

## CRACK'S NEW TURF - What once was a ghetto drug is finding a home in suburbia

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Looking altogether the clean-cut product of his North Dallas upbringing in a cotton sweater, stone-washed jeans and white hightops, Mike sipped French roast coffee at La Madeleine and told how he used to answer his apartment door with a loaded semi-automatic pistol.

Amid croissants, he conjured dark snapshots of himself from a nether world: the sallow junkie staring at his malnourished body in the mirror; the sly addict conning friends out of money for drugs or cutting classes to get stoned in a coat closet; the paranoid abuser with a pistol, stopping friends at his door in a sinister tone like that of Jack Nicholson's character in *The Shining*.

Don't come over without calling . . .

Mike, who didn't want his last name used, was a crack cocaine addict whose profile -- young, white, affluent -- fits that of a new type of crack abuser emerging in the suburbs and more prosperous urban areas. At 26, he is among the lucky ones who escape their addictions before landing in jail or the hospital.

Still, his decision to join Narcotics Anonymous came only after a harrowing suicidal period that one counselor called "typical" for crackheads.

"In September of 1988, I started smoking coke, and I was ready to blow my brains out by January," he said. "I sat for days with a pistol in my mouth. Shaking, I mean, literally I was two or three days away from doing it. . . . I could not picture life the way it was continuing, and I couldn't picture life without drugs."

The brush with mortality jolted him back to reality. After 13 years of abusing a smorgasbord of drugs, Mike discovered the way out: complete abstinence.

Within a month, he was off crack. Eleven months and two weeks since going straight, he remains drug-free. Mike has a new romantic relationship and had a 3.8 grade-point average at Southern Methodist University last term.

Mike's memory of his life on drugs has faded some, and even to him it sometimes seems his past is an aberration in the comfortable, Middle American confines of SMU and his upper middle-class origins in North Dallas.

Growing evidence suggests it is not.

National studies and Dallas-area experts report that crack use is spreading into social strata previously considered free of the insidious smokable form of cocaine, penetrating the middle classes of cities and suburbs in Texas and other parts of the country.

In the Dallas area, suburban police report up to a doubling of crack possession and distribution cases in 1989 and some migration of the so-called "cocaine of the ghetto" out of lower-income neighborhoods.

"The white middle-class users, who up until a few years ago were snorting the powder, we're seeing a few of those start to use the crack cocaine, primarily because it's cheaper and more readily available," said Garland police Lt. Larry Wilson.

**Counselors in drug rehabilitation centers report an even more dramatic surge in the popularity of crack.**

**A January survey at Straight Inc., a treatment center in Irving, found about one-third of its mostly suburban affluent teen-age clients were crack abusers, and 76 percent said they had friends who used crack.**

Studies by Daytop Village Inc., a national network of therapeutic centers that opened a branch in Richardson in January, show crack use cutting across ethnic and geographic lines. One Daytop poll of outpatients in the Northeast showed that 66 percent of those at suburban centers had tried crack, compared with 70 percent at urban centers.

Surveys of patients by Daytop show that crack use by Anglos and Hispanics remains less than, but is approaching, the rate of use by African-Americans.

More and more, crack is fulfilling its reputation as the "fast food" of illegal substances.

Even national studies that showed an overall downturn in illegal drug use in 1989 reported persistent hard-core use of cocaine. The

National Institute on Drug Abuse estimates that there are nearly 3 million regular cocaine users in the country, a growing percentage of whom are using crack.

One of the more detailed profiles of the new user has been gleaned by operators at the national COCAINE Hotline in Summit, N.J. A survey of 500 callers to the national hotline last spring found:

\*18 percent were college-educated crack users.

\*70 percent reported respiratory problems, an indication of widespread crack use.

\*34 percent had incomes of at least \$25,000.

\*Their average age was 28.

"It looks like crack is starting to enter the suburbs and rural areas as a drug of the middle class," said hotline supervisor Ronnie Lonoff.

"We didn't expect to see that. We were getting calls from the Bronx and Brooklyn from crack users, and then we started to get calls from Manhattan and from the suburban areas of New York, Chicago and Miami."

In Dallas, Joan Larson, senior counselor with La Hacienda Outpatient Treatment Center on Forest Lane, noted the same trend beginning about two years ago when lawyers and business executives started turning up with crack habits.

