

SENIOR LIFESTYLES

Older folks may grapple with abuse of substances

By Rob Cullivan
Staff writer

Donna not only lost her husband when he died three years ago, but she lost her daily drinking partner as well. Donna, 75, lives in Greece.

"At the time, it seemed perfectly OK," she said of the drinks she shared with her husband each day of their 35-year marriage. "Neither of us seemed to have a problem."

However, after he died, she began to increase her drinking from more than one or two cocktails a day.

"I was trying to medicate myself to deal with some of the grief," said Donna, who asked that her surname not be used.

At one point, Donna fell in her kitchen after having a drink, though she said she doesn't believe the alcohol affected her sense of balance. Another time, her daughters expressed concern about the effects drinking would have on her driving.

"My children started getting worried," she said.

Eventually, her two daughters became frustrated enough to tell her not to call them for any kind of help if she wasn't willing to face up to what they saw as her drinking problem. In an effort to "prove them wrong," she agreed to meet with Carol D'Agostino, director of the Geriatric Addictions Program for LIFESPAN, a not-for-profit private agency that serves older adults and their caregivers in Monroe County.

D'Agostino went to Donna's home, and after the two women assessed her situation, Donna agreed to try an alcohol detoxification program at home. This is the program's usual approach, rather

than treatment in clinical settings, she said, noting that many seniors, like Donna, are reluctant to check into detoxification centers. Indeed, Donna admitted she didn't want to go to such a center because her friends might think she was in "with a bunch of druggies."

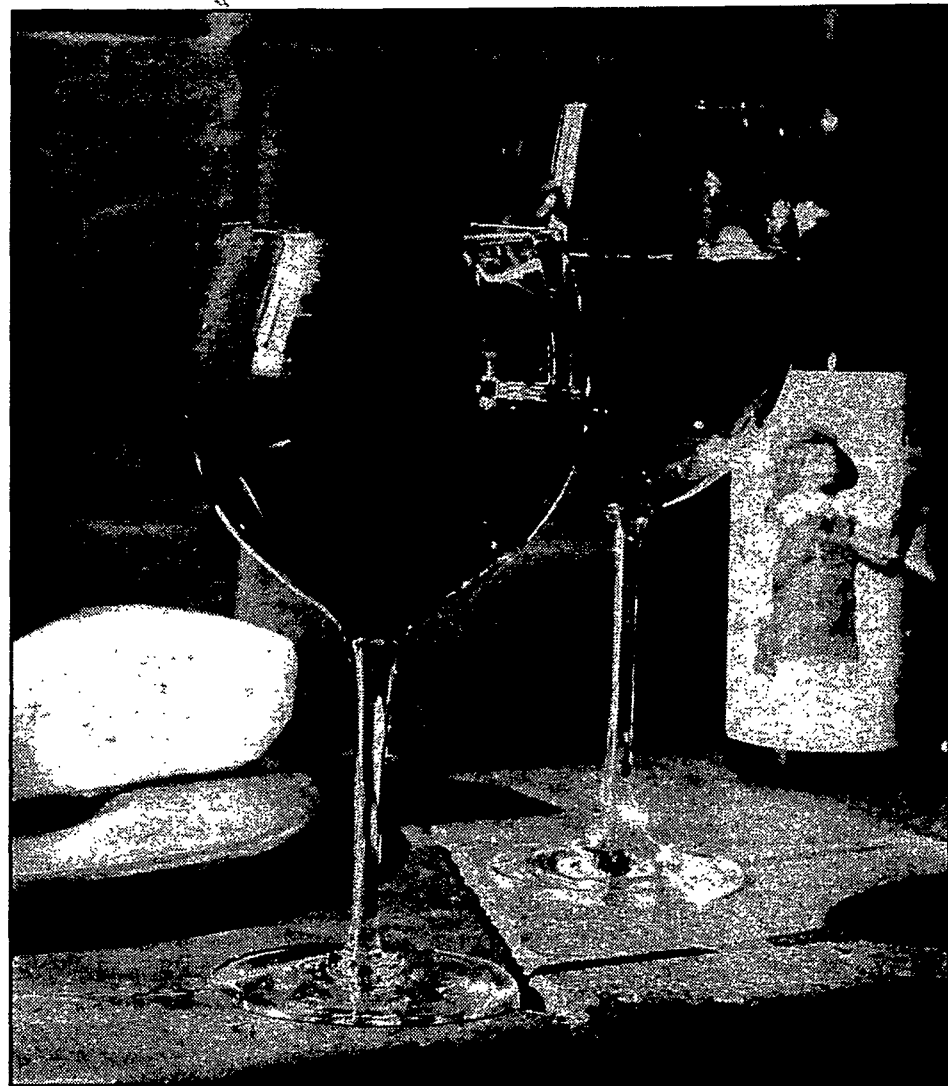
Donna's daughters stayed with her for six days, and she used medication to help her cope with withdrawal symptoms. Sober since July 19, Donna said she has come to realize that she used alcohol to overcome not just her grief, but such "phobias" as her fear of riding elevators. She now attends meetings of both Alcoholics Anonymous and group sessions at Unity Health System's Park Ridge Hospital in Greece. She said even though she still feels she's in denial about her problem at times, she has made progress living without alcohol.

