

BY RON ALEXANDER

COCAINE AND ME

It wasn't supposed to be like this.

THIS STARTED OUT TO BE A report on some of the problems with Pennsylvania's chaotic, undersupervised system for treating drug addicts. I was going to write about the high cost of treatment, question the competency of addiction counselors, and investigate the state's ability to regulate the more than 600 facilities licensed since 1973.

That was six months ago, when I first proposed this story. At the same time, coincidentally, I began my addiction to cocaine.

Like any other reporter, I gathered my facts, questioned state officials, visited treatment programs and interviewed drug addicts, recording the guilt and pain of lives destroyed by years of drug dependency. I recorded the sad stories of broken families, lost homes, wasted money, death.

I continued getting high.

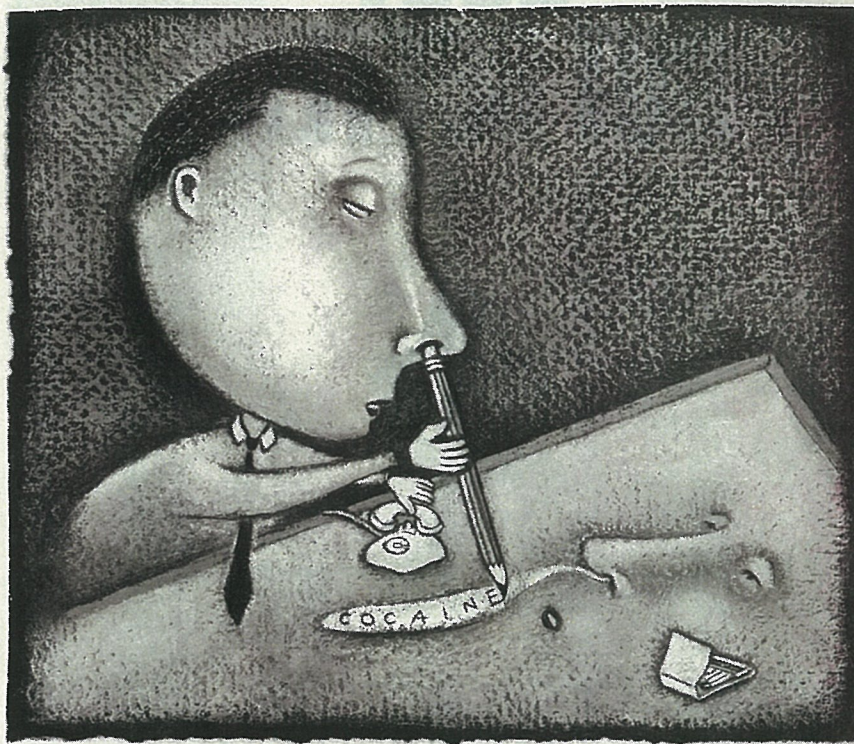
My fervor for the story was matched only by my lust for cocaine. I would write in between cocaine marathons that would go on for as long as 72 hours and crashes that required a week of recovery from having not bathed, eaten or drunk water for days.

Because I am a free-lance writer, I had the time to get high and sober again without notice. I worked primarily at home and only had to face my computer with my red eyes. So long as I met my deadlines, my editors were happy and paid me. The money went up my nose.

My ritual time for getting high was on Friday night. That way I could spend Saturday and Sunday nursing my body back into shape with food, water and vitamins. By Wednesday, I would begin to feel like my old self. But soon it was Friday again. *Fake it until you make it*, I told myself. I played this game every week.

After the first three months, my once-a-week ritual began to occur more frequently. I found myself craving cocaine during the weekdays, even before I had fully come down from the last high. Soon any day was an occasion to get high, as long as I had the money.

On the night before I am to turn in my first draft of this story, I find myself get-



ting high with a friend, Carol, in North Philadelphia. I am down to my last \$20; I've already spent \$150. I want more, she wants more, but she has no money.