While pricier powder cocaine remained the prestige drug of movers and shakers, the bargain of crack, offering an intense high at \$10 a hit, caught on with everyone, she said. The drug's sleazier reputation seemed not to stigmatize it.

"Addiction doesn't care. It's a high," she said. "If you're addicted, you're not going to be that choosy. They might say they are. But if you ask an alcoholic how much they drink, they'll say, 'Oh, a couple of beers, a few cocktails.'"

The spread of crack worries experts because of the drug's potent addictive qualities and accelerated ability to drain the mental and physical health of its users even as it saps their careers and bank accounts.

As Mike says: "I give everyone fair warning. It's kryptonite for Superman. It will take you down. I don't care who you are."

Garland, Arlington, Irving, Richardson and Plano have begun to see the damage. To varying degrees, crack has appeared in their neighborhoods. Although each of the cities contains pockets of poverty where crack can be found, use of the drug is spreading beyond those boundaries.

Plano witnessed an unusual citizen anti-drug march last year in a low-income area of suspected crack houses. Richardson dispatched undercover officers to break up street crack sales in the southwest corner of the city.

In Mesquite, cocaine seizures tripled, although they are still measured in ounces, not pounds. Arlington officers made a record 35 raids on crack houses in the first half of 1989 until a drop in activity last summer after police arrested a suspect they believe to have been the city's biggest cocaine supplier.

Only the smaller suburbs have not been visibly affected. Duncanville and Coppell officials report only glancing contact with crack. Even so, the Coppell school district contracted this year for random inspections by drug-sniffing dogs to help nip any pending influx of crack.

More common is the picture in Garland, where cocaine distribution and possession cases boomed -- from 70 in 1988 to 142 in the first 11 months of 1989. Officers said about 95 percent of those cases involved crack. Furthermore, the drug is starting to appear higher on the socioeconomic ladder.

The trend hints of problems ahead, police said, because crack use can be better concealed in a suburban setting where social mores tend to discourage conspicuous drug use and its viselike grip of dependence tends to throw new users a curve.

"I think it's more alarming for us because of the intense addiction that goes along with crack cocaine use," said Garland's Lt. Wilson. "When middle-class people were snorting cocaine powder, they could be what we call recreational users. . . . With crack, the addiction seems to be much more intense and much more damaging."

Counselors, police and city officials in area suburbs said they know that telling their kids to "just say no" and sending officers to bash a few crack house doors will not stop the flow of crack or lessen its allure.

They are moving beyond these frontal attacks of a few years ago to more holistic approaches.

Rare is the suburban school that doesn't have at least two anti-drug programs.

Enforcement also is becoming more multifaceted.

Along with expanding narcotics divisions -- Mesquite recently spent \$14,000 for two drug-sniffing dogs -- police departments are installing community-focused "resource officers" to help educate people about drug abuse.

This year, Arlington added three resource officers, enabling the city to assign one to each of its four high schools. The Garland City Council is considering a request for three more officers to make permanent a similar pilot program in that city.

Denny Wheat, Garland's assistant city manager for community services, said, the new resource officers will try to link those people in need with services, running interference in that wide-open field between a user's first symptoms and the flat-out addiction that lands many crack junkies in jail or the morgue.

"It's a gray area that we've all been groping around in," Mr. Wheat said. "What you may be seeing here is an awareness on the part of elected officials that now may be the time to make a concerted effort."

Though elusive to define, this "gray area" is the next frontier of the drug war, experts said. It involves extending treatment to whole families, stepping up efforts to find and aid the afflicted, resolving the lack of indigent care and, ultimately, addressing the cultural values that make addiction such a widespread problem.

Craig Belknap, drug program consultant for the Mesquite school district, said he believes the basic anti-drug message is being adequately communicated in the Dallas suburbs.

Communities now need to harness the emerging interest in such matters as how families succeed or fail to pass on anti-drug values and why some teens seem able to drink socially while others advance on to marijuana, speed and cocaine, he said.

In the suburbs, with the problems better hidden and financed, counselors can face a more entrenched denial, said Michael Gorman, director of the new Daytop treatment center in Richardson.

After 20 years with Daytop, Mr. Gorman said, he is accustomed to seeing parents genuinely shocked to discover that their children are addicts.

