — is not yet completely developed.

Of course, drug use is a major concern even among teens who don’t qualify as addicts. The National Institute on Drug Abuse has found that nearly half of all 12th graders nationwide have used a drug at some point, and almost a quarter have done so in the past month. More than 5 percent of 12th graders smoke pot every day — the highest rate in three decades — and almost 8 percent of kids ages 12 to 17 used prescription pills like Vicodin to get high last year. Here in Massachusetts, the Department of Public Health reports that about 1,700 kids ages 12 to 17 receive state-funded treatment for substance abuse annually. And they typically relapse within a year.

And it turns out that the younger a person is when he begins using drugs or alcohol, the worse his long-term prognosis. “There is a huge push to try to identify kids with drug problems early on, and try to treat them before they get out of adolescence,” Miranda says. That’s part of the motivation for a national effort to integrate substance abuse support services into schools. “The White House and the Office of National Drug Control Policy are right behind this issue,” says Kelly, the associate director of MGH’s addiction center.

Getting kids sober, in other words, is a major priority. But keeping them that way can be a tricky task. A lifetime of unbroken sobriety is a lot to hope for no matter when you begin the recovery process — scientists believe that falling off the wagon is actually part of recovering — but it’s a particularly long trajectory when you’re starting as a teen. And Kelly points out that while adults tend to relapse in isolation, “adolescents nearly always relapse in social environments. If you can create a social environment where recovery and non-use is the norm, they can do much better.”

But does recovery have to mean non-use? To most experts it does, but a vocal and passionate minority — groups like the Harm Reduction Coalition and the Drug Policy Alliance — argues that, in the long run, insisting on total abstinence is unrealistic at best, harmful at worst. Lipinski comes down on that side of the debate, which makes Northshore Recovery High an outlier within the larger recovery movement: There are no 12 steps, no strict path that students must follow. The notion of safe and sober is not black and white, Lipinski argues. Her students don’t “live in a world that’s safe. They’re in and out of homeless shelters. We would never be able to keep them here if we had that zero-tolerance policy.” Lipinski’s approach is aligned with what’s broadly known as “harm reduction,” which holds that, for better or worse, some people will use drugs no matter what. Needle-exchange programs and “wet houses,” where alcoholics can continue to drink, were born of this philosophy. The idea is that if someone can’t stop or won’t stop using, we should at least make his drug use safer and less harmful, both to him and those around him.

Lipinski’s unwillingness to demand that her students remain drug-free pits her against her colleagues. In fact, Lipinski recently resigned from the board of the Association of Recovery Schools, which sets standards and guidelines for recovery schools nationwide, because of what she believes to be its overly rigid
approach to adolescent addiction. Traci Bowermaster, the board’s former chair, insists that allowing a young person to use drugs in a recovery environment is detrimental to him and the other addicts in the school. "In order for kids to really be able to embrace a new identity as a person in recovery, they have to remove ties from those who might still be using," Bowermaster says.

Indeed, most recovery high schools ask students to commit to some version of a 12-step program prior to enrolling. At Boston’s William J. Ostiguy High School, for example, the expectation is abstinence. The school’s philosophy is that a student who is actively using doesn’t belong there. He belongs in treatment. Like Alcoholics Anonymous and Narcotics Anonymous, the school believes that no drug use is safe, and that total sobriety should be every drug user’s ultimate goal.

“This is not a small thing for me,” says Ostiguy principal Roger Oser. “To put us under the same umbrella? I don’t think Ostiguy High and Northshore are recovery highs in the same sense.”

IT’S MONDAY MORNING, just a week into the school year, and all 52 students at Northshore shuffle into the school’s cafeteria and plop down on drab tan couches, arranged in a circle, for their daily check-in. Billy and his friend Alex, both wearing baggy jeans and oversize hoodies, sit together on a couch. Alex, a sweet-faced kid with blond hair and blue eyes, is recovering from an addiction to sedatives. “Alex,” Michelle Lipinski begins, “can you share where you were yesterday and where you are today?”

“Sure,” says Alex, 16. “Last couple weeks, I had the mindset that I was going to just smoke weed, and just control it. Then I talked to my mom, and she started crying. I just couldn’t fucking handle it. So I was like, Fuck it. I’ll just be sober, for now at least.”

“Do you feel like you just stopped a tidal wave from hitting you?” Lipinski asks.

“Yeah,” Alex nods. “But I just want to smoke weed and be a normal teenager, you know?”

Smoking pot is so common at Northshore that Lipinski says “students really do perceive of marijuana as legal.” And like its students, the school treats the drug as different from others, essentially handling it the way the state does — as a misdemeanor. But its ubiquity seems to confuse students about just what being clean means. One young woman who smokes marijuana every day tells the group that she likes to think she’s in control of her daily pot use, but knows that she’s not.

As the meeting continues, a guy tells everyone that his plan to have one or two beers the night he got out of rehab ended with him drinking so much that he burned a hole in his pants with a cigarette. “There’s no way I can have [only] a couple,” he says.

“You’re not alone,” says another classmate. “Everybody wants to be a normal teenager. You know what I mean?”

Lipinski nods from the corner, beaming with pride. “That’s fellowship,” she says. “And that’s where the strength comes.”