Spend your last \$20, I tell myself. *Do it!*

I grew up with Carol around 29th and Diamond back in the '60s. She was the most beautiful girl in the neighborhood—a real fox with olive skin, long, shiny black hair, sparkling hazel eyes. She wore clingy dresses.

Tonight, as I gaze at her across the table, I realize that she bears no resemblance to the girl I once knew. She has scars on her face and arms, the souvenirs somebody too familiar with the streets invariably picks up along the way. Her hair is short, its sheen replaced by the gray beginning to appear. Twenty years of abusive men and drug addiction have robbed her of beauty and happiness, too.

"I'm going to get a twenty," I finally tell her. "I'll be right back."

Light rain is falling, but I'm only going

three blocks. Someone will be out on the corner dealing. Someone always is. When I get to 30th and Norris I'm approached by several dealers—young boys—stylishly attired in Reeboks and Fila warm-up suits.

"I got the killer right here. How many do you want?"

"Get the *jumbo* here!"

"Look at these fat packages."

"This is the shit, man! Get this."

I signal one guy and we walk half a block.

"What do you want?" he asks.

"Twenty. Give me a twenty."

He pulls out two packages sealed with tape. "Which one you want?"

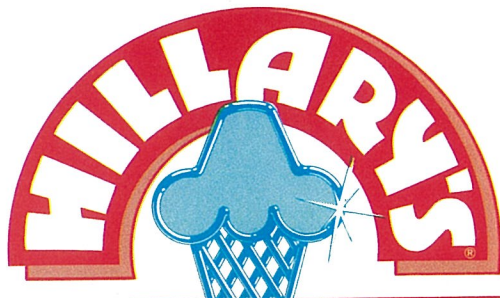
"I'll take either. If they're both the same it doesn't matter to me."

He gives me one, but before he can walk away I break the seal to taste what I'm getting—something that I've learned to do after being sold baking soda a few times.

"This is garbage, man," I say in a low voice. "Give me my fucking money back!"

THE BEST JUST GOT BETTER!

INTRODUCING...

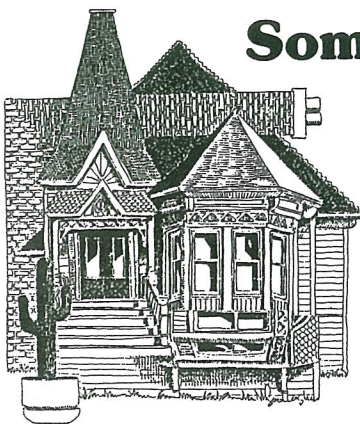


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FIRST PERSON

He backs up, reaches inside his jacket and pulls out a gun.

"You better get out of here, man," he tells me. "I gave you what you wanted."

By now my head is pounding with the need for cocaine. I'm bigger than this kid. If I can take him, I can get my money back and get all of the real cocaine that he has on him.

"I'm telling you, man," he says, holding the gun close to his body. "You better get out of here!"

Here's what's going through my mind: *Is he holding the gun like that because it's not real? Or is he really going to shoot me?*

At this moment, it occurs to me that something has gone seriously wrong with my brain.

A guy is holding a gun on me, and all I can think of is killing him and taking his drugs.

"I should beat your little ass!" I grudgingly say.

"Why can't you do straight business around here? I'm going to let you go this time. Killing you just isn't worth 20 bucks."

I walk away, upset that I just lost my last opportunity to get high tonight, but also now facing the frightening thought that I am finally sick in the head over cocaine.

That realization didn't change anything, however. In fact, I had completed *two* drafts of this article before my drug dependency, my sad story, cut through the apathy of months of using cocaine. I turned in my second draft, and three days later I turned myself in to Eagleville Hospital for treatment.

I LEARNED ABOUT EAGLEVILLE THROUGH my interviews with drug addicts; many of them spoke highly of the hospital's addiction treatment program. Checking in was a relatively simple process. I called, explained my addiction, gave the name of my insurance company, and within a week I received a letter of admission with a date to report. Cost was not discussed. (I later learned, after completing the program, that my 28-day stay cost over \$6,000.)

