

# 2025 Annual Report



## Administrative Details

- **Charity:** Painkiller Addiction Information Network (PAIN)
- **Registration Number:** 1162961
- **Registered Address:** 55 Sedlescombe Road South, St Leonards-on-Sea, TN38 0TJ
- **Board of Trustees:** Cathryn Kemp, Jason Foster, Albert Kemp, Vicki Edwards, Navjot Ahluwalia , Paul Hemsil
- **Chair:** Dr. Yasir Abbasi
- **Banking:** NatWest, Havelock Road, Hastings, TN34 1GW

## Foreword

*"Our mission to combat painkiller addiction fuels every step we take. With unwavering commitment and a focus on our core values, we are confident that a brighter future is within reach."*



**Dr. Yasir Abbasi**  
**Chair**

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Dr. Yasir Abbasi is a consultant psychiatrist specialising in adult and substance misuse psychiatry. With a career spanning both England and the UAE, he has significantly contributed to the development of addiction services and mental health awareness globally.

Dr. Abbasi has published extensively in peer-reviewed journals and spoken at scientific conferences across the UK, Europe, the USA, and the Middle East.

He founded the Painkiller Addiction Information Network (PAIN) charity in 2016 to address painkiller addiction in the UK and has been widely featured in global media, including the BBC and The Guardian. His accolades include the Yorkshire Evening Post's Doctor of the Year (2013) and RCPsych's Consultant of the Year (2024).

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# Painkiller Addiction Information Network (PAIN) Trustee Report for the Year Ended 31 August 2025

## Structure, Governance and Management

### Governing Document:

Painkiller Addiction Information Network (PAIN) is constituted as a Charitable Incorporated Organisation (CIO) under charity number 1162961. PAIN's Constitution was adopted on 29th September 2014.

### Organisational Structure:

**The Board of Trustees of PAIN Charity** plays a crucial role in the strategic management, oversight, and governance of the charity. Comprising highly dedicated individuals with a broad range of skills and expertise, the trustees are committed to ensuring that PAIN Charity remains aligned with its mission and continues to deliver impactful services to those in need. Working entirely voluntarily, the trustees contribute their time, experience, and professional insights without any financial compensation, except for the reimbursement of essential travel and subsistence costs associated with attending charity board meetings and related activities.

**Dr. Yasir Abbasi**, the Chair of the Board, leads the charity, providing guidance, strategic leadership, and operational direction. His role involves facilitating collaboration among the trustees, ensuring effective decision-making, and overseeing the implementation of key initiatives as determined by the board.

The Board of Trustees meets quarterly alongside the Chair to review the charity's progress, assess growth opportunities, address challenges, and make decisions that drive PAIN's objectives forward.

Together, the trustees, Chair, and Chief Executive work tirelessly to ensure PAIN Charity continues to make a tangible difference in the lives of those it serves, maintaining the highest standards of accountability, governance, and impact.

### Recruitment and Appointment of New Trustees:

PAIN's Constitution outlines the appointment of trustees to the charity. The Board of Trustees is responsible for recruiting and appointing new trustees for a two-year term. The board discusses and then votes on the appointment of a new trustee, and the duties and responsibilities are outlined to the new trustee, along with copies of the charity constitution, the latest copy of the Trustee's Annual report, and the statement of accounts.

New trustees are selected based on their specific skills in the area of addiction to prescribed painkillers or pain research. Once new trustees are appointed, they are given a copy of the charity's governing documents and links to roles and responsibilities via the Charities Commission website [www.gov.uk](http://www.gov.uk).

As PAIN is a small charity, trustees work in their specific fields, advancing the charity's aims and bringing their knowledge together for particular activities or projects run by the charity. Currently, PAIN has five trustees from the pain and addiction fields and one trustee who is a former chair.

## Current Trustees:

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**Cathryn Kemp**  
**Co-Chair and Trustee**

Cathryn Kemp is an author, addiction recovery advocate, and co-founder/co-chair of the Painkiller Addiction Information Network (PAIN), a charity she established with Dr. Yasir Abbasi to raise awareness of opioid addiction. Her award-winning memoir, *Coming Clean* (Hachette, 2012), won the Big Red Read Prize for Non-Fiction and reflects her deeply personal and professional commitment to the cause.

A former national journalist, Cathryn has received awards for both her non-fiction and journalism. She is represented by Jane Graham Maw at Graham Maw Christie Literacy Agency.

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Vicky is an occupational psychologist within the National Health Service (NHS). She is dedicated to empowering colleagues to reach their full potential and enjoy fulfilling workdays.

In her role, Vicky coaches and guides individuals and teams through change, focusing on building confidence and capability and fostering positive behavioural changes.

She also leads transformational projects aimed at enhancing workplace culture and improving the overall working experience within her NHS trust.



**Vicky Edwards**  
**Trustee**



**Paul Hemsil**  
**Trustee**

After a prescription for OxyContin led to a decade-long addiction, Paul was repeatedly denied help; no services supported prescription drug dependence. Determined to change this, he studied addiction neurobiology and became an advocate for reform.

In 2021, he developed Prescription Only Medication Support (POMS), a groundbreaking program helping patients safely reduce dependence. Its success led Derby Drug and Alcohol Recovery Service to adopt it permanently.

