

As Published in

# The New York Times

March 6, 2008

## New Generation Gap as Older Addicts Seek Help



Nathaniel Brooks for The New York Times

With coffee and cake in hand, Dan Fitzsimmons talked to Ken Einbinder at Senior Hope, an outpatient clinic in Albany.

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Published: March 6, 2008

WEST PALM BEACH, Fla. — All is peaceful and orderly on the older adult unit at Hanley Center, where substance abusers over the age of 55 are spared the noisy swagger of addicts half their age across the campus.

In their separate oasis, alcoholics and prescription drug abusers of a certain age do not curse at one another, raise their voices in anger or blast music at midnight. They don't brag about their macho pasts or stage drama-queen breakups on the communal pay phone. They show up on time for therapy groups.

"We have different health issues, different emotional issues, different grief issues," said Patrick Gallagher, 66, who was treated here for a dual addiction to pain medication and alcohol. "We need more peace and quiet and a different pace."

Across the country, substance abuse centers are reaching out to older addicts whose numbers are growing and who have historically been ignored. There are now residential and outpatient clinics dedicated to those over 50, special counselors just for them at clinics that serve all ages, and screenings at centers for older Americans and physicians' offices to identify older people unaware of their risk.

Addiction specialists and organizations for the elderly anticipate a tidal wave of baby boomers needing help for addictions, often for different substances and with different attitudes toward

treatment than the generation that came before them. Federal data shows the shifting demographics: In 2005, 184,400 Americans who were admitted to drug treatment programs — roughly 10 percent of the total — were over 50, up from 143,000, or 8 percent of the total, in 2001.

The same report, by the Substance Abuse and Mental Health Services Administration, foresees 4.4 million older substance abusers by 2020, compared with 1.7 million in 2001 — numbers that are “likely to swamp the current system,” said Deborah Trunzo, who coordinates research for the agency.

At Hanley Center, Carol Colleran, a 71-year-old counselor, pioneered age-segregated residential treatment, challenging one-size-fits-all programs that mix people of all ages. Odyssey House in East Harlem, with its low-income clientele, has followed Hanley’s lead. Older adults are harder to lure into treatment, officials say, because of a generational aversion to airing one’s laundry in public. But once there, they are often highly motivated and more likely to complete a program.

“We are reticent and don’t readily share our feelings in a group,” Mr. Gallagher said. “That’s not something we’ve grown up with.”

But living with people of a similar background, he said, had given him a “comfort level and a sense of belonging” conducive to success.

Treatment providers are seeing signs that the 50-and-over group is not, in fact, monolithic. Rather, it is divided between the “old old” and the “young old,” the Silent Generation and the Me Generation. Neither feels much kinship with the Lindsay Lohan set. But neither do they necessarily feel much kinship with each other, and counselors are bracing for a collision of cultures.

According to the federal report, 83 percent of older addicts were 50 to 59, and the trailing edge of the baby boom, age 50 to 54, is the fastest-growing older group: They were 6 percent of all admissions in 2005, from 3 percent a decade earlier.

“It’s already changing,” said Tom Early, a counselor on Hanley’s older-adult unit, where the patients, all alcoholics or prescription drug abusers, are 55 to 78. “We can see it. We can feel it.”

Alcohol remains the dominant problem for both groups, although that is changing quickly. Among patients over 65, 76 percent abuse alcohol; many have allowed social drinking to get out of hand after the isolation of retirement or loss of a spouse. In the 50-to-54 age group, by contrast, 55 percent cite alcohol, followed by opiates, cocaine, marijuana and methamphetamines. Prescription drug abuse is climbing in both groups, led by anti-anxiety drugs like Xanax and pain-killers like Oxycontin.

Ms. Colleran said prescription drug abuse among the “old old” was usually accidental. They have faith that anything a doctor prescribes must be safe, she said. In the younger group, these medications are knowingly abused, experts said, by buying them online or borrowing from friends.

As the age group skews younger, Ms. Colleran said: “They say, ‘I’m not like anyone else.’ They challenge everything.”