"I'm an addict," I tell myself. I repeat these words on the train to Eagleville in Eagleville, Pa., just to remind myself why I'm going. I shouldn't need a reminder. During my brief addiction, I've stolen for drugs. I ripped off not only my bank, but my friends to get money for cocaine. But it didn't really happen suddenly. It had been building for a while.

My first experience with cocaine was in 1972, in college. I was 22. I would snort it occasionally, mostly when it was offered to me at parties. It was the hip thing to do. I continued snorting cocaine after college, following the same pattern of use. I rarely purchased it.

Freebasing changed all that. I remember going to visit a friend and being offered cocaine. Instead of snorting, though, she went through an elaborate process of mixing it with baking soda, adding water and bringing it to a boil in a small glass bottle. Not wanting to appear stupid, I asked no questions. I had never seen this done before. I watched in silent amazement.

After about ten minutes, she put a few drops of cold water into the bottle and, with the end of a wire hanger, gathered up the cocaine, which was now an oily substance. Once out of the water, the oil hardened into a rock. She then placed one of several pieces of rock into the bowl of a tiny glass pipe and handed it to me. When I placed the stem in my mouth, she held a match to the bowl and told me to inhale deeply and slowly. I did, and I felt a sudden rush to my brain that nearly knocked

*"You gotta cry before
you leave here, give up
some tears, before they
take you seriously,"
says Jake.*

me down. My temperature went up and my heart began pounding. This is better than sex, I said to myself. A few more hits like that and I knew that this was the way I would enjoy cocaine from now on. With snorting, it took several minutes for cocaine to reach my brain, but with freebasing, the high was instant and more intense.

Now then. I'm 37 years old. I work every day. I have a college education. I live in the Northeast. I have held white-collar positions most of my life, and I dress immaculately—very *GQ*. Drug addicts are scraggy, skinny and desperate. Or so I thought.

The other passengers on the train look content, in control, happy, but as we roll along I wonder how many of them got high last night. I look into the eyes of the people sitting across from me, searching for the tired, haggard redness, a nod, a yawn—anything not to feel so damn alone! Doesn't work.

I arrive at the hospital and am placed in a waiting room with two other new patients. I feel like an intruder because I'm wearing a suit. These people have the *look*, the eyes. They're in T-shirts, jeans and dirty sneakers. Desperate.

The chairs in the waiting room are ar-



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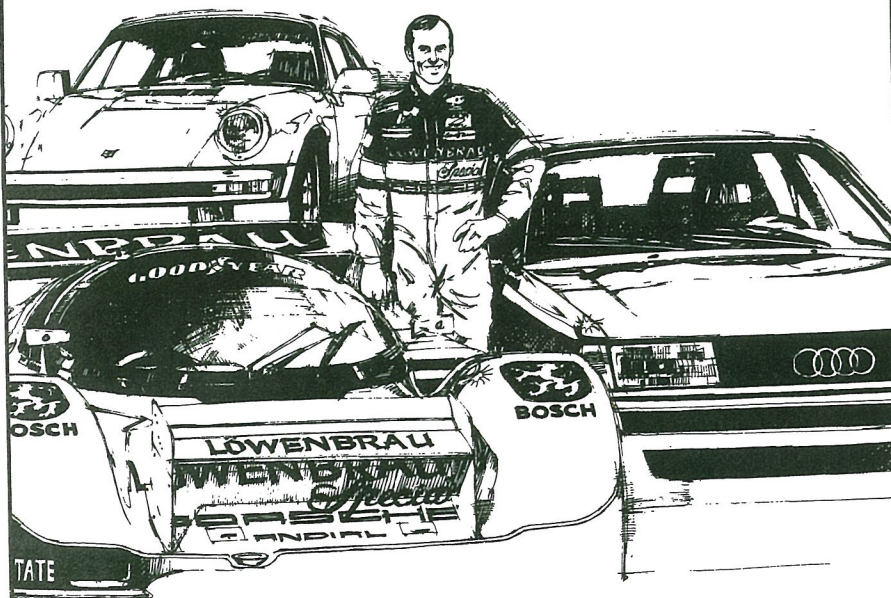
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FIRST PERSON

ranged in a semicircle so that we *have* to face one another. On the walls are certificates, and on a table are outdated magazines. For a long while no one speaks. The only sounds come from people moving through the hallway. Then one of the patients breaks the silence.

