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Addiction among seniors often goes untreated

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The gray only shows in Ted Gaffney's mustache. His shoulders hunch only slightly forward in his smooth, self-assured walk. Everything else, from his deep, throaty slang, his sparkling diamond earring, his tales of drunken weekend parties, screams of a younger man.

At 63, he looks around group meetings at Strong Recovery and finds he's the oldest in the room.

The kids in here, the teens and the twentysomethings talking about their drug cravings, are sudden flashbacks to his younger days but not exactly mirrors of his past. Unlike them, his stories bear the markings of age and a staunchly different mindset formed in an era when addictions were secret vices, not admitted problems.

"I thought that's what you do. You drink and you do drugs. You go to work the next day with a hangover, but you make it through the day."

In treatment centers around the area, Gaffney's tales of growing old, though not quite common, carry no shock value. Increasingly, counselors say they're meeting aging baby boomers who have clung to decades of drug addictions, widows and widowers whose nightly drinks with spouses turned into three or four or five after loved ones passed, elderly patients who think prescription drugs work better when they increase their dosage. Together, they mark what experts believe is an alarming, hidden tide of older adults addicted to drugs and alcohol.

Like many of them, Gaffney waded through an addiction he never recognized. For 33 years, he devotedly worked the weekday 9-to-5s in a Kodak shipping and receiving warehouse, then dedicated dark hours of the weekend to drunken escapades with buddies who had introduced him, decades earlier, to marijuana and cocaine. He was a grown man with a house in Rochester, a wife and four daughters, and he stumbled home regularly past 3 and 4 a.m.

It was a lifelong habit, one he never considered needed an endpoint, even when the wrinkles began to set in. To the contrary, when he retired from Kodak at 53, the weekend parties slipped into the weekdays, and drugs and alcohol filled his suddenly routine-stripped life like never before.

There was simply: "Too much time on my hands. Didn't have nothing else to do."

Hidden epidemic

Geriatric substance abuse has generated almost no attention until recent years, and few statistics accurately reveal the problem. In 2005, the latest date with data available, 29,254 addicts older than 60 were in treatment programs throughout the country. Those who lead area treatment programs report varied numbers of older adults, ranging from a handful in smaller community groups to dozens in many hospital-based sessions. But there are "a lot more of them who should be in treatment who are not," said Patrick Seche, clinical coordinator at Strong Recovery, a University of Rochester Medical Center program where about 15 of the 250-plus participants are older than 60. The nonprofit group Lifespan estimates 23,000 seniors in Monroe County have some type of chemical dependency. Based on the number of aging baby boomers, the Substance Abuse and Mental Health Services Administration projects 1.9 million people 60 and older will have drug and alcohol addictions by 2020.

Meanwhile, few initiatives exist to address the issue, and out of dozens of local addiction programs frequented by young adults, only Lifespan in Rochester and Unity Health Systems in Greece have treatments that target seniors. Advocates worry that as the number of older addicts swells, the lack of services means the vast majority of them will go without treatment.

"Until we get counselors trained, and we have the ability to reach people, the approaches we have been using with older adults are pretty traditional," said Robert Lebman, president and CEO of Huther Doyle, which runs an outpatient chemical dependency program in Rochester. "They come into a place where you see a bunch of 25- to 30-year-olds, and it's probably a little overwhelming and a little threatening ... and I think not very much successful."

Unique addiction

While older adults who abuse drugs and alcohol have many of the similarities that link all addicts, their problems also come with a hefty set of unique complications.

Many who have carried addictions through their entire lives have a host of long-ignored medical problems, and their frailer bodies are ill-equipped to handle the same amount of alcohol that once caused little issue.

Age also comes with more prescriptions to mix up, grief from outliving family members, and a belief that they're far too old for addictions to matter, said Christie Miller, clinical coordinator of Unity Health System's outpatient programs.

Aside from basic transportation issues, getting seniors just to step foot into treatment facilities means overhauling an entire cultural upbringing. Younger alcoholics and drug users face their demons in a world where addictions are treated as diseases, spotlighted, even glamorized. But those who came of age when dependence on drugs and alcohol were closely kept secrets are wary of treatment.

