2004). This kind of legislation will require pressure from organized citizens acting not as consumers but as workers and concerned members of a community. The price on the shelf might rise as a result, causing Walmart supporters to point out that the poor can no longer afford to shop there. However, the ability to buy at rock-bottom prices does not address the systemic causes of poverty—though it may contribute to them.

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Questions for Discussion

1. In this essay, is the author addressing general readers, Walmart's customers, or Walmart itself? What effect does she hope the essay will have on her target audience?
2. Consider the essay's attention-getter and memorable statement. Given the author's purpose and target audience, are they effective? Why?
3. What are the main kinds of evidence the author uses to support her causal analysis?
4. Why do you think the author uses documented sources to support her thesis? How would the effect of the essay change if the sources were omitted?
5. The author says that even if Canadians are aware of the effects of Walmart's policies and practices, they will continue to shop there. Has this essay reduced your desire to shop at Walmart?
6. Do a keyword search online of "Walmart." Limit your search to three business journals. Note the kind of article that appears in these journals. Now do the search again, looking for articles from general-interest magazines such as *Maclean's*, *Time*, *The New York Times*, and *The Walrus*. What are the main differences between the articles taken from the two categories of print sources?

Embraced by the Needle

Gabor Maté

1 Addictions always originate in unhappiness, even if hidden. They are emotional anesthetics; they numb pain. The first question—always—is not "Why the addiction?" but "Why the pain?" The answer, ever the same, is scrawled with crude eloquence on the wall of my patient Anna's room at the

Maté, Gabor. "Embraced by the Needle." Reprinted by permission of the author.

Portland Hotel in the heart of Vancouver's Downtown Eastside: "Any place I went to, I wasn't wanted. And that bites large."

2 The Downtown Eastside is considered to be Canada's drug capital, with an addict population of 3000 to 5000 individuals. I am a staff physician at the Portland, a non-profit harm-reduction facility where most of the clients are addicted to cocaine, to alcohol, to opiates like heroin, or to tranquilizers—or to any combination of these things. Many also suffer from mental illness. Like Anna, a 32-year-old poet, many are HIV positive or have full-blown AIDS. The methadone I prescribe for their opiate dependence does little for the emotional anguish compressed in every heartbeat of these driven souls.

3 Methadone staves off the torment of opiate withdrawal, but, unlike heroin, it does not create a "high" for regular users. The essence of that high was best expressed by a 27-year-old sex-trade worker. "The first time I did heroin," she said, "it felt like a warm, soft hug." In a phrase, she summed up the psychological and chemical cravings that make some people vulnerable to substance dependence.

4 No drug is, in itself, addictive. Only about 8 per cent to 15 per cent of people who try, say alcohol or marijuana, go on to addictive use. What makes them vulnerable? Neither physiological predispositions nor individual moral failures explain drug addictions. Chemical and emotional vulnerability are the products of life experience, according to current brain research and developmental psychology.

5 Most human brain growth occurs [immediately] following birth; physical and emotional interactions determine much of our brain development. Each brain's circuitry and chemistry reflects individual life experiences as much as inherited tendencies.

6 For any drug to work in the brain, the nerve cells have to have receptors—sites where the drug can bind. We have opiate receptors because our brain has natural opiate-like substances, called endorphins, chemicals that participate in many functions, including the regulation of pain and mood. Similarly, tranquilizers of the benzodiazepine class, such as Valium, exert their effect at the brain's natural benzodiazepine receptors.

7 Infant rats who get less grooming from their mothers have fewer natural benzo receptors in the part of the brain that controls anxiety. Brains of infant monkeys separated from their mothers for only a few days are measurably deficient in the key neuro-chemical, dopamine.

8 It is the same with human beings. Endorphins are released in the infant's brain when there are warm, non-stressed, calm interactions with the parenting figures. Endorphins, in turn, promote the growth of receptors and nerve cells, and the discharge of other important brain chemicals. The fewer endorphin-enhancing experiences in infancy and early childhood, the greater the need for external sources. Hence, the greater vulnerability to addictions.

9 Distinguishing skid row addicts is the extreme degree of stress they had to endure early in life. Almost all women now inhabiting Canada's addiction capital suffered sexual assaults in childhood, as did many of the males. Childhood memories of serial abandonment or severe physical and psychological abuse are common. The histories of my Portland patients tell of pain upon pain.

10 Carl, a 36-year-old native, was banished from one foster home after another, had dishwashing liquid poured down his throat for using foul language at age 5, and was tied to a chair in a dark room to control his hyperactivity. When angry at himself—as he was recently, for using cocaine—he gouges his foot with a knife as punishment. His facial expression was that

of a terrorized urchin who had just broken some family law and feared Draconian retribution. I reassured him I wasn't his foster parent, and that he didn't owe it to me not to screw up.

11 But what of families where there was not abuse, but love, where parents did their best to provide their children with a secure nurturing home? One also sees addictions arising in such families. The unseen factor here is the stress the parents themselves lived under even if they did not recognize it. That stress could come from relationship problems, or from outside circumstances such as economic pressure or political disruption. The most frequent source of hidden stress is the parents' own childhood histories that saddled them with emotional baggage they had never become conscious of. What we are not aware of in ourselves, we pass on to our children.

12 Stressed, anxious, or depressed parents have great difficulty initiating enough of those emotionally rewarding, endorphin-liberating interactions with their children. Later in life such children may experience a hit of heroin as the "warm, soft hug" my patient described: what they didn't get enough of before, they can now inject.

13 Feeling alone, feeling there has never been anyone with whom to share their deepest emotions, is universal among drug addicts. That is what Anna had lamented on her wall. No matter how much love a parent has, the child does not experience being wanted unless he or she is made absolutely safe to express exactly how unhappy or angry or hate-filled he or she may feel at times. The sense of unconditional love, of being fully accepted even when most ornery, is what no addict ever experienced in childhood—often not because the parents did not have it to give, simply because they did not know how to transmit it to the child.

14 Addicts rarely make the connection between troubled childhood experiences and self-harming habits. They blame themselves—and that is the greatest wound of all, being cut off from their natural self-compassion. "I was hit a lot," 40-year-old Wayne says, "but I asked for it. Then I made some stupid decisions." And would he hit a child, no matter how much that child "asked for it"? Would he blame that child for "stupid decisions"?

15 Wayne looks away. "I don't want to talk about that crap," says this tough man, who has worked on oil rigs and construction sites and served 15 years in jail for robbery. He looks away and wipes tears from his eyes.

Questions for Discussion

Maté wrote "Embraced by the Needle" for *The Globe and Mail*, a newspaper distributed across Canada. Keeping his audience in mind, answer the following questions.

1. The author's introduction (paragraph 1) and conclusion (paragraphs 14 and 15) are structured the same way: he makes a general statement and then supports it with a specific example or illustration. Identify the generalization and the example/illustration the author has used in each case. Why do you think the author chose this structure rather than the introduction and conclusion patterns we recommended in Chapter 8?

2. Why does the author insert himself into his writing? Identify the four times he uses first-person pronouns. Would the piece be as effective if he did not mention his personal involvement with the issue? Why?

3. In point form, summarize the causes that Maté thinks lead to addiction.