

## DON'T PUNISH PAIN NATIONAL RALLY

We are protesting to have our voices heard regarding the neglectful treatment of chronic pain patients due to the unwarranted enforcement of the CDC's flawed guidelines, and the resulting DEA and other government involvement.

These rallies are held nationwide. Let your voice be heard and join your local rally! For more information go to:

national facebook

***Don't Punish Pain Rally***

website

***DontPunishPainRally.com***

email

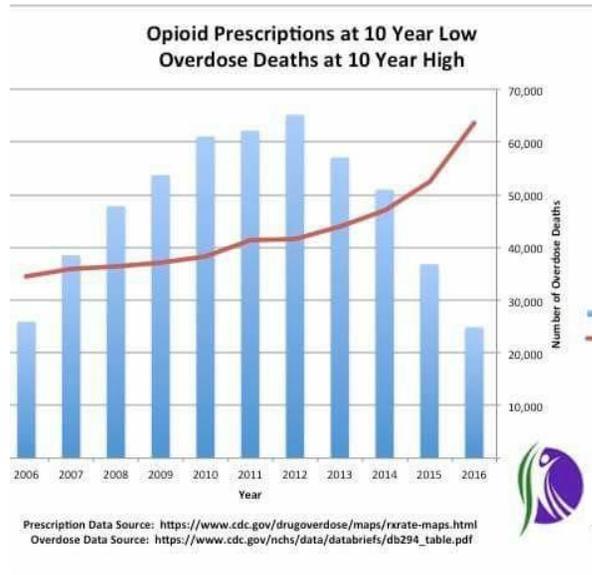
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"WE ARE PATIENTS, NOT ADDICTS "

# DON'T PUNISH PAIN

Bringing forward the **FACTS...**





As clearly indicated in the graph provided by the Alliance for Treatment of Intractable Pain (ATIP), **opioid prescriptions** are at a **10-year low** while **overdose deaths** are at a **10-year high**. This increase in opioid related deaths is **due to the use of illegal drugs such as heroin and illicit fentanyl** imported from China and Mexico, and **NOT** due to prescription opioids.

## Consequences of an Incorrect Focus

-The government's misdirected efforts to reduce opioid-related deaths by restricting access to and forced tapering of pain medications are causing legitimate pain patients to suffer and die. Suicide rates in the chronic pain population have sharply increased. Many patients in severe pain have *given up hope* that the unfair and unethical enforcement of the CDC's flawed guidelines will change; they have chosen to take their own lives instead of choosing illegal street drugs.

-Recent legislation has continued to support incorrect assumptions that opioid pain medications are currently responsible for opioid addictions, despite the fact these assumptions have been disproven *repeatedly*.

-Long standing, proven opioid treatments have been "held hostage" until invasive, expensive alternative treatments have been tried. Additionally, patients are being forced into high-risk non-opioid treatments such as non-FDA approved spinal injections.

## Personal Sacrifices of Intractable Pain

- Undertreated pain leading to life-threatening illnesses and/or loss of life
- Loss of career
- Loss of involvement in community and church
- Missing out on family events and vacations
- Loss of enjoyment in physical activities, such as exercise, hobbies, intimacy, etc.
- Stigma of being labeled a "drug addict"

## Challenges with Pain Management

Changes in the legislative climate toward opioid pain medications have created many obstacles for chronic pain patients. Additionally, there are many "rules" and other challenges a patient with chronic pain must endure to receive needed treatment. These include:

- Agreeing to a "pain contract" with the pain management physician
- Being subjected to embarrassing random urine drug screens and pill counts
- Making monthly appointments, often requiring extensive travel
- Choosing one pharmacy for all pain medications despite increasing difficulties in finding a pharmacy to fill opioid prescriptions
- Finding a physician to prescribe opioid pain medications despite high numbers of Pain Management physicians leaving careers, resulting in the tragic loss of long standing physician/patient relationships
- Educating the general population on the difference between opioid "dependence" and "addiction"

## CDC Missed The Mark

In 2016 the CDC published "guidelines" for prescribing opioid pain medication that were based on faulty and exaggerated data. These flawed guidelines have had **catastrophic effects** on those who are chronically ill with painful diseases.

## Decimation of the Physician/Patient Relationship

In a vain attempt to address the "opioids crisis", the government has interfered with the sanctity of the physician/patient relationship. They have dictated arbitrary restrictions on opioid pain medications, going beyond the scope of the CDC's flawed guidelines. Physicians no longer have control over their patients' pain treatments. Physicians fear retribution and arrest by the DEA should they prescribe according to patient needs, if these needs fall outside the CDC faulty guidelines.