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Old Habits

Drug Counselors See Upsurge in Aging Addicts

By CHRISTINE HAUSER

After decades of drug addiction, Adriane Allen believes she has finally grown too old to smoke crack. At 57, she has chest pains, has lost most of her teeth and has trouble moving her arms. Lately, she worries about how her grandchildren will remember her when she is gone.

"I definitely do not want them mourning me as an addict, that I died as an addict," said Ms. Allen, shaking her head, covered with gray hair and fidgeting uncontrollably during an interview at a New York City needle-exchange center.

"You get tired of being tired," she continued. "They say that is a drug addict's saying, but it is true, you do get tired of being tired. I am tired of walking around in a daze. I am tired of walking around with sunglasses on. Blocking out real life. I am ready to face my demons and just say I don't want it anymore."

As the first of the baby boomers approach 60, addiction treatment centers are bracing for a growing population of older drug addicts. Many aging users, veterans of the counterculture 60's, started using drugs as teenagers and have progressed to harder substances and addiction, while others turned to illicit drugs, abuse of prescription medications or increased alcohol intake later in life, with the loss of jobs or spouses.

Since, traditionally, substance-abuse-treatment programs and research have focused on teenagers and young adults, doctors, social workers, therapists and researchers say that new approaches need to be developed for the ballooning number of boomer addicts.

"In treatment of people 55 and older, we are starting to see much more cocaine addiction, which we never saw before," said Frederic C. Blow, an associate



Robert Caplin for The New York Times

Gwendolyn Jennings-Hill, center, at Odyssey House, where she discussed her addiction. A teacher's salary supported a \$3,000-a-month cocaine habit.

professor in the University of Michigan's psychiatry department, who has developed policy recommendations for the federal Substance Abuse and Mental Health Services Administration. "In fact, in some treatment programs, we are starting to see more problems related to stimulant abuse: cocaine, crack and marijuana use."

The federal government's 2004 survey of substance abuse, released in September, estimated that more than three million adults 50 and older

had used marijuana, hashish, cocaine or crack, heroin, hallucinogens or inhalants or had misused prescription drugs during the previous year. That number could more than double by 2020, said Joseph C. Gfroerer, director of the substance abuse agency's population surveys.

Willard L. Mays, a delegate to the White House Conference on Aging and a member of the executive committee of the National Coalition on Mental Health and Aging, said, "There are not enough geriatric spe-

Old Habits: The Graying of Drug Addiction

cialists to handle this increased number of people who need services."

Their medical problems can be overwhelming. Long-term heroin use can hasten the decline in immunity that comes with age. Prolonged cocaine use can lead to erosion of the nasal passages, arrhythmia and other cardiovascular problems. The slower metabolism, lower body mass and decrease in an enzyme called alcohol dehydrogenase that accompany aging drive down the alcohol tolerance of older adults, contributing to liver disease and making them susceptible to falls. Older patients may already have diabetes, arthritis or hypertension, meaning that they need to be stabilized before they can start treatment for their addiction.

At the methadone maintenance treatment program at Beth Israel Medical Center, doses sometimes need to be adjusted for older patients who are more likely to be on several prescription drugs, said the medical director, Dr. Randy Seewald.

Older patients can also present practical treatment problems. Those with mobility problems might have trouble getting to treatment centers. They often need treatment literature printed in large type, or help in unscrewing the caps of methadone bottles, because of arthritis. Therapy must be tailored to address regret over wasted youth and lost spouses.

Substance abuse also often goes undetected — and therefore untreated — for long periods in older adults who are isolated. "When people are retired and do not have professional obligations and the children have left home, then our red flags are not raised quite as effectively," said Petros Levounis, director of the Addiction Institute of New York.

Even when an older person's drug or drinking problem is noticed, people are sometimes loath to interfere and deprive parents or other loved ones of a remaining pleasure, said Julie E. Jensen, a researcher with the Washington Institute, an academic institution that advises the public health system in Tacoma.

Some who had been casual drug users in their youth returned to the substances later in life because of loneliness, the death of a spouse or a loss of purpose after retirement. "They will go back to what satisfied them years ago," said Carolyn M. Drennan, director of nursing at the Beth Israel methadone program.

Adjusting methadone doses for patients who are already on several prescription drugs.

Moses Henderson, 57, said he started sniffing heroin to cope with depression after his wife died in 2001. He has hypertension, a bad heart and diabetes, but is now in treatment. "I don't think my wife would want me dead," he said, adding that if he uses drugs again, "I will not make it."

Unlike Mr. Henderson, who is in a residential program, Margaret Baldwin, 65, lives in a homeless shelter. Two years ago, she fell down the stairs while drunk and broke her hip. That was the last straw, after 23 years of alcohol abuse and drinking a pint of gin every day. "I had no company," she said. "The only thing that entertained me was the bottle."

Then there are longtime addicts like Ms. Allen. She said she went from a puff of marijuana at a party in the 60's to "skin-popping" heroin and smoking crack over the years.

Sometimes, "I found myself asleep on the train," she said, "because I would be so high."

"I would like, nod out," she said, at the Lower East Side Harm Reduction Center. "When I wake up, I am like in the Bronx or Coney Island. Now that I am older I won't do that when I get high. I make sure I get to a friend's house."

Ms. Allen said she had used cocaine five days a week. She agreed to be interviewed because she thought her story would help younger addicts quit.

While some addicts, like Ms. Allen, are unemployed and homeless, others hold down jobs and lead middle class lives. Take Gwendolyn Jennings-Hill, a 55-year-old grandmother who says she was a functional addict. She used to cook up marble-size pellets of cocaine at home in Hampton, Va., then smoke it quickly, so her daughter would not catch her.

"I fell in love with crack," said Ms. Jennings-Hill, who is in Odyssey House's ElderCare program in Harlem. "I used marijuana and then I

progressed to drinking, then sniffing cocaine and freebasing. The 60's was a time when people started coming out of Vietnam. There was the hippie generation. I was connected to that age and that era."

This year, encouraged by her family, Ms. Jennings-Hill sought to end what she called the thrill and insanity of addiction. "I did not go to crack houses," she said. "I was one of the, I guess, fortunate addicts that had a house, had food, had money."

Ms. Jennings-Hill's teacher's salary was enough to support a habit that cost about \$3,000 a month. Others use Social Security payments or rent space in their apartments as crack houses.

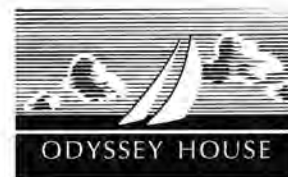
In contrast to younger addicts, older substance abusers thrive on treatment that features personal accounts, counselors say. They dress up for group sessions, and hesitate to speak openly in mixed-age groups.

At Odyssey House, a dozen residents aged 54 to 75 sat in a circle recently and told stories of broken marriages and estranged children. Some were trying to overcome heroin and crack habits while dealing with hypertension, diabetes, cardiac problems and sleep apnea.

"I been drugging for the past 55 years," Pedro Rosa, 66, said reflectively, looking at the floor and leaning on his cane, his tattooed arms protruding from his shirtsleeves.

Several in the group let out murmurs of agreement, like the sounds listeners make when they not only know the story but have also lived it.

"I was a very angry man when I was in the street," Mr. Rosa said. "But now I am too old to continue the life I was living."



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