"During our era, people weren't talking addiction," said Gaffney's wife, Rachel. "We were in the hippie age, and things were OK to do then. Nobody told you 20, 30 years down the road you may become a drug addict or an alcoholic."

For Ted Gaffney, change was court-ordered. In 2005, after another booze-filled night, he was charged with assault for beating up a friend.

As part of his probation, Gaffney was ordered to complete a treatment program.

"Otherwise, it'd probably still be going on," Gaffney said. "I probably wouldn't have ever tried to stop."

Treatment for seniors

Along with seniors' own reluctance to seek treatment, physicians often miss the signs of older addicts, said Dr. Greg Seeger, medical director of Rochester-based ViaHealth's addiction services. While hospital workers raise concerns over younger patients who've come in after drunken-driving accidents or late-night parties, seniors are released without question after falls and broken bones. Unity Health Systems runs the area's only hospital-based geriatric addiction program, started in 1995 when staff there began noticing older adults popping up more frequently in emergency rooms after accidents from drinking. The six-month program, which has about 35 participants, involves group therapy, family conversations and reviews of life choices.

Nearly 90 percent of those who enroll in the program successfully complete their treatment, but the trouble is getting them there in the first place, Miller said. "They're not ready to give up something they have learned for so long."

At Lifespan, case managers with the Geriatric Addiction Program visit homes of clients referred by families and hospitals and counsel them to socialize and understand how substance abuse affects their bodies, said clinical supervisor Tammy Leach. Unlike traditional treatment, Lifespan's does not require older adults to completely abstain from drugs and alcohol but encourages them to cut down. Most of the 90 to 100 participants a year are in the program six to nine months, but case workers follow some for up to two years.

Obstacles to treatment

Other community treatment groups have struggled to offer their programs to seniors.

"I get periodic calls, but as soon as I tell them Medicare doesn't cover it, that's the end of it and they don't come in for treatment," said Dr. Gary Horowitz, psychologist and medical director of Westfall Associates outpatient chemical dependency services in Rochester.

While many insurance policies purchased through workplaces cover the bulk of the costs to attend addiction treatment programs, the Medicare plans that many seniors rely on come with more stringent regulations. Hospital-based programs, including those at Strong and Unity, are often covered, but officials at major community treatment centers, including Westfall and Huther Doyle, said Medicare won't pay the costs because most sessions are run by counselors, not psychiatrists.

Without insurance, treatment in Rochester-area facilities can run seniors up to tens of thousands of dollars for programs that run anywhere from about eight weeks to six months.

Last year, both houses in the state Legislature unanimously passed the Geriatric Chemical Dependency Act, which would have set aside grants for agencies to train staff, educate seniors and treat their addictions. Gov. Eliot Spitzer vetoed the bill in July, saying the state Office of Alcoholism and Substance Abuse Services already was authorized to set up programs for seniors with substance abuse.

Agency Commissioner Karen Carpenter-Palumbo said state treatment programs admit people of all ages. But while state dollars go to a few area agencies that address geriatric substance abuse, she admitted treatment targeted at seniors was lacking.

"Do we need increased specialized services? Yes, we do," she said. "We realize the growing emphasis in the senior population."

As officials at local agencies wait for funding, Gaffney says he has taken well to the group treatments at Strong Recovery. After his arrest, he was "really nervous" about entering treatment and spent nine months struggling in another program. This is his second try through Strong Recovery; he slipped six months ago when he said he ran into some old friends. But Gaffney feels sure this time around, speaking in the learn-from-me tones of reformed addicts, as he contemplates his "senior citizen" status among the youngsters in group sessions. "I try to tell them that this stuff ain't no good, and hanging on these corners ain't no good for them."

Soft-spoken and patient, Rachel Gaffney says changes are evident. Her husband, once moody and withdrawn, "even cleans the house. He does all the things that a married person should do."

For Gaffney, 63 is an age ripe for new life. He spends the days once filled with addictions watching over 6-month-old granddaughter Trinity Hill, who lives in his home.

"I go home and see Rachel, my grandbaby over there, and I'm good to go," he said. "It's not the end of the rainbow. You always can pick up the pieces, start all over again."

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For help

- Lifespan Geriatric Addiction Program: (585) 244-8400.
- Unity Chemical Dependency treatment for older adults: (585) 723-7740.

[Back](#)

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