"The education has to extend to the parents because that's the arena where the child is getting up to bat every day. And if the parents aren't the Little Leaguer parents, they don't know what's going on with the child," he said. "And it has to be all right for a parent to say, 'I need a little help bringing this child along.'"

Mr. Belknap and Mr. Gorman said they see kids getting miscued on questions of morality and drugs by peers and relatives who send faint, mixed or inappropriate signals.

"Suburbia is so involved with keeping up with the Joneses that what is really important gets lost along the way," Mr. Gorman said.

Mike knows about getting off track with drugs. He knows the lure, and the price, of anesthetizing emotions with chemicals.

By outward appearances, he had a charmed upbringing that included the best schools, good friends, caring parents with professional jobs and a big house in a nice part of town. But Mike's personal challenges, like anyone's, strained his ability to cope.

There was a childhood prank that resulted in his alienation from many teen peers, boredom with public school classes that failed to test his intellect and disillusionment with his first career, in the Marines.

He began with "relief drinking," getting drunk as a 13-year-old to blur the awkwardness of being 13. He quickly advanced to smoking marijuana, an occasional habit that grew to a daily preoccupation by his senior year.

Desperately seeking a routine that might help him emerge from his drift, he joined the Marines -- only to find that the Corps was rife with drugs.

"Everybody in the Marine Corps in the early '80s got high. That's when I got turbocharged on drugs," he said. Mike's coke habit began.

The white powder was a kick. It enchanted and enslaved and eroded more than his emotional health -- it ate away the cartilage in his right nostril.

"So when I blow my nose -- this is horrible -- air comes out of my eye," Mike said with a wry grin. "That's one of the reasons I stopped."

He found that his "escape" had become an inescapable treadmill.

"You use drugs, and you get depressed because you're using drugs. So you use more drugs. It's a continuous cycle," he said.

And that was before things got really surreal, when Mike graduated to crack. Hitting the nervous system in seven seconds, crack produced behavior from the wild to the inane. Then he found himself with friends like one very paranoid fellow nicknamed "Kitty Eye" because he stared out the peephole of his door for hours.

Mike remembers an especially pathetic episode when two young men he knew ran into trouble during a crack cocaine-bash weekend. Halfway into the binge, their 20-year-old woman companion suffered a heart attack. In a panic, they flushed their \$2,000 stash down the toilet and rushed to Parkland Memorial Hospital. They heard their friend would survive. Relieved, they became obsessed with getting high again.

"She's in intensive care, and they go to Harry Hines to get rocks," he said, explaining that the emotional bankruptcy of that incident was a turning point in his decision to stay straight.

Even though the crash coming off crack was more severe and deeply depressing than anything he'd experienced, the intense crack rush that yanked him upward like a puppet became his passion.

"For 15 seconds, two minutes at the most, you're right with the world," he said.

Having found that "bell-ringer high," Mike spent his days thinking about, buying or preparing his next batch of crack.

But with each high, life got progressively scarier. He began to lose weight, dropping to 150 pounds stretched over a 6-foot frame. His diet sometimes consisted of potato chips. His emotions swung from euphoria to tears for no reason. His eyes became red and sore. He got chest pains. Heart palpitations. A hacking cough.

"You start to get real scared. . . . You see yourself in a mirror, and you think what was a game is out of control," he said.

On this clear-sober day over coffee and Marlboro Lights, Mike gripped his chair seat on both sides and explained that he still expends as much effort staying clean as he once did getting wasted. He remains in Narcotics Anonymous and is looking forward to Feb. 22, his year anniversary of sobriety, after which his statistical chance of averting relapse improves greatly.

In the meantime, he stifles the urge to "obsess" on the rush of crack and to linger at campus parties when drugs surface.

"There's about a two- to three-minute time frame to get in and get out," Mike said. "If I find out there are drugs there, I've got to get out immediately, or I'll be doing it."

- Caption: PHOTO(S): The Dallas Morning News: David Leeson Mike, a recovering addict, stands in the window of Dallas Hall at SMU on Friday. After a suicidal period, he joined Narcotics Anonymous. Later this month, he will have been "clean" for a year. 2.The Dallas Morning News: David Leeson Garland police Officer Don Koerner holds crack that was mailed to a Garland address. PHOTO LOCATION: 1. Drug Habit-Metro (cf 36618). 2. Drug Habit-Metro (cf 36601).

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