

Making the Golden Years Glow

BY JOHN PRIN

- Your spouse dies two weeks after your 54th anniversary.
- Your adult son and daughter hint that you should sell your family home and move into a senior residence.
- Your doctor informs you that your recent blood test shows irreversible anemia.
- Your best friend didn't call on your 82nd birthday and you're alone for another long weekend.
- You reach for a bottle of wine in the fridge meant for special occasions and pour a glass to ease your pain...and another and another, until you get tipsy.

These and other common losses seniors face can trigger misuse of alcohol or prescription drugs, even in people who have never misused chemicals before. Muriel O'Neill, director of the Senior Chemical Dependency Program of Ramsey County says "About a third of our clients become problem drinkers late in life after showing no signs of chemical abuse for the first sixty or more years."

O'Neill explains, "During their younger years folks usually have some structure to their lives—jobs, marriage, relationships. Often as aging proceeds, these structures, one by one, start to fall away. Retirement brings the loss of structure of time and purpose. Beyond the loss of identity from a former career, retirement also often brings about severe loss of income, which means moving to a different living arrangement—usually a smaller home or apartment."

Besides losing touch with co-workers, neighbors, children and old friends, aging means facing the inevitable declines in health and well being, which most of us take for granted while we're young. Invariably, the death of a spouse triggers an inescapable sense of one's own mortality. Moreover, the diminished ability to drive and the accompanying transportation problems further limit a senior's choices and freedom of movement.

So, Ramsey County, like other senior chemical dependency programs, offers community. "We provide a warm and nurturing place to come to, a sense of belonging," says O'Neill. "We invite people to stay awhile. Sit and visit. Have a cup of coffee or a Coke. We know the enemy is isolation and loneliness; we battle it all the time."

LOSSES HIDE ADDICTION

Not all chemically dependent seniors developed their dependency late in life. Bernie Johnson, manager of Chemical Dependency Services at DARTS, says, "Most of our clients have struggled years and years with chemical dependency and abuse. Many believe they can't ever change. They and their families think chronic abusers are beyond help, too old to 'learn new tricks.' This is a total myth. It's never too late. Any progress is better than none."

While O'Neill estimates chronic abusers comprise 50 to 60

percent of the clients her agency serves, Johnson estimates about four out of five DARTS clients are chronically dependent.

But both agree that America's elderly are "the hidden population." With no jobs to report to or family members under their noses, their dependency on alcohol or pills can go unmonitored for weeks, months, even years. Elderly drivers are less likely to receive traffic violations for their sometimes erratic driving behavior because it is attributed to age, not to driving in a mood-altered state. In fact, many seniors don't drive at all, which eliminates a common way of detecting dependency problems.

Abuse of prescription drugs and over-the-counter medications, prevalent in both agency's populations, is often more hidden than alcoholism. Johnson points out that the toughest myth to overcome is "The doctor prescribed it, so it must be okay." Problems are intensified because seniors often seek the services of more than one doctor and get prescriptions from each.

"We see worse denial with pills than alcohol," says Christine Fortson, one of two DARTS C.D. staff members. "It means we have to do a lot of family system work because of the general feeling that medications are good for you. There just isn't the same awareness as with alcohol dependency."

Getting family members involved is the key to aiding poly-drug users. "The dynamics in one woman's family were the same as if she had been an alcoholic for years. She insisted that because the doctor prescribed her medication it must be okay. Her kids, all adults, displayed the same erratic behavior and thinking as if they had grown up in an alcoholic family." It had never occurred to the family that her problem centered on the prescription that she had been taking all those years.

Either way, with pills or drinks, seniors are medicating their pain by mood-altering rather than by successfully addressing the

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troubling issues and conditions in their lives that are at the root—the isolation, loneliness, lack of health or mobility, loss of spouse or career structure.

With luck, typical signs eventually tip off somebody and the person with a dependency problem is referred for help. These signs can include physical symptoms such as hepatitis, pancreatitis, ulcers, tremors and shakes—an elderly person's blood system cannot tolerate or absorb alcohol and medications as readily as a younger person's. Or someone might notice social symptoms such as disintegrated or fragmented family relationships, which generate and intensify the senior's loneliness and isolation.

FILLING THE GAP

O'Neill points out, "Seniors often can't identify with regular AA meetings where there are "kids" talking about pot, rock music

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and AIDS. The meetings may be too fast paced. They may feel intimidated when they are around a lot of young people. They are much more comfortable with a group of their own age."

But how many centers exist nationwide like those in Ramsey and Dakota county? Centers that fill the gap in seniors' lives by providing them free treatment, regular transportation, unconditional friendship and community? O'Neill and Johnson are aware of only a few.

In hopes of furthering the development

of more, they are willing to pass on the wisdom from their decades of experience and expertise. Meanwhile, dozens of professional staff members and volunteers remain dedicated to the daily needs of their clients. Meeting those needs is their constant challenge.

"We use the gentle approach, never heavy confrontation," Johnson says. "Here, long term sobriety is a hope. Relapse is common. Partial recovery is more realistic. You have to have a different set of expectations than with a younger group. But progress is still progress. Fifty percent is still better than zero percent."

Fortson emphasizes, "We never give up on a person. We are always here when a senior needs us." Then she sighs. "It amazes me that we don't honor our seniors. We look at them as useless and as people that we have to take care of. It is really sad that we don't put them to more use, that we don't listen to their experiences and what they have to offer."

THE FRIENDSHIP TREATMENT

Both agencies offer seniors a way to share their experiences and reclaim their sense of purpose through the Senior Companion or volunteer approach. Having and being a Senior Companion ends isolation and helps seniors recognize and address the losses that contribute to their chemical dependency.

Senior Companions offer unconditional friendship. They model sobriety, make home visits and transport

individuals to AA meetings. "Whatever stage the troubled person is in," Fortson says, "whether in relapse or denial or sailing along in the [12] steps, our Senior Companions stick with them. By telling their own story, they show the person a way out."

Fortson continues, "Senior Companions are our way of demonstrating living proof of transformation. Each person who qualifies as a Senior Companion has his or her own history with chemical dependency and knows firsthand the struggles the troubled person is going through."

O'Neill says that of the 35 regular volunteers who act as senior companions at O'Neill's agency, Willy is a prime example. "Willy knew all the kinds of treatments because he had been through them all," she recalls. "He used to live at gospel missions and had really bottomed out. He was a crane operator and fell and broke his back. He had stopped drinking when he was hospitalized for his back and ended up on disability. Because he had time on his hands, he came to volunteer for us. He has been with us for twenty years."

Willy comes to the center every day. He drives people, sits in on meetings and talks, makes coffee, does errands. He is always there for people, always pleasant and willing to pitch in.

"We can't imagine running the program without him," O'Neill says. "But if you try to thank him, he says he is just doing this for his own good, that he has a need to give back. It is that kind of spirit. He is an example and an encouragement to everybody."

O'Neill muses, "These years are golden only if you are healthy or are in recovery." Willy, and others like him, are examples of how anyone can make his or her golden years glow.

For more information about chemical dependency and recovery among seniors, call either DARTS (612) 455-1560, or the Senior Chemical Dependency Program of Ramsey County (612) 773-0473.