These characteristics, she added, make treatment tricky and require new techniques, like cognitive behavior therapy and lectures on anger management by the noted male-consciousness-raiser Iron John (a.k.a. Robert Bly). Anger and stubbornness are more prevalent among those in their 50s. At Senior Hope, an outpatient clinic for older adults in Albany, 55-year-old Ken Einbinder described fantasies of violence that seemed to dismay or embarrass group members in their 70s.

Only John Quinn, 54, nodded knowingly. He was struggling after a recent relapse and had been prescribed an antidepressant. Mr. Quinn tossed out the pills without telling anyone because, he told the group, they caused erectile dysfunction. Dr. William Rockwood, founder of Senior Hope, said older clients, even if they complained of the same side effect, would have complied with medical advice.

On Hanley’s older-adult unit, there is disdain for street drugs, which “very few of us have used,” Mr. Gallagher said. On the patio where residents take cigarette breaks, a half dozen said the harmony of the group would be compromised by the addition of crack, heroin or even marijuana abusers.

One 61-year-old alcoholic said that “if the numbers flipped so there were more of them than me, I’d be out of here.” He added that he had stopped attending Alcoholic Anonymous meetings, and relapsed, because of an influx of young drug addicts.

The antipathy toward street drugs is a function of socio-economic class, said Frederic Blow, who studies elderly substance abuse at the Addiction Research Center at the University of Michigan. For Hanley’s clients, who pay \$24,500 for a 28-day rehab, “it’s not part of their culture.”

Indeed, no such distinction is made at the unit for older adults at Odyssey House, where clients are mostly poor, addicted to heroin or crack, and remanded by the courts for 12 to 18 months of subsidized care.

But across social class, many older substance abusers said, they no longer consider themselves invincible.

A 66-year-old chief of staff at a veterans’ hospital, recently treated at Hanley, said he had no patience with men in their 20s and 30s who “aren’t finished drinking and drugging and think their war stories are a badge of honor.”

The doctor, since retired, pointed to “all we have to lose — the social binding” that accumulates with age. In his case, that included a 40-year marriage and children and grandchildren who refused to see him until he was sober.

"I just wanted to stop drinking and get on with my life," he said.

At Odyssey House, Charles White, 57, said of the younger clients: "They think they have another run in them. And as far as the ladies go, they have no respect."

Mr. White was dignified in a dark suit and tie and chivalrous as he held a chair for Doris Ellison, 55, another longtime heroin addict, also dressed in her Sunday best.

"It was a different era," Ms. Ellison said. "We had a lot of guidance growing up. They don't have that at home. Their parents — and that includes some of us — are out there drugging. But now, for however many years we have left, we can try and do the right thing."

For Ms. Ellison, that includes setting an example for 26-year-old Milagros Bonilla, who lives on a separate floor and attends separate therapy groups but got to know the older woman on long bus rides to high school equivalency classes.

Ms. Bonilla said people her age were "kind of loud and obnoxious" and often less disciplined than their elders. She credits Ms. Ellison with inspiring her to get clean, stick to her studies and remain hopeful that she will regain custody of three daughters in foster care.

"She's more motivating to me than anyone my age, because she makes me feel anything is possible," Ms. Bonilla, whose own mother is dead, said of Ms. Ellison.

Officials at these age-segregated programs promote the success of their clients. But, Dr. Blow said, completion rates are poor statistical measures of long-term sobriety. Nevertheless, he is persuaded, based on years of observation, that age-specific treatment "makes total sense."

At Senior Hope in Albany, Dan Fitzsimmons, 79, an executive for a major utility, and Tom Hyde, 76, who owned a sheet music business, became good friends.

Both let their drinking get out of hand in retirement, when they had too much time on their hands and a shrinking circle of companions. Both relapsed once and helped each other get back on the wagon. Now, they are determined to leave a proper legacy for their grandchildren.

Mr. Fitzsimmons needs only to think back to his own adolescence, when he was assigned the task of finding his grandfather in neighborhood bars. All these years later, Mr. Fitzsimmons said, he carries the indelible memory of "an old gray-haired guy out on another toot."

"I'm not going to let that happen to me," he said. "It's not the way I want to be remembered."