"It's getting easier," she said.

The geriatric addictions program was started in April with a grant from the Daisy Marquis Foundation. The program was the brainchild of several community agencies that serve the elderly. LIFESPAN was chosen to be the overseeing agency because of its central role in the professional community that serves seniors. Among its many services, LIFESPAN collaborates with Catholic Family Center in Rochester on Eldersource, an informational and referral service for elderly people and caregivers (716/325-2800).

D'Agostino said the addictions program is serving as a pilot that New York state is monitoring. It currently serves 25 clients. In targeting the elderly, the program is helping a population generally not associated with substance abuse in the public mind, she noted.

"There's not the DWIs, there's not the



Andrea Dixon/Staff photographer

problems at work," D'Agostino said. "These people are pretty much hidden in our community."

For example, she said, many seniors with addictions are people who may have been drinking moderately all their lives, but increase their drinking after the death of a spouse.

"These people don't set out to be alcoholics or addicts," D'Agostino said. "They're just trying to survive."

She added that alcohol combined with many of the medications seniors take can have ill effects on their health, and that many seniors are unaware of the dangers of mixing alcohol and medications. Additionally, she said, many seniors who are admitted to emergency rooms or who have surgery can suffer major complications if they fail to inform health-care workers they drink.

"You can literally die from alcohol withdrawal," she said.

D'Agostino cited statistics that an estimated 500,000 of all adults 60 and older in New York state abuse some substance. However, she said, only 9,500 of adults 55 and older sought clinical substance abuse treatment in 1996 alone. Hence, few seniors are actually getting the help they need, she said.

D'Agostino pointed out that her program will refer clients to clinical treatment when appropriate. However, the program's focus is on "harm reduction": not necessarily total abstinence from

drugs and alcohol, but reduction of their use among seniors so that they can function better than they may be when they misuse substances.

In order to expand the geriatric addictions program's outreach, D'Agostino said her program is working with Meals on Wheels, a program of Visiting Nurse Service in Webster, to obtain a federal grant to train volunteers to identify seniors they serve who may have addictions. If funded, the training would focus on volunteers serving seniors in Irondequoit, Greece and Rochester. The program also plans to work with area clergy in a similar effort.

"Older adults might be more comfortable speaking to their pastor than in going to Park Ridge," she said.

The program is a small drop in a bucket of treatment that seniors need right now, D'Agostino noted. She added that she is concerned because a new generation of seniors is on the horizon that came of age during the Vietnam War era when large numbers of people started using drugs other than alcohol. Already, she has worked with at least one senior crack cocaine addict, and there are more such drug-users among the elderly, she said.

"We're not prepared to handle what we have, let alone this," she said.

The health-care system has a limited ability to respond to the potentially large number of seniors using hard drugs, she noted.

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