

#PainkillersDontExist

PAIN-KILLERS DON'T EXIST.

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

**PAINKILLERS
DON'T EXIST.**

They're only a short-term solution



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

It's estimated that **7.1 million adults** in England take prescribed opioid or gabapentinoid pain medication¹.

The number of prescriptions in England and Wales for opioid pain medications has risen dramatically from more than 14 million in 2008 to 23 million in 2018².

¹ Source: Public Health England, 2019

² Source: Department of Health, 2019



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

Painkillers Don't Exist is a campaign 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. With no painkiller available for chronic pain, we know our patients have to combine intermittent use of pain medication alongside other, well-being treatments to effectively manage pain.

There is often a reluctance to recognise when something isn't working and take the decision to stop. More often than not because of the mistaken belief that the pain will increase.

It is recognised that all pharmacists can play a role across the health economy to support patients in managing pain appropriately.

Find out more:
painkillersdontexist.com

Addiction indicators:

- Poor coordination
- Drowsiness
- Shallow or slow breathing rate
- Nausea, vomiting
- Physical agitation
- Poor decision making
- Abandoning responsibilities
- Slurred speech
- Mood swings
- Sleeping more or less than normal
- Euphoria (feeling high)
- Irritability
- Lowered motivation
- Anxiety attacks

WHAT YOU CAN DO



IF YOU ARE A PRACTICE PHARMACIST

It's likely you'll get referrals to review a patient's pain medication. Ensure you consider whether the length and dose of the medication they're taking is still appropriate for their condition. If it's not, discuss and make a plan with the patient, including the GP if needed, to reduce their medication slowly, clearly documenting the plan in the patient records.

Consider limiting prescription amounts to daily or weekly to help patients ration their usage and not be tempted to take more.

Ensure the patient understands that pain medication can be used intermittently to manage acute periods of pain.

All patients should know what to do if they experience any withdrawal or side effects.

All drugs prescribed for pain should undergo regular reviews to evaluate their effectiveness.

IF YOU ARE A COMMUNITY PHARMACIST

Be prepared to have conversations with patients about their pain medication. If you notice a patient has been prescribed or is purchasing pain medication for over three months then encourage the patient to think about the impact their pain medications are having (both positive and negative). You can do this by starting a conversation about whether they would consider reducing them, or consider other pain relief methods. Suggest that the patient has a review with their GP or practice pharmacist if appropriate.

IF YOU ARE A HOSPITAL PHARMACIST

Ensure the patient knows that any new pain medication is for short term use only and that this is clearly and properly communicated to the patient's GP practice team. If changes have been made to existing pain medication, ensure the patient and GP practice team are aware of the rationale and ongoing plan.