"People around here sometimes play head games," says Jake. He has been a drug addict for 30 years and this is his second time in a rehab. "You gotta cry before you leave here, give up some tears, before people will take you seriously."

"I got to the point where I would do anything to get high," says Mary, a pretty blonde, a slow talker. "I sold my jewelry, my clothes—my body—whatever I could get my hands on for cocaine. I hated myself, but I couldn't stop."

Jake interrupts, "That cocaine is something different. I've shot heroin for years, but I never blew too much money or lost my sanity. But when I started using cocaine, I blew a *lot* of money. Coming down was like a sledgehammer."

I take it all in, straining to show no emotion. Mary leaves the room with a nurse. She's headed to see a shrink.

"She's been here so many months," says Jake, "she walks around like she works here." He stretches back into his seat and yawns. "Man, I'm tired. Got all that shit in my system. If only I could lay down for awhile."

Mary returns and it's Jake's turn. "That guy is really fucked up," Mary says after he leaves the room. "He just can't seem to get it together. Don't pay him any attention. Sometimes he talks real strange. I would like to know how he gets the money to keep coming here."

When it's my turn, I am led into the office of the staff psychologist. I prepare myself for a barrage of questions, determined only to answer those that I feel pertain to my addiction. His office is small and simply furnished. On the wall is a painting of farm scenes in bright crayon colors.

"How often do you use cocaine?" he asks, looking me straight in the eyes.

"About once a week."

"How much do you spend?"

"About \$150."

"How long has this been going on?"

"For about six months." I expect my neophyte status to impress him, but he doesn't look up from his notes. Most people here have been using drugs for years. My problem isn't *that* bad.

"You seem unhappy," he says. "How are you feeling today? Are you unhappy?"

"I suppose that I am, a little. I'm tired. I didn't get much sleep last night."

"Did you get high?"

"No, I haven't been high for over a week now. I just didn't sleep very well last night. I had a lot of things to get in order before

coming over here."

"What type of things?"

"My apartment, my job—things like that. I tried to finish up some work because I knew that I would be coming here."

"Does your family know that you are in treatment?"

"No. I haven't talked to anyone."

He pauses, taking more notes. Surely he can't have much to write. I've only spoken 50 words.

He suddenly looks up. "Why are you here?"

"I have a drug problem," I shoot right back.

"What is your drug problem doing to your life?"

Now he's really irritating me. He's the doctor. He should have the answers.

"I'm here because I want to stop using cocaine."

"Do you feel that we can help you?"

The thought of going home with this amount of cocaine terrifies me.

What if I have a heart attack?

"I think so. I hope so."

End of interview.

After six hours of intense examination and evaluation by a medical doctor, nurse, social worker and psychologist, I was placed in the Program for Employed People (PEP), a 21- to 28-day accelerated plan designed to rehabilitate working addicts. Most of the people in this program are here with the cooperation of their employers and are covered by insurance. There is also a long-term program—up to six months of treatment—for alcoholics and drug users more deeply entrenched in their addiction, many of whom have never held a job.

My room is semi-private with a balcony overlooking a small, sloping hill still extraordinarily green for the fall. There is a nightstand for each bed and a desk with two chairs.

My roommate's name is Danny, an alcoholic who has been through two rehab programs. "What's your drug of choice?" he asks me while I'm making my bed. The mattress is covered by plastic, which causes the sheets to shift every time I try to tuck the sides under.

"Cocaine," I say curtly, not really wanting to talk.

