

# PAIN- KILLERS DON'T EXIST.

Long-term pain medications  
don't kill pain, **THEY MASK IT.**

## PROLONGED USE CAN LEAVE LASTING DAMAGE, INCLUDING ADDICTION.

It's estimated that **7.1 million adults** in England take prescribed opioid or gabapentinoid pain medications<sup>1</sup>.



The number of prescriptions in England and Wales for opioid painkillers has risen dramatically from more than 14 million in 2008 to 23 million in 2018<sup>2</sup> – with **the North East being the biggest culprit**<sup>3</sup>.

Across County Durham over **55,000 prescriptions** for opioids and gabapentinoids are dispensed every month<sup>4</sup>, with an estimated 8,000 patients a month taking a risky combination of the two classes<sup>4</sup>.

<sup>1</sup> Source: Public Health England, 2019

<sup>2</sup> Source: Department of Health, 2019

<sup>3</sup> Source: Faculty of Pain Medicine, Royal College of Anaesthetists, 2019

<sup>4</sup> Source: BSA EPACT2, 2019

## NO ONE SHOULD HAVE TO CHOOSE BETWEEN LIVING IN CHRONIC PAIN AND BATTLING ADDICTION.

**Painkillers Don't Exist** is an NHS campaign across both Sunderland and County Durham that aims to raise awareness of the dangerous effects of long-term, high-dose prescription pain medication and empower people living with pain to make informed decisions about their health.

# USE THEIR CHECK UP AS YOUR CHECK IN



## How do they talk about their pain?

Is their level of pain affecting their day-to-day lives or are they concerned that their pain is coming back?

## How long have they been in pain?

If they have been in pain for a long time, have they been offered any alternatives to medication?

## Are they open to trying other ways to manage their pain?

Is there anything else you can recommend they try? Or another service they could be referred to? Are they willing to work with you to reduce at their own pace with regular reviews?

## Is the patient already taking pain medication?

How much and for how long have they been taking pain medication? Would they consider reducing their dose?

## How does the patient feel?

Are they aware, or have they experienced any side effects from the medication? Have they noticed anything different in the way they respond to them?



# WHAT YOU CAN DO

## Be prepared to manage expectations.

Make sure patients are educated on the risks and potential side effects of the medication they are prescribed and that they know it's not a long-term solution.

If they have been on the medication for a long time, be prepared to discuss alternative options, and to plan reductions with them.

It's vital that patients know the facts so they can make informed decisions about how best to manage their pain and reduce the risk of adverse effects.



# IS PRESCRIPTION PAIN MEDICATION STILL THE BEST OPTION FOR THE PATIENT?

If so, make sure they leave knowing the potential side effects and what to do if they experience any.

If not, discuss and make a plan together to reduce their medication slowly, including what they should do if they experience any withdrawal effects.

**Find out more:**  
[painkillersdontexist.com](http://painkillersdontexist.com)