

WHITE LIES

COCAINE—THE DIRTY LITTLE SECRET IN THE AGE OF CLEAN

It's really a shame that you can't see Eve*. You'll have to trust me on this one: To look at this 27-year-old woman is to see a sort of young female version of Dan Quayle—wholesomely attractive and utterly conservative, almost a caricature of clean-cut. You would be quite unsurprised to see her making seven-figure deals in the capital-markets division of a Boston bank, to see her wearing jewel-toned silk shirts at power lunches. But every night—every single night of her life for the past five years—Eve has opened the door of her apartment to a midnight caller: her boyfriend, the dealer. They have a long-standing arrangement of reciprocity: "He gets laid," she says, "and I get cocaine."

There is something desperately wrong with this picture. Vital, accomplished young women today are supposed to be using oat bran, condoms, Perrier, sunblock—not using coke. They're supposed to be doing aerobics, drinking decaf—getting healthy, not getting high. But for some young women in this age of clean, cocaine is a dirty little secret that dictates a double life: a masquerade of stability, with a dangerous alter ego that buys or uses the drug. They're good little actresses, these women—a rigid self-control is often part of their psychological makeup, the only way they keep from breaking apart. They talk with a Sybil-like disconnection about "the person" who uses cocaine, as opposed to the banker/lawyer/marine biologist they present. Cocaine use is virtually undetectable if that's the way the user wants it, until the secret life encroaches on the "real" one, and eventually overtakes it.

In a poll taken by the 1-800-COCAINE hotline last year, the average age of female callers was 25. Fifty percent of these women admitted to being involved in some kind of violent activity because of cocaine use—anything from a fistfight to a robbery. And the hotline's numbers, of course, represent only the tip of the glacial cocaine problem: those enlightened

few who have finally admitted they need help. The women who get into trouble with cocaine all have different stories, but certain patterns emerge. Some began as daring, adventurous ado-

lescents, with a history of early drug experimenting. (It's shocking to hear them talk about using their first drugs—maybe diet pills or cigarettes—before they were old enough to shave their legs.) They're often low on self-esteem, although they may be covering up with a gutsy bravado. And before they get help, they may stoop so low that they have nothing left to lose, making personal, moral and sexual choices that, in the cold, clear light of sobriety, seem alien and alarming.

Many of them also make some kind of reference to the way cocaine fills an "emptiness"—a hole so big that only the falsely inflated promises of drugs could fill it. It's a promise that's especially appealing to an adolescent because it's coupled with the attraction of the forbidden, of a secret life.

GIRLS TAKE RISKS, TOO

Eve's story is not typical, not atypical: born in a small New England town, brought up in the home of a grandmother whose idea of child's play was cooking, cleaning, sewing and gardening. There was always a bar set up in that home, and Eve used to act as a little hostess at parties: "It was like a game to mix the drinks and test them out." Her precocity quickly extended to more illicit adult pleasures. "At twelve I smoked my first joint," she says. "At fourteen I was smoking daily, and whatever pills were available, I would do those, too. Once, in eighth-grade typing class, I had taken this drug called THC—a hallucinogenic—and I was just banging away at those keys. The kids sitting around me knew what was going on, but the teacher never acknowledged anything. Nobody challenged me."

It's interesting how often people like Eve speak of the thrill of being "introduced" to a new drug, as if it were (continued)

By Aimee Lee Ball



"OUR
ARRANGEMENT
IS THAT HE
GETS LAID, AND
I GET
COCAINE"

a blind date proffered by a felicitous friend. When Eve was introduced to cocaine, she felt she had found the dream drug—a reward for years of searching (although she cannot define exactly what she was searching for). The high was indescribably euphoric—more incendiary than sex, more intense than skydiving, most closely resembling the launch of a space shuttle. And there was no expense—Eve's boyfriend was a faithful supplier, making ritual nocturnal visits.

Eve loved the added challenge and titillation of keeping her habit hidden. During one binge, a friend dropped by to take Eve for a ride in her new car. Eve was shaking like a leaf, but she managed to put mascara on one eye and insisted that her friend make up the other eye before she would leave the house. She got a special charge out of successfully portraying the straight arrow, even drinking club soda at parties. "People would ask, 'What did you do this weekend?' and I'd say, 'Nothing, I was studying.' They'd say, 'You're such a grind,' and I'd say, 'Yeah, I know.' I'd eat it up. I loved the fact that I had this little secret, my own private world, and nobody could touch it."

It is easy to see an addict's life in defeat as a cautionary tale on the perils of stepping outside the law: It is not some government whimsy that keeps cocaine a controlled substance. But to some extent Eve and others coming of age in the '70s are to be pitied because they were duped. They did not grow up watching the TV commercial with the egg frying in the greased skillet and the announcer declaring, "This is your brain on drugs." They were not bombarded with the "Just Say No" message. The cautionary drug tales they heard were perhaps as effective as the warning label on a pack of cigarettes—the perception of pleasure is so much more immediate than the distant rumble of danger. The user's claim of control over the drug ("I can give it up any time I want") would be tacitly supported, in theory, by a scientific community that told us cocaine, unlike the "harder" stuff, was not physically addictive.

