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Are you too reliant on painkillers?

Virtually all of us have taken painkillers at some point in our lives, and they can certainly offer short-term relief from pain. But national guidance from NICE (the National Institute for Health and Care Excellence) encourages doctors to steer away from them for many people with pain. It's not because they want anyone to suffer – far from it. It's because of the risk of becoming addicted to prescription painkillers, which can cause even more problems than the original pain.

There's no question that use of illegal drugs is widespread: [in England and Wales](#), around 1 in 11 16–59 year-olds (around 3 million people) and 1 in 5 16–24 year-olds – around 1.1 million people – reported using drugs in the year ending June 2022. 862,000 of these are frequent drug users who take illicit drugs at least once a month. Although more than 4 in 10 16–24 year-olds and 16–59 year-olds who take these drugs do so only once or twice a year.

Is there a problem with prescription painkillers?

In addition to illicit drug use and use of legal recreational drugs, millions of people in the UK take painkillers regularly. A [2021 survey](#) found that 1 in 10 UK residents have overused prescription pain medication. The government was so concerned about painkiller addiction that in 2015 it set up an [All-Party Parliamentary Group](#) on prescribed drug dependence. The government believes that if the issues continue, we could be heading for a public health disaster along the lines of that [seen in the USA](#).

What are strong painkillers?

There are many different types of painkiller. 'Non-opioid' painkillers such as [paracetamol](#) are not addictive. Neither are [non-steroidal anti-inflammatory medicines](#) (NSAIDs) such as ibuprofen. However, for severe pain, stronger painkillers called [opioids](#) are often prescribed. These medicines are related to morphine and include [codeine](#), [dihydrocodeine](#), [tramadol](#), [morphine](#), [fentanyl](#), [oxycodone](#), [buprenorphine](#) and [diamorphine](#).

What are the risks of opioid painkillers?

Prescriptions for opioid painkillers [increased](#) from three to 23 million between 1991 and 2014. Even though [by 2018](#) they were slowly starting to fall, levels are [still much higher](#) than they were 25 years ago. Sometimes these are prescribed for a fairly short period – say, to cope with pain while recovering from surgery. Sometimes the risk of addiction is much less than the need to control pain completely – for instance, in people with cancer needing end-of-life care.

But chronic pain affects between 1 in 2 and 1 in 3 adults in the UK – just under [28 million](#) people. The most common reason for chronic pain is muscle and joint problems – musculoskeletal conditions. Symptoms of [osteoarthritis](#), [back](#) and [neck pain](#) can last for years and paracetamol makes little difference. In fact, [national guidance](#) recommends that paracetamol shouldn't be prescribed for back pain or osteoarthritis because it doesn't work.

As a consequence, many patients turn to stronger, opioid painkillers.

Unfortunately, all of these carry a risk of painkiller addiction – and the stronger they are the greater the risk. Most people never imagine they can become addicted to medicines prescribed by a doctor, but that's not true.

What are addictive drugs?

Addictive drugs share certain properties. As time goes on, you become tolerant of the drug – in other words, you need higher and higher doses to have the same effect. If you don't get the drug, you start to crave it – you can't think about anything other than your next dose. And if you stop it suddenly, it leads to withdrawal symptoms.

Because strong painkillers are so addictive, they have less and less effect as time goes on. That means the dose you were prescribed may not control your pain. The longer you've been taking a painkiller, and the higher the dose, the more likely it is that you will find yourself relying on them.

What are the signs of painkiller addiction?

Signs of painkiller addiction may come on gradually, but over time they start to have more and more impact on your ability to function. They can be broadly divided into behavioural, psychological, physical and cognitive.

Behavioural symptoms include:

- Taking a higher dose of medication than you've been prescribed.
- Running out of medicine early.
- Exaggerating your pain to get more medicine.
- Borrowing painkillers from friends.
- Going to multiple pharmacists to get supplies of non-prescription opioid painkillers.
- Hiding medicine or medication packaging.
- Thinking about your medication, and when you can get your next dose, all the time.
- Spending less time with family and friends.

Psychological symptoms include:

- Being moody or irritable.
- Feeling constantly [anxious](#).
- Low mood or [depression](#).

Cognitive symptoms include:

- Feeling confused or disorientated.
- Struggling to concentrate.
- Making poor decisions.
- Having hallucinations or delusions.

Physical symptoms include:

- Problems sleeping or sleeping too much.

- Feeling itchy.
- Excess sweating.
- Being off your food.
- Pinpoint pupils.

What should I do if I'm worried about painkiller addiction?

If you're concerned about your painkiller intake, do speak to your doctor. They are very used to helping people with this sort of problem, and they won't judge you. Instead, they can help work with you to develop a plan to reduce or even stop your tablets.

The process isn't quick and you'll need to tail off slowly. Your doctor can also help with other non-drug treatments that can help your pain. For instance, [physiotherapy](#), [regular exercise](#) and sometimes counselling have been found to be very effective for helping many people manage pain.

With thanks to 'My Weekly' magazine where this article was originally published.

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Originally Published: 20/11/2023		Document ID: doc_32110

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