

Life is a war of attrition. As we age, we gradually slip out of daily social and professional interactions, lose our sense of value without our kids to raise or our jobs to attend and witness the defeating decay of our once-vibrant bodies.

Some are able to graciously evolve to the next phase and embrace the new adventures, experiences and—dare we say—benefits of life beyond 60. But those who cannot weather the transition often turn to alcohol to dull a sense of loneliness or emotional loss. Others grow ever more dependent on the relief (real or imagined) gained from their prescriptions, which have become an ubiquitous answer to many ills in an increasingly pill-centric culture. Still others cross over into illicit drugs, from marijuana to cocaine, seeking a brief yet powerful escape from malaise, depression or relentless isolation.

Although the growing numbers of addicted seniors may not indicate an official epidemic, the devastating toll of drug and alcohol abuse is rapidly infiltrating a group many mistakenly assume are past the point of danger.

SOBERING STATISTICS

As many as 17 percent of those over age 60 misuse alcohol or medications, according to the American Society on Aging. In fact, alcohol-related hospitalization rates are nearly apace with heart attacks among those 60 and older—shocking when you consider heart disease is the leading cause of death in the U.S.

Recent data from the Substance Abuse and Mental Health Services Administration reveal hospital admissions of those 50 and older related to alcohol abuse represented the most prominent issue among older adults seeking substance abuse treatment, outpacing heroin (16 percent), cocaine (11.4 percent) and prescription drug abuse (3.5 percent).

AGING AD

As baby boomers reach senior status, many are falling victim to addiction. BY MICHAEL BERG



DICTS

“In fact, alcohol-related hospitalization rates are nearly apace with heart attacks among those 60 and older—shocking when you consider heart disease is the leading cause of death in the U.S.”



“According to the 2009 National Survey on Drug Use and Health, an estimated 9.8 percent of adults 65 and over had an alcohol drinking binge in the past month, defined as five or more drinks on the same occasion,” says Omar Manejwala, medical director at Hazelden’s Center City campus in Minnesota. The psychiatrist and leading expert in addiction medicine adds that 2.2 percent of those surveyed indicated bouts of “heavy drinking,” defined as at least five binge drinking episodes in the past month.

The prevalence of drinking, binge drinking and heavy drinking declines after age 25 but is still quite substantial in the older adult population, Manejwala concludes. “Certainly at Hazelden, we’re seeing a lot more patients in the 60 to 69 range—in fact, the percent of admissions we see in this age range has doubled in the past five years.”

It’s not just an increased incidence of alcohol and drug abuse that’s worrisome. According to the National Institute on Alcohol Abuse and Alcoholism, older adults may become more sensitive to the effects of alcohol and drugs, citing stroke, high blood pressure, osteoporosis, memory loss

and mood disorders as issues exacerbated by substance use.

“Brain dopamine activity declines with age, and there are many other brain changes that can occur that may make it more difficult for older adults to recover,” Manejwala explains. “If there’s mild cognitive impairment, or even dementia, recovery can be extremely difficult.”

PRESCRIPTION FOR TROUBLE

Of course, it’s no secret those 60 and older are often prescribed medication; up to 90 percent of seniors rely on a prescription medication on a regular basis, as stated by the Agency for Healthcare Research and Quality.

The combination of prescription meds with alcohol can be dangerous, resulting in stomach bleeding in the case of aspirin and liver damage from acetaminophen. Sleeping pills, pain pills or anxiety medication such as Xanax and Valium can have serious, even deadly, interactions with alcohol and other drugs.

“Often, older adults are managing several



LEASE THE POWER WITHIN.

\$199/month on a 36-month lease*



For a limited time, add either automatic transmission, Premium Package or Sport Package at no additional charge on select models.**



“Brain dopamine activity declines with age, and there are many other brain changes that can occur that may make it more difficult for older adults to recover.”

chronic diseases which can be very biologically stressful,” Manejwala says. “Heavy drinking can worsen those medical conditions, which can lead to a vicious cycle.”

Of course, there are numerous life changes and psychological reasons why this population may be particularly susceptible to developing an addiction. “For one, people are living longer, which simply gives us more time to develop a problem,” says Susan J. Shulman, director of The SAGES Coalition, Inc., an organization based in Jacksonville, Fla., that partners with area agencies to educate seniors on the dangers of abuse and connects people with the help they need. “There’s also greater acceptance of illicit drug use among baby boomers and an increased level of prescription of medications by doctors.”

Retirement plays a huge role, too, says Manejwala, “with increasing boredom and free time and the naïve expectation that ‘enjoying’ retired life is simply a matter of stopping working and starting leisurely activities.”

Instead, the loss of structure, a reduced social support network and even the increased incidence of death among family and friends opens the door for self-medication through chemical relief. As Manejwala points out, “Sometimes we see individuals who were heavy drinkers early in life but who managed to control their use through the working years develop alcoholism later when their daily routine changed dramatically.”

One person who can attest to that is Bob M., a 63-year-old retired scientist in northwestern Minnesota, who started drinking when he was 17. Although he was what’s referred to as a “functioning alcoholic,” raising two children and succeeding at his

profession, the disease slowly drained him, as it’s wont to do. He lost his wife when he refused to heed her ultimatum, and he nearly lost his job when he was cited for a DUI while driving a company car.