Of course, scientists now acknowledge that at the very least, it is *psychologically* addictive. Cocaine is actually a stimulant of the central nervous system, beginning its work in the cortical cells of the brain, where it produces feelings of excitement, limitless energy and heightened physical and mental abilities. (The term "wired" may ring a bell.) But the cocaine high is short because the liver breaks down the drug so quickly. And the next set of feelings as the drug wears off constitutes the depressive phase: confusion, irritability, despondency, dizziness, dry throat, muscle tightening and tremors. The down slide is such a bitter jolt after the previous bliss that the user will try to postpone

it, taking more and more of the drug. Cocaine becomes a cure for its own negative effects. But there is only a narrow margin between a dose that will thrill and a dose that will kill. In increasing quantities, cocaine can overload the heart, breathing and nervous systems, and cause death within minutes.

That narrow margin of safety actually adds to the lure of cocaine, particularly for young women like Eve, according to Tim Sheehan, Ph.D., senior staff psychologist for the Hazelden Foundation, a rehabilitation center in Center City, Minnesota. Typically, he says, these women are energetic, attractive personalities, with a history of adolescent risk-taking, not easily frightened, and drawn by cocaine's aura of glamour. "Cocaine seems like

an exciting kind of option," says Dr. Sheehan, "not like the booze that Grandpa used to get loaded."

There are plenty of people who are living testimony to the fact that trying drugs for the youthful rebellious kick of it doesn't always lead to getting hooked. Beyond adolescent drug use and a propensity to take risks, what also binds these women is painfully low self-esteem. The cocaine puffs up a deflated ego, erases an unhappiness—becomes a crutch. When everyone else moves into adulthood and gives up frequent drug use—this is, after all, the age of clean and sober—they need to cling to their chemically induced highs.

THEIR DIRTY SECRETS

Most of Elaine's* childhood was spent measuring herself against an older brother who could do no wrong, and feeling very less-than. She and her brother were both music prodigies, and in school it was always "Oh, Joey's little sister. You play, too?" Straight As were what was expected. When Elaine called her father to tell him she'd been accepted to a prestigious music school, he said, "Of course." Not "Congratulations," not "Good Luck." Just "Of course." Her Midwest upbringing was right out of *Ordinary People*: Love was not demonstrable, anger didn't exist, everything was fine. Her drug use was both a rebellion for a "good girl" who only got attention when she screwed up, and a kind of self-medication for a piano student terrified of performing. "I'd take as many drugs as I could, and still my foot would be shaking so much I couldn't keep it on the pedal."

Elaine dropped out of college and, feeling like a failure, moved to Miami, which was pretty much acknowledged as a party town. "In the nicest restaurants in town, the waiter would be the dealer," she says. "You'd buy a gram from him, line it up on a plate, and he'd pull up a chair and snort with you. It was almost expected that if a man asked you out, he'd have a gram—

it was like the corsage of another era. And it was heaven. It was like anesthesia. I just felt wonderful, with a certain freedom from fear, and the coke 'babble'—you can talk endlessly and think you're being brilliant. I was waitressing, and I think the only way I got to work was the knowledge that I could get cocaine every day. For Sunday brunch, all the lines of cocaine would come out in the kitchen. I lived at the beach for two years, and I never went swimming."

Elaine's years in Miami were like a cocoon away from the real world. "Addicts do not like to experience uncomfortable feelings," explains Ellsa Sorenson, C.C.D.C.R., a counselor and supervisor of a women's unit at Hazelden, "so they find ways of numbing themselves, of 'leaving their bodies.'" She likens this suppression of feelings with coke—and, later, hitting the depths of addiction—to the children's toy that looks like a tin can: When the lid comes off, snakes pop out.

LIVES OF LIES

There is so much denial and self-delusion that is built into cocaine abuse. When Carla* described herself to me on the phone, she said she was thirtish, but looked ten years younger. The truth is: She'd never be cast in *thirtysomething*. Years of damage have left a legacy of haunted eyes and intense expressions.

She is a 31-year-old lawyer who grew up in a working-class neighborhood on the California coastline. Carla talks a self-confident game, as if she were always sure that her ambition and energy would bring her the better things in life. She put herself through college and law school at night, her drug use confined to smoking grass on weekends—"for a treat, like having chocolate mousse." Her boyfriend thought cocaine was "bad vibes," and she heeded his advice to stay away from it until one time when some friends convinced her it was harmless fun. "I said to my boyfriend, 'The hell with you—I want to try it.' And I fell in love."

