The worse you get, the more you feel fine'

I was talking to my doctor down at the hospital. He said, "Son, it's not like you're 27, but that's impossible." Cocaine—you look like you could be 18. Running all around my brain.


By SONNY ALBAREDO

Advocate staff writer

Three years ago, Bill Hite had an enviable job, but also had a big problem.

Bill Hite, who was then manager of the LSU Union Theater, was addicted to alcohol, marijuana and cocaine, he said in an interview.

The 45-year-old actor had long been an alcoholic, though he didn't admit it.

Because of the generation in which he grew up, he thought he wouldn't need to cut down on pot and coke, but situations arose in which he found it easy to overcome his moral objections to the drugs, he said.

He then became a compulsive user of pot and coke, but still refused to admit his dependence on the chemicals, he added. In retrospect, a drug-free Hite realizes that "I was sick and tired of being sick and tired. I was beat. This crap had beat me to a pulp."

"Any other disease tells you you're sick, (See COCAINE, 1A)

Fourth in a series

Cocaine

(Continued from 1A)

but not drug addiction. The worse you get, the more it tells you you feel fine," Hite said.

His use of marijuana and cocaine gradually increased, and, as with most users, cocaine quickly became his drug of choice, he said.

"I was buying about three grams every six months," Hite said, but he also often traded marijuana for cocaine. "You can always smoke weed for another."

"He didn't buy more coke because he could not afford it," Hite said. "But I didn't know how much I had. I would do it all. And I wasn't particularly interested in sharing it with you," Hite said.

Although he didn't buy coke often, Hite was in many respects a typical cocaine addict because he abused several different drugs, refused to admit his dependence on them and, most of all, did not put the cocaine away as long as he had it.

But a Former User who asked that he not be identified, had a more serious cocaine problem than Hite.

Hite also was an alcoholic, but his love for cocaine knew no bounds. Close to a .100-a-week habit when circumstances forced him to quit, Hite said he would lock himself in his bathroom to inject the stuff into his veins, then spend much of his high peering out his window to see if they were "coming to get him."

Although they took cocaine by different methods, Hite was similar to Hite in several respects.

Most individuals who regularly abuse drugs use more than one, according to Don Berg, a private consultant and former counselor with Talbot Treatment Center.

"Most people who use coke use it in combination with other drugs—alcohol and marijuana the most. But if you take all the abused drugs, alcohol and coke are the ones most often abused alone," Berg said.

The reason for this lies in the fact that most drugs of abuse are depressants, while cocaine is a stimulant.

Mixing coke and other drugs tends to wipe out the stimulant effect. But many chronic coke users drink alcohol or take "downers" like Valium or Quantaloids to cushion the effect of the "crash," the nervous and physical exhaustion that follow prolonged periods of drug-induced stimulations, said Dr. Louis Cataldi, medical director of the Blackburn Center, a new drug treatment facility in Baton Rouge.

No matter how many drugs Hite and J.J. got into their bodies, they didn't think they had a problem with cocaine, they said.

They heard the stories that coke was bad, but harmful even if it was illegal. Like many regular users of illegal drugs, the two became "bullet-proof" and invincible and risked his life a lot, he said.

From Cataldi, who has been drug-free since early 1981.

Paranoia is what J.J. remembers most about his coke days. He carried a gun and was always afraid that individuals who "fronted," or loaned, him cocaine to sell to support his own habit would come to collect.

"A lot of people who end up in treatment start using coke for whatever reason, but when their habit escalates, they decide they're not going to break the law to support it," Berg said. "What happens is a guy will get somebody to front him on consignment.

The addict starts cutting the coke himself and selling slightly weaker blow to his friends. But as his habit careers out of control, he begins taking the stuff he's supposed to sell, Berg said.

"The guy's been standing blowing this other guy's coke and all the money. The old acid test comes down—Where's the cocaine? Well, it's up my nose, it's in my ear," the counselor said.

"Such acid tests," when the financial ends no longer meet, often mark the point at which addicts will seek treatment, Berg and other specialists said.

Cataldi said he has treated individuals for whom the decision to seek help has been based solely on economics.

Economically and psychologically, but not physically, cocaine addicts deteriorate faster than alcoholics. According to Dr. Ellis Deville, medical director of Baton Rouge Chemical Dependency Unit, "It's a little more than a downhill slide." Deville said, noting that it will take 10-20 years for adverse psychological and economic effects to show with alcoholics but only 1-2 years with cocaine users.

Ellis DeVille

a treatment program for that problem. During the course of the treatment, he was also forced to confront his cocaine addiction.

Originally, Hite thought marijuana, and especially cocaine, would enhance his artistic ability.

We buy the argument that we're expanding our minds, but my creativity died," he said. "It was like I was looking down a tunnel all that time with only one thing on his mind.

Eventually his problem caused him a bigger problem—he was arrested and charged with possession of marijuana with intent to distribute.

The arrest was "a godsend, absolutely the best thing that ever happened to me" because "that's when my life turned around," Hite said.

Although he thought he was doing fine, "I actually wasn't far away from being dead," he said. "My friends didn't believe a word I said. I couldn't work. I became progressively more withdrawn."