"Man, a lot of people are here because

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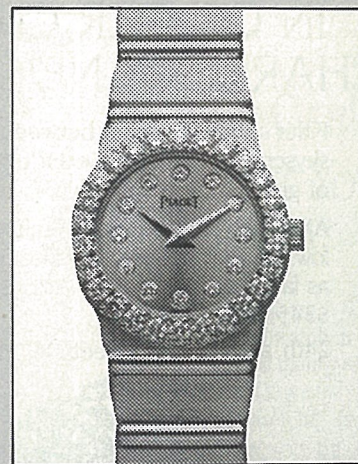
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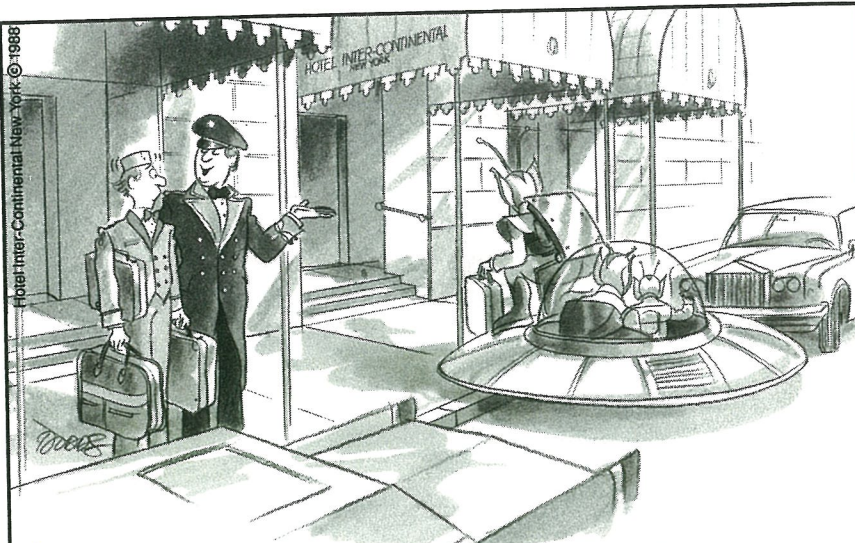


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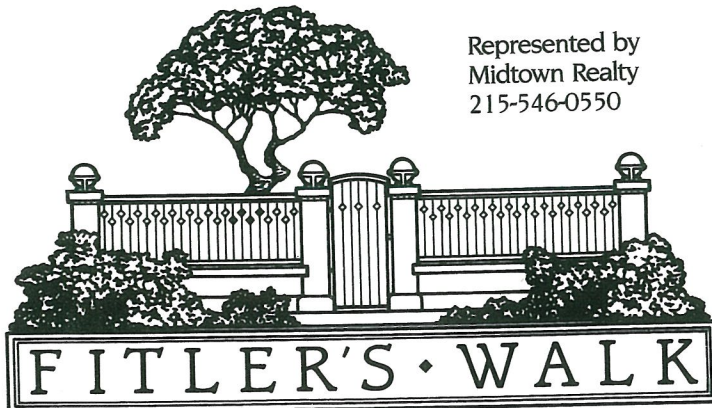
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FIRST PERSON

of cocaine. Sometimes I wonder what I've been missing. There must be something very good about cocaine if everybody's doing it."

I'm about to tell this guy to shut up when I think that I should try to get along with him. No need to make enemies.

"You haven't missed anything," I say.

"DON'T BOTHER ME"—THAT'S A SIGN THAT I want to hang around my neck after about an hour in the unit. People continuously come into my room to introduce themselves. They are all smiles, handshakes and hugs, patients and staff alike gushing with affection and concern over me. I am not used to all this emotion, particularly from strangers.

After unpacking and getting settled into my room, my treatment begins right away with a group meeting following dinner, the first good meal I've had in weeks.

"Deny your addiction and you'll never stay sober," says Bill, the speaker, a big man with a smiling, round Santa Claus face, himself a recovering alcoholic and now an addiction counselor. This is our evening meeting, one of six during a day that begins at 6:30 a.m. and ends at 10 p.m. There are 41 other alcoholics and drug addicts locked into this fellowship with me. Bill's voice rings in the small auditorium.