So what finally served as his impetus to get help at the age of 59? “My wife and I were into the process of separating, and I was on my own,” he recalls. “When I got off work each day, I drank and was blacking out every night. I really didn’t care if I died and realized I was committing suicide by drinking. I didn’t want to do that to my kids. That’s when I finally said I need to find help.”

Bob checked into Hazelden, and that’s where he started to finally deal with the issues below the surface, which he feels was critical. “I had a pretty nasty father, and while I thought I had shoved it down into a little hole and it wasn’t bothering me, it was,” he says. “I had a lot of anger and self-worth issues, and the program helped me deal with those along with the physical addiction.”

SPECIAL STEPS FOR THE BOOMER

Although health factors may be of heightened concern, treatment for an older adult must involve the same steps that anyone must take. “Recovery is recovery,” Manejwala says.

Bob adds: “Many of the people in my Alcoholics Anonymous (AA) group, including me, drank to escape, to blot out bad things. The process to learn how to deal with those daily issues and how to stay sober is all pretty much the same no matter if you’re 30 or 70.”

However, there are some special steps

a program can take to cater to an older adult's needs, according to Shulman. First, she says an extended detoxification process is desired because the body is slower to heal, and it takes a longer time to "clear" cognitively as we age.

"A program should be non-confrontational because older adults don't respond well to confrontation, avoiding labels such as alcoholic or addict, which many older adults find shaming and pejorative," she says.

In addition, Shulman says, it's important for treatment providers to recognize the incentives that drive patients in their quest for sobriety. "An older adult's source of motivation differs from younger people including things such as financial security, physical health and independence."

For Jane B., a 65-year-old retired realtor from Minneapolis, her motivation was twofold, revolving around her family and

were the expectations I had of myself. That was all true."

As people get older, however, their perceptions of what's important can evolve, especially if they have something they value so much that they can't stand the thought of losing it. For Jane, such a threat was the impetus that finally made meaningful impact. "I had my family over for brunch early on a Sunday. ... I did that because I normally wouldn't be drunk yet," she says. "But that day, my daughter walked in and knew I had been drinking. She said, 'I never want to see you again.' The next morning, I called Hazelden and checked myself in."

Another driving factor was her health, a thought that wouldn't necessarily cross the mind of an "indestructible" 30-year-old addict. "I don't have that many years left, and I knew I needed to start looking

"I didn't want to die under a bridge in a cardboard box, which could have easily happened to me had I continued."

her longevity. She started drinking at 21 and continued unabated for 40 years. In the last five years of her addiction, her disease accelerated to the point where she was draining seven to 12 bottles of wine a day.

"I had a very successful real estate career and owned my own business," she says. "Alcohol gave me a false sense of security, of confidence I thought I lacked. I felt that the more I drank, the more successful I became."

Such feelings of indomitability are common but deceptive. Jane was, in fact, losing a lot. Her husband left her when their daughter was two months old. That daughter, now 32, told her mother while she was in recovery that all her life, "she felt as if she had been walking on eggshells," Jane recalls. "She said she could never be herself with me, that she had to be this super-high achiever because those

out for myself," she says. "I didn't want to die under a bridge in a cardboard box, which could have easily happened to me had I continued. When I could say, 'I want this more than anything else in the world' and really mean it, I knew I was on the road to recovery."

As Jane and Bob can attest, it's never too late to get help. In fact, according to an AA membership survey in 2007, almost one in five members of AA are over 60.

"With solid access to quality treatment and active participation in Twelve Step recovery," Manejwala says, "older adults can experience meaningful, fulfilling recovery and go on to lead rich, rewarding lives."

For one example, look no further than Jane. "I've done all my amends, and I have a beautiful life with my daughter," she says. "She shares everything with me. It's an in-

TIPS FOR THE AGING ADDICT

1. Develop situational awareness. "If applicable, a recovering addict should get medication management training," says SAGES Coalition's Susan Shulman. "It also helps to develop refusal skills when others are drinking, especially those in congregate living situations."

2. Receive a helping hand ... and a ride: "When mobility is an issue, ensuring that older adults can get to follow-up appointments and Twelve Step meetings is critical," says Omar Manejwala, medical director at Hazelden.

3. Stay active. In treatment and beyond, it's not only important to engage in daily exercise of some sort, both for the health and mental benefits, but it's also vital to find hobbies and activities to combat boredom and isolation. "Volunteerism can help overcome isolation, productively use time and enhance self-esteem," Shulman says.

4. Interact. "In my experience, it's often important for older adults to connect with other older adults as part of the recovery process," Manejwala says. "The enhanced trust level and shared generational experiences that result from that connection can deeply reinforce the social bonding that is necessary for stable addiction recovery."

But that doesn't mean you can't find common bonds in those younger (and older), too. "The majority of people you're in treatment with are 18 to 30 years old," AA member Jane B. says. "I was 60 and thinking, 'I have nothing in common with these people.' But in reality, you have everything in common."

credible, open and honest relationship. My hope is everyone can have the kind of life I've been blessed with in my sobriety." ■

Michael Berg resides in New York and is a regular contributor to Renew.