

Opioid misuse is increasing in middle-aged Britons – here's how it could cause an addiction crisis

July 31 2017, by Tony Rao



Credit: AI-generated image ([disclaimer](#))

The older we get, the more likely we are to suffer with long-term health problems. Life expectancy may be increasing, but so are the number of years we spend in ill health. In people aged 50 and over, the leading causes of chronic ill health are [lower-back and neck pain](#). It's hardly

surprising, then, that so many middle-aged people are hooked on painkillers.

Painkillers are often the first port of call for anyone seeking to rid themselves of discomfort from damage done to joints and muscles as part of the ageing process. Paracetamol was once the [mainstay of treatment](#), but stronger painkillers are now [more commonly prescribed](#), especially highly addictive opioid painkillers, such as buprenorphine, fentanyl and oxycodone.

A study of prescribing in Tayside, Scotland, between 1995 and 2010, found an [18-fold increase](#) in the number of people prescribed strong opioids. And between 2002 and 2013, the number of people in the UK prescribed strong opioids for chronic pain [rose six-fold](#).

Opioid drugs, being derivatives of morphine, have a huge potential for misuse, particularly if used at high doses or over long periods of time. In older adults, these drugs are eventually taken for their [pleasurable effects](#) rather than their pain-relieving potential – the slippery path to addiction.

Addiction to opioid painkillers in middle-aged people has resulted in a sharp increase in deaths associated with drug toxicity. A case in point being the drug tramadol.

In the UK, the Advisory Council on the Misuse of Drugs called for tighter controls on tramadol prescribing, as a result of its [increasing misuse](#). In 2000, in England and Wales, there were three deaths associated with tramadol in the 50-69 age group. This rose to a staggering [70 deaths](#) by 2015.

Ageing also means changes to the way [opioid drugs](#) affect the body. Not only is there a higher chance of these drugs taking longer to clear from the bloodstream, opioid drugs are highly likely to cause more problems

with [breathing, blood pressure, drowsiness and falls](#). They also interact with other drugs, either [increasing their side effects or changing their levels in the blood](#).

The baby boomer problem

Unlike previous generations of middle-aged people, today's "[baby boomers](#)" grew up in a permissive society. As a result, they are at considerably higher risk of addiction to both non-opioid painkillers and alcohol compared with previous generations. And baby boomers in the 50-64 age group who are addicted to illicit drugs are also at high risk of [opioid painkiller addiction](#). Opioid painkillers appear to be part of a wider picture of addiction.

Tackling opioid [painkiller](#) addiction in middle-aged people should start at a national policy level, but the Home Office's new [drugs strategy](#) makes little mention of the risks posed by opioid painkillers, choosing instead to focus exclusively on illicit opioid drugs such as heroin.

The increasing use of prescription opioid painkillers in baby boomers shows little sign of slowing down. The problem is that it's an invisible addiction where an easy fix with opioid painkillers is all too common. Prescribing drugs for pain may leap straight from paracetamol to opioids, with few alternative drug treatments in between for numbing the pain and discomfort caused by the ravages of ageing.

Curbing the inevitable and relentless descent into greater harm from opioid painkillers in baby boomers means that medical specialists need to work closer together. GPs will need to work more closely with pain clinics, as well as mental health services. Joint clinics between GPs and old-age psychiatry or geriatrics services could also reduce opioid prescribing by treating the mental and physical consequences of pain more effectively.

We are probably many years away from developing the perfect, harmless, non-addictive painkiller. In the meantime, we need GPs to be more vigilant over the potential for addiction with opioid painkillers and to think about non-drug treatments for pain such as [lifestyle changes and psychological interventions](#). Without this, Britain faces a major public health crisis.

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