"There are 12 steps to recovering, but the most important is the first—I accept that I am powerless over my addiction and that my life is unmanageable as a result of my addiction.' Until you accept this first step, bury your ego, humble yourself, find your higher power, you will not find sobriety."

The 12-step program, we are told, will keep us from drinking and drugging. Over 50 years ago, when Alcoholics Anonymous was founded, the 12 steps became the foundation. Today, these steps have the power of the Ten Commandments among addicts.

"Get honest with yourself. Admit that you are powerless," Bill goes on. "If you don't feel that your life is unmanageable because of drugs and alcohol, you're in the wrong place. You don't belong here. Leave and come back when you're ready."

THE NEXT DAY IS FRIDAY. AND I'M LEAVING.

I feel uncomfortable in an environment where I am expected to greet everyone with a smile, talk about myself freely with strangers, and eat and sleep by the rule book. I can't take the pressure. This doesn't seem to be rehabilitation.

When I announce my intention to leave, several counselors and patients try to talk me out of it, but I won't listen.

I pack my bag, say my goodbyes, and walk off the grounds. My bag is heavy and the train station is at least three miles away.

There is no bus in sight. I resign myself to walking when suddenly a car pulls up. It's Bill, the counselor, offering me a ride. I'm surprised.

"I'm happy to see you," I say.

"I'm not allowed to offer patients a ride while they are on the grounds, but now that you've left, I can give you a lift."

"Thanks."

"I know that your mind is set on leaving," says Bill. "I'm not going to try and talk you out of it. But you can call me—anytime—if you need to talk. I'm here for you."

"Sure, thanks a lot. I might be calling."

"Go to Narcotic Anonymous meetings at least. You can talk your problems through there. It will help if you want to stay clean."

Bill's concern makes me feel guilty. I have it in my mind to get high as soon as I get to the city, and he's taking me to the train.

"I will go to meetings," I tell him.

After Bill drops me off and I watch him drive away, I walk a few blocks to a MAC machine. I want to withdraw \$400 but I'm only able to get \$200. A half-hour later the train arrives.

The train ride back to Philadelphia is taking too long. And I've got \$200 in my pocket. So at the next stop I hop off the train and flag down a cab to speed me the rest of the way.

When I get to my drug buddy Carol's house, she's not there. So I call a dealer, who meets me at a corner bar with two and a half grams of cocaine, \$200 worth. I go back to Carol's, but she is still out. I decide to sit on her steps for a few minutes. I use my bag as a headrest.

After 20 minutes of waiting, I'm really frustrated. I want to get high—but not alone. The thought of going home with this amount of cocaine terrifies me. What if I have a heart attack? It might be days before my body is discovered.

Unable to wait any longer, but still reluctant to go home, I spot two young women about to cross the street. I call out to them.

"Hey, would you like to get high?"

They walk over.

"What you got?" one asks.

"Cocaine. Plenty of it."

We freebase all night. At about 6 a.m., when the coke is all gone and no one has any money, they leave. No long good-byes.

This is a Sunday morning that I have seen before. My body feels like it has fallen from a high place. The loneliness begins to speak to me.

I RETURN TO EAGLEVILLE THE NEXT DAY.

Bill welcomes me back with a powerful hug that I find reassuring. No one allows

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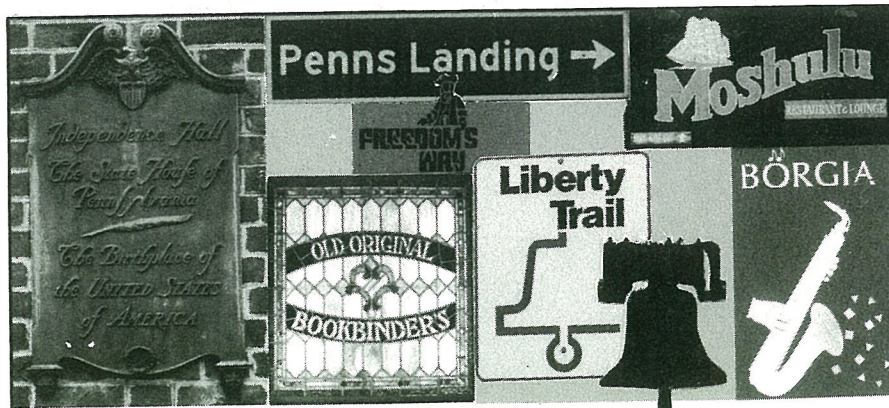
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FIRST PERSON

