

Opiod abuse down in younger americans, but up among older adults

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(HealthDay)—While opiod abuse has fallen among younger Americans,

the same cannot be said for older adults, a new government report shows.

Opioid [abuse](#) includes either the use of heroin or illegal use of prescription opioid painkillers, such as oxycodone (Oxycontin, Percocet) and hydrocodone (Vicoprofen).

Rates of opioid abuse among young adults—aged 18 to 25—decreased from 11.5 percent in 2002 to 8 percent in 2014. But in adults 50 years and older, opioid abuse doubled, from 1 percent to 2 percent, according to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Overall, about 9.5 million adults had abused opioids in the past year, the 2014 National Survey on Drug Use and Health found.

"These findings highlight the need for prevention programs for all ages, as well as to establish improved evidence-based treatment, screening and appropriate referral services," Dr. Kimberly Johnson, director for the Center for Substance Abuse Treatment, said in a SAMHSA news release.

"The high rates of [multiple] illnesses in older populations and the potential for drug interactions has profound implications for the health and well-being of older [adults](#) who continue to misuse opioids," Johnson said.

What can be done to get these rates down, particularly among older people?

The U.S. Department of Health and Human Services has identified five strategies to tackle the [opioid](#) crisis in the United States, including:

- Improving access to treatment and recovery services, including the full range of medication-assisted [treatment](#).
- Promoting targeted availability and distribution of overdose-reversing drugs.
- Strengthening understanding of the epidemic through better public [health](#) data and reporting.
- Providing support for cutting edge research on pain and addiction.
- Advancing better practices for pain management.

More information: The U.S. Centers for Disease Control and Prevention has more on [opioids](#).

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