At William J. Ostiguy High School in Boston, however, the strength comes from fellowship of a different kind. During the second week of school, principal Roger Oser waits outside as students arrive for the day. The school is housed on the third and fourth floors of the Action for Boston Community Development building in Downtown Crossing, and on the sidewalk outside it’s not unusual to see business people in suits walking past actors in Colonial-era dress taking breaks from reenactments on the Common.

Oser stands with his hands in his pockets and greets each student by name.

“Hey,” one kid says to his friend as he arrives, stopping to smoke a cigarette. “You got a lighter?”

“We don’t say, ‘Good morning’ at Ostiguy,” Oser says. “We say, ‘Got a lighter?’”

The student smiles as his friend tosses him a lighter. “Good morning,” he says.

Oser, 42, is short, with a boyish face, an easy smile, and a wide girth. He’s wearing a shirt and tie, and his cropped gray hair is about the only part of him that recalls the years he spent in the Navy. Before Ostiguy, he worked as a teacher with the Department of Youth Services and then as an administrator in other settings for at-risk youth. He’s playful — the students affectionately call him “Rog” — but also stern. His staffers stress civility, respect, and order: no cursing in school, no revealing clothing, no hats, no phones, no headphones. Those with negative attitudes are evaluated daily to determine whether they’re exhibiting the school’s “five Ps”: prepared, positive, productive, polite, and personally responsible. If their attitudes don’t improve, they can be suspended. “I hate the concept that a kid’s going to come to Ostiguy and we’re going to ‘save’ that kid,” says Oser. “It’s not a treatment program. It’s not a daycare program. We’re a school. They’re here to learn.”
Suspension is not punitive, Oser insists. At Ostiguy, "When a kid relapses, that’s a time to engage them more." When a relapse at Ostiguy does occur, the student works with his or her parents, and with Oser and the school’s drug counselor, to revise the recovery plan — attending more meetings, for example, or getting a sponsor — and is allowed to come back to school only after completing the steps.

Last year, Oser recalls, one student started missing a lot of school, and when he did show up, he looked disheveled and refused to go to meetings or therapy. Teachers suspected he’d relapsed, but because he was passing his drug tests, they didn’t suspend him. By the time they realized he was using K2 — an herbal compound sold as incense that can cause seizures and paranoia — he had already turned several other students on to the drug. (Because K2 was legal until earlier this year, schools only recently started testing for it.) "The kid was not ready last year. He was a mess," says Oser. "Keeping him in here as long as we did was a mistake." Eventually they removed him from school and sent him to rehab. These days, Oser says, that student is an intern at Ostiguy and "a leader of the recovery community." The school has since revised its relapse policy, which now states that mere behavior indicating a setback can be grounds for suspension.

"I’ve never regretted suspending a student," says Oser. "I have regretted allowing students to stay in the population, hoping things would get better. I can almost say it never works."

PRELIMINARY DATA FROM THE TWO schools highlight the stark differences in their philosophies and goals. According to the Massachusetts Department of Public Health, 97 percent of the 153 students referred to Northshore in its first five years actually enrolled and stayed — and nearly every one of them was actively using drugs at the time of enrollment. That’s no surprise given that the school will take all comers, regardless of whether they’re sober.

By contrast, the tougher standards at Ostiguy meant that while 84 percent of the 142 students referred to that school wound up enrolling and staying, just 22 percent of them were actively using at the time. What’s really striking, though, is that while fully 90 percent of Northshore students reported that they continued substance use, at least occasionally, after leaving the school, just 12 percent of Ostiguy students reported the same. Even so, according to the DPH, students at both schools who were still using when they left were doing so less often than when they initially enrolled.

It’s easy to think that Northshore is simply too chaotic and too permissive to be doing its students much good. Especially when you factor in the conclusions of Harvard’s John Kelly, who says that adolescent addiction programs “generally have the best results” when they “reward moves in the right direction” — that direction being reduced use and abstinence — and have clearly defined sanctions in place. The truth is, there are times when you wonder whether Northshore has the kind of sanctions Kelly is talking about. Do the students there have the sense that there’s something — anything — at stake? The bar at Northshore can seem extraordinarily low. As long as you want to get better, and as long as you’re not in imminent danger of killing yourself or others, the message seems to be: At least you showed up. We’re glad you’re here. Let’s talk about it. Don’t kids need to be pushed harder than that to do the miserable, difficult work that recovery requires?

But there’s something else that’s true: Northshore offers at least some kind of structure and support to the teens who need it most. And if the choice is between a low bar and an unsupervised 14-year-old boy hiding in the woods outside an ATM so he can rob people — as Billy once did to pay for heroin — well, the low bar may win.

LATER IN THE DAY at Northshore, Alex and Billy go outside to smoke a cigarette and continue their conversation about marijuana. People can say what they want about weed, Billy announces, “But for me, that’s not a serious drug addiction.”

Alex nods. “I don’t think it’s that bad,” he says. “If you’re coming up positive for opiates, you’re going to have a problem.”

But Billy knows that eventually Lipinski will push him to cut down or stop with the pot completely. “When it does come time,” he tells Alex as their teachers start calling them in for fourth period, “I don’t know how I’m going to stop smoking weed. I have smoked weed every single day of my life since I was 11. And when I don’t smoke, I’m a dickhead. I’m such an asshole.”

Alex says that’s how he is about quitting cigarettes. “Butts?” Billy says, blowing out smoke. “I don’t plan on quitting them anytime soon. You don’t have to worry about that.”