me to feel embarrassed about returning. I have my same room and roommate, who also hugs me. I'm told that my relapse was a healthy one because I came back for help—and it didn't take me years to do it. The treatment begins again.

Being in treatment reminds me of college. Classes are tightly scheduled; there are books, homework, lectures, even a class trip. The cafeteria is the center of activity, the social arena. Movies are rented for weekends and live entertainment (usually a rock band) is brought in on Friday night. Snacks are available every night. Regular time is scheduled in the gym, where there are weights, a basketball court, ping pong, and other games. Family visits are on Saturday and Sunday. But the similarity to college stops there.

This is a program where the most constant routine is self-confrontation, daily exercises of discussing one's life, painful

*I've been told to avoid
the people, places and
things that were part of
my addiction. That
sounds almost impossible.*

memories, bitter experiences, facing up to the events that lead to addiction.

The most intense confrontations take place in psychotherapy group sessions. Ten patients are assigned to a group coordinated by an addiction counselor. This is where emotions run hottest, where feelings of guilt, loss, hurt and helplessness very often bubble over into tears. It's an opportunity to face the ugly events and actions in one's life, to accept the hurt and responsibility—to bury the past.

Today is my first psychotherapy session since returning. I feel more at ease, but still nervous about opening myself to strangers.

"A good friend—my best friend—killed himself last night," cries John, who looks to be no older than 18. His drug of choice is speed. He holds his face, sobbing. "Oh God, he's dead. He shot up last night. I tried to get him to go for treatment but he wouldn't listen. We went through the Army together, we did everything together. He was the closest person to me and now he's dead. My best friend is dead!"

Words choke in my throat when I think back on the countless occasions that I risked my life to get high. How many times have I bought cocaine from the faceless dealers at 8th and Butler, never knowing

the seller, the quality or the purity. I could have been sold just about anything, and I wouldn't know it until after the stuff was in my system.

Patty, a middle-aged woman, announces, "I lost my arm because of drugs." She is one of ten women in the program. She is wearing a light cotton jacket, but the empty left sleeve reveals that her arm has been amputated at the elbow. "My arm became infected and it couldn't be saved. But it didn't stop me from shooting drugs. When I got out of the hospital I kept on using drugs. The fact that I had already lost an arm didn't matter. I used my legs."

I am repelled by the sight of Patty, but when she begins to cry I can't take my eyes off her. The sleeve of her jacket just hangs there as her body shakes with every word.

"I couldn't stop shooting drugs. I put needle tracks up and down my legs. I was ashamed to even wear a dress. I feel like a piece of shit!" I want to try to comfort her.

"You're going to be all right," I say softly, fighting back my tears. "You are still beautiful. You are still a human being. Your life is not over—none of our lives are over."

I walk over to where she is sitting, and offer her my hand. She takes it, and we hug. The emotion pours out. I am no longer able to hold back.

SO HERE'S WHAT I HAVE LEARNED: AT AGE 37, I discovered an effective and enjoyable way of destroying myself. That's drugs. For the past two weeks I had to surrender—without question—to the treatment methodology, to trust and have faith, to share the hurt and despair of my life with the patients and the staff. That taught me that nothing, not even the fear of the law or death, will turn addicts away from drugs. Every day at Eagleville I heard the stories of death by overdose, of how bodies were dumped somewhere, left on the steps of a hospital or police station, left to rot in an abandoned house. This is why when the money runs out, there is no reluctance to steal, commit robberies, muggings and even murder.

Today, after 21 days of treatment, I am home. I face the challenge of living a drug-free life. I feel uneasy out of the safe environment of rehabilitation.

