Social acceptance of cocaine disturbs doctors, counselors

Late last night, about a quarter past four, Ladiang comes knockin' on my hotel room door. Where's the cocaine? It's runnin' all over my brain.

By SONNY ABARADO and JOE SCALES
Advocate staff writers

Baton Rouge "most definitely" has a cocaine problem, according to the medical director of the city's newest drug abuse treatment center.

Hard statistics on the extent of cocaine's influence in Baton Rouge are virtually impossible to obtain, but Dr. Louis Cataldi, said recently that use of the drug "has tended to increase somewhat over the past several years. Cocaine's availability also has increased, while its price in real dollars has decreased, spreading its lure down the socio-economic and age ladders, said Cataldi, medical director of the Silkworth Center. Other Baton Rouge drug abuse counselors and experts agree with Cataldi.

"Cocaine has gotten to be as commonly used today — among our patients anyway — as marijuana was five years ago," said Roslyn Gustafson, a counselor at Talbot Outpatient Center.

"So many people are using cocaine at every level, from the top down — doctors, lawyers, politicians, businessmen, blue-collar workers," Mrs. Gustafson said. "It's just like a fad, I guess somebody decided it was camp. But cocaine use here and elsewhere has gone beyond camp, local and national (See COCAINE, 6A)

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Cocaine

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The black market has even fallen on the young, they said.
Silkworth's youngest patient has been 17, Cataldi said, but the doctor added that he saw cocaine use in younger teenagers when he was medical director of the Adolescent Chemical Dependency Unit of Baton Rouge General Hospital.

Callers to a national cocaine hotline in New Jersey range in age from 13 to 60, even though the median age is 26, according to Dr. Mark S. Gold, medical director of COCAINE.

About 4 percent of Louisiana middle- and high-school students reported trying cocaine, according to a recent survey conducted by the Louisiana Public Broadcasting and the Department of Education.

"A lot of kids are copying their parents and role models," Mrs. Gustafson said. "Five years ago, you never saw cocaine in high school. Today, it's the norm with a drug using adolescent.

Five years ago, most individual drug users sought treatment at Talbot for alcohol or other drug-related problems also reported using marijuana, she said.

"Today, everybody seems to also have done cocaine," she added.

Linda Akumah, executive director of the Baton Rouge Chemical Dependency Unit, concurred with Mrs. Gustafson's view.

"I have two children who used cocaine in the last month," she said. "I'm not surprised that it isn't being used somewhere by somebody.

Dr. Norris Deville, medical director of BRCDU, predicted that use could soar even higher if reports of increased availability and decreased wholesale price are true.

The only reason it hasn't become a scourge is that it is not as available as alcohol, Deville said.

"If it was as available as alcohol — Katie bar the door," added Mrs. Akumah.

The increase in observed cocaine use in Baton Rouge over the past few years coincides with a reported increase in national surveys conducted by the National Institute on Drug Abuse.

National surveys indicated that the number of individuals reporting that they had tried cocaine at least once in the previous 12 months and previous 30 days seems to have stabilized, but the number of hospital emergency room visits attributed to cocaine have increased, according to NIDA epidemiologist Ann Borkman.

There was a slight decrease between 1974 and 1982 in the number of persons age 12 who had used cocaine in the previous month, Mr. Blakeney said. The decrease, however, is not significant enough to say that there has been a decline in use.

In 1982, 10 million people told NIDA that they had used cocaine during the year preceding the survey, and 1 million said they had used in the month.

"Overall, the number of people reporting annual cocaine use is more than doubled between 1977 and 1979, according to a report by two NIDA researchers.

Until 1981, drug abuse treatment centers that received federal money reported to NIDA the number of admissions they recorded and the primary type of drug of choice of those patients.

The number of admissions remained relatively stable between 1977 and 1978, but the percentage of patients who reported cocaine as their primary drug of abuse jumped dramatically during the fourth quarter, according to NIDA.

In 1975-76 admissions to drug therapy centers that received federal funds totaled 220,000, compared with 249,761 in 1981-82.

The percentage of patients whose primary drug of abuse was cocaine increased from 1 percent to 26.8 percent in 1981-82.

As long as the network exists, we may see epidemic after epidemic after epidemic. That's one of the great fears I think most of the people in this industry have," said Cataldi, who successfully underwent treatment for drug abuse several years ago.

We're seeing (coca) with our kids, so I'm assuming that the distribution channels from foreign countries right down to our kids is there," he added. "If I drop cocaine into it, it will go on down."