Carla was off to the races, as she describes a six-year odyssey through mountains of white powder. She kept work and drugs

separate—she never did coke in the office, although she knew plenty of fellow lawyers (and clients) who kept their stash in desk drawers. Once she saw a client during a drug buy at a party. The client said, "If I'd only known..." and Carla replied, "No thanks, and you don't know now." But every weekend she was out in clubs, and the first person she wanted to find was the cocaine dealer. Soon her friends, apparently identifying some danger line that Carla had crossed, refused to deal to her, and that led her from the bathroom stalls of exclusive clubs to desolate tenements in burned-out neighborhoods that often figured in

newspaper accounts of drug busts. It was always a point of pride that she paid for her own drugs—"even if the dealer was my friend, I paid. Even if I was going to have sex with him, I paid." Carla tells one story about going to "cop" some cocaine from a man who put a knife to her throat and climbed on top of her. She tells this story without using the word "rape"—she talks about "succumbing sexually"—but after hearing the words out loud she concedes that yes, of course, she was raped, as if it were an epiphany that only just now occurred to her. She was oblivious to quite a lot in the throes of cocaine. She weighed 93 pounds and thought she looked great. (The anorectic effect of cocaine is a reinforcing factor for many female users, says Dr. Sheehan. On cocaine, they eat less and control their weight.) The electricity was turned off in her apartment, and she owed a year's rent on her office space.

"And still I was saying, 'I'm not a drug addict,' because I never put a needle in my arm."

In an effort to hide the truth from themselves, some addicts make crazy delineations about "safe" and "unsafe" drugs, "nice" and "not nice" drugs, even "girl" and "boy" drugs. People convince themselves that snorting is okay, but free-basing is bad, or shooting is scary, or crack is cheap and dirty and evil. One woman cautioned about always eating something before using cocaine, as if we were talking about not taking aspirin on an empty stomach. And yuppie-ish (continued on page 285)



WHITE LIES

continued from page 269

users maintain an elitist separation between their own drug use and the “criminal” kind, as if it were not the same thing at all—the kind of demarcation line, I would imagine, that high-priced call girls draw about street hookers. One night at a New York City meeting of Cocaine Anonymous, a fellowship program for abusers, I looked at a roomful of people who looked as if they had just arrived from Wall Street, and I realized that nice, clean people get to take their drugs in nice, clean ways. I wonder whether casual drug use would be decimated if we had to get our highs by hypodermic.

How Do You Bury Your Past?

In the stories of cocaine abuse, there are a million excuses for taking drugs: a troubled childhood, an inability to cope with success, a wish to be hip. At the Palm Beach Institute for drug rehabilitation in West Palm Beach, Florida, they’ve charted the typical progression of cocaine behavior on a graph that looks like a ski slope—downhill all the way. Introduction to the drug is usually social, and there is a period of use only when others have it and offer it. There is the discovery of cocaine-heightened sex. The user starts buying cocaine, using it all through the

night till sunup, having morning-after financial regrets, reaching the point where she can’t stop until the supply is finished.

Then comes what almost everyone caught in the cocaine cycle refers to as “bottoming.” It might be financial ruin, loss of family or job, a degrading experience to procure drugs, a brush with the law. It might be the recognition that she has no interest in clothes or makeup or men or food or the latest Sam Shepard play or who is running for president—no interest in anything but cocaine. It means there is no more room for denial.

Bottoming from cocaine addiction seems to occur more quickly than debacles from other drugs, according to Sorenson. Most of the women she sees are in their twenties, thirties and early forties—“they don’t survive to become older cocaine users,” she says. “It’s a killing drug. The love affair with cocaine is very enticing. It’s also short-lived.”

On any day of the week in practically any city, people like Elaine and Carla and Eve get together at support meetings and talk about “having” ten days or six months or four years. What they mean is their period of sobriety—still counted out in grateful moments, still fragile and still announced in singsong voices at gatherings that have themselves become a replacement “addiction.” There is a certain acknowledgement that they need re-

inforcement for their good intentions. There is a certain acknowledgement that, for many, cocaine will always be a shadowy presence—they can never put it behind them and say, “Phew, that’s over.” There is a certain acknowledgement that they will always be owners of a secret life.

And yet, they are the lucky ones. I heard plenty of sadder stories, the ones that don’t make front pages because the victim’s name isn’t Belushi or Pryor. There is the story of the woman whose friends gathered for her wedding but ended up going to her funeral after a cocaine overdose. There is the story of the woman who hid a habit from her roommate by going in the bathroom and pretending to take a bath. After snorting cocaine, she hit her head, passed out in the tub and drowned in six inches of water.

Elaine says she has friends who still indulge in “cocaine weekends” as special treats, the way other people have ski weekends or Shiatsu massage. “They’re leading double lives—it’s just that they’re still functioning well. Their denial is that this drug is not affecting their lives. I wish they’d realize how fast it can escalate and how slow recovery can be.”

Elaine smiles. “This year,” she says, “they say I got my brain back.” □

Aimee Lee Ball is a writer who has contributed to many national magazines.