I've been told to avoid the people, places and things that have been a part of my addiction, which means that I must make new friends and find different places to spend my time. That sounds just about impossible.

I've stayed hidden in my apartment for the past two days. I'm afraid to go out. After being in a program with 40 other people, I find the solitude of my apartment



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FIRST PERSON

depressing. I've never felt loneliness like this.

About the only thing that I am sure of is that I don't want to get high. I don't need drugs. I desperately want to hold on to that feeling. The question is how.

On the third day of my seclusion I'm just about ready to scream. So I decide to visit a friend.

On the way, I become excited about seeing her. But once I step off the train in North Philadelphia, my heart begins to pound. This is one of those neighborhoods I was told to avoid.

It's cold. Light rain is falling. I walk fast, keeping my eyes locked in front of me. I

try to block out everything around me. Then I see them. On the corner, huddled on the steps of an abandoned store, are my old friends, the dealers.

My mind begins to race. I play back what I've learned at Eagleville, hoping to find a way—something that was said during my 21 days of treatment—that can get me past this corner.

I begin to pray. I ask God to help me to continue walking and to keep my hands in my pockets. Just as I reach the dealers, I close my eyes for a second. I open them only when I sense that I am about to cross the street.

I cross the street. ■■

HOW TO BEAT COCAINE

THERE ARE MORE THAN 600 DRUG AND ALCOHOL REHABILITATION PROGRAMS THROUGHOUT the state of Pennsylvania. Treatment doesn't come cheap. A seven-day detoxification program to wean the body of drugs can cost as much as \$4,000. Following detox, rehabilitation can be very costly, bringing the addicted person face to face with staggering costs once reserved for major surgery.

At some private luxury level psychiatric facilities with addiction treatment programs, like Eugenia Hospital's ADAPT, in Lafayette Hill, where the rooms are semi-private and carpeted, with private baths, the tab for a 28-day program can run as high as \$20,000, or about \$700 a day.

Most other privately operated rehab programs, such as Eagleville and the Valley Forge Addictions Program at Valley Forge Medical Center, charge between \$5,000 and \$10,000 for treatment.

Before looking into a treatment program, first check your insurance coverage to determine for what kind of treatment—and for how many days—your policy will pay. Twenty-eight days is the standard length of stay in most inpatient rehabilitation programs. But ask your agent whether you can receive treatment beyond 28 days. Once in a rehab, you may discover that you need additional time.

- When looking for a treatment facility, take the time to find out what the program is like. Visit before deciding to check in. Don't be swayed by country club amenities. Verify whether the program is licensed by the state. Check for family and group counseling, as well as information sessions on substance abuse and prevention.

- Determine the competency of the staff. Find out whether there are licensed clinicians on staff, certified addiction counselors, as well as people experienced in working with addiction. What is the staff's turnover rate? If it's over 20 percent, watch out.

- If you are in need of specialized care, make sure that the program can meet those needs. Some hospital-based programs can provide medical or psychiatric care.

- It's a good idea to get a sense of the rehab's track record. Many rehabs overstate recovery rates, and will claim up to an 80 percent success rate. No one is quite sure what the percentages really mean. Beware that there have been few, if any, reliable studies conducted.

- Determine whether you need outpatient or inpatient treatment. Consumer and insurance providers' resistance to escalating costs are forcing rehabs to offer outpatient services, which cost considerably less. The desire to continue working or be with family, however, should not be the deciding factor.

- Evaluate the environment. Cocaine addicts tend to feel more comfortable in a program with similar addicts. The executive type sometimes would rather be in a program with his peers. While these personal preferences are important, more significant is the quality of treatment and the sensitivity of the clinical staff. Don't equate price with quality.

- Finally, if you have either a complaint or problem with treatment, contact the Pennsylvania Office of Drug and Alcohol Programs at 717-787-9857, the New Jersey Division of Alcoholism at 609-292-8947, or the Division of Narcotics and Drug Abuse Control at 609-292-5760.

—R.A.

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