Paul now advises policymakers, facilitates recovery groups, and helps change Derby's opioid treatment policies. His mission is to ensure no one faces addiction alone. Paul has shared his expertise globally, including at the United Nations Conference alongside *Dopesick* advisor Dr. Andrew Kolodny.

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Navjot Ahluwalia is a highly respected consultant psychiatrist and honorary professor, renowned for his extensive expertise in addiction.

With a career that spans pivotal roles, including serving as a medical director within the NHS, Navjot has also taken on numerous regional and national responsibilities in both education and research, further solidifying his influence in the field.

His profound commitment to understanding and addressing addiction has not only shaped clinical practice but has also contributed to significant advancements in academic research, making him a leading voice in addiction psychiatry.



**Navjot Ahluwalia**  
Trustee



**Jason Foster**  
Trustee

Jason brings over 20 years of leadership experience in consulting, healthcare, and technology across the US, UK, and Europe. He is currently the CEO and Executive Director of Ori Biotech, a cell and gene therapy start-up that raised \$100M in Series B funding in December 2022.

He also serves as a Non-Executive Director for health tech start-ups GripAble, Credentially, and Auxita Pty, and as Managing Director of Health Equity Consulting, he advises PE/VC funds, family offices, and health tech start-ups.

Albert Kemp brings over 40 years of experience in the insurance industry, where he served as Chief Executive and Chairman of a leading Underwriting Agency in the event sector. His career took him to over 50 countries across the Americas, Europe, the Middle East, Asia, and Australasia.

Albert is a Fellow of the Chartered Insurance Institute, a Past President of the Insurance Institute of Royal Tunbridge Wells, Kent, and a Fellow of the City of London.

He has held leadership roles in various associations and clubs, including founding and chairing his local running club for over 20 years, where he currently serves as president.



**Albert Kemp FCII**  
Trustee

# Aims and Objectives








## Aims:

PAIN has been formed to advance the awareness of addiction to medicines in the UK and globally, particularly through the dissemination of information and educational events as an advocacy service to patients with dependency issues and to promote health and well-being.

## Objectives:

PAIN is committed to addressing the growing issue of opioid painkiller dependence through a comprehensive approach that encompasses education, support, identification, advocacy, recovery, and collaboration. Our efforts focus on raising awareness among healthcare providers and patients about the risks of addiction to both prescribed and over-the-counter painkillers. We provide vital resources and support for those affected by opioid dependence, including their families, and work to de-stigmatise addiction through education.

Additionally, PAIN is dedicated to identifying recovery pathways, fostering collaboration with related organisations, and actively participating in national and international discussions on the responsible prescribing of opioids and the development of effective treatment and after-care strategies.

 EDUCATION	<ul style="list-style-type: none"><li>● To raise awareness among healthcare services and patients about addiction to prescribed and over-the-counter painkillers</li></ul>
 HELP & SUPPORT	<ul style="list-style-type: none"><li>● To offer advice and resources to those suffering from dependence on opioid painkillers.</li><li>● To support families of those who have been affected by OPD (Opioid Painkiller Dependence).</li><li>● To provide a context for recovery and resources.</li><li>● To provide a telephone helpline for patients who may feel they have a problem.</li></ul>
 IDENTIFICATION	<ul style="list-style-type: none"><li>● To help identify addiction to opioid painkillers by healthcare services and patients.</li><li>● To identify tools such as screening tools, dedicated publications and information leaflets.</li></ul>
 ADVOCACY	<ul style="list-style-type: none"><li>● To help de-stigmatise the nature of addiction to opioid painkillers through outward-reaching education.</li></ul>
 RECOVERY	<ul style="list-style-type: none"><li>● To identify recovery pathways, offer information and help patients access them.</li></ul>
 INTEGRATED PARTNERSHIPS	<ul style="list-style-type: none"><li>● To make connections and collaborations with other bodies working in pain services and addiction services, and to facilitate shared dialogue.</li></ul>
 CAMPAIGNING	<ul style="list-style-type: none"><li>● To have a voice in light of national and international discussions about the inappropriate prescribing of opioid painkillers.</li><li>● To have a voice in formulating treatment pathways and after-care for patients.</li></ul>



# Public Benefit

PAIN brings together agencies from the pain and addiction services to raise awareness of Opioid Painkiller Dependence (OPD) and, in doing so, improve services for the identification and treatment of people who have become addicted to their prescribed or over-the-counter painkillers and other medicines, or who have bought them for pain relief as a form of self-medication.

We believe that OPD is a serious problem in the UK. Public Health England has produced commissioning guidance on this matter and believes this is a sign of growing pressure to address the matter with national policymakers.

In the UK, [5.4%](#) of adults aged 16–59 have misused non-prescribed painkillers, with prevalence estimates indicating a 0.3% rate (over 190,000 cases) of prescription opioid dependence (OPD), which is significantly higher than in other European countries. Given these concerning figures, there is a pressing need for targeted Government funding allocated directly to the NHS to support expanded research into OPD and public health campaigns aimed at prevention and early intervention.

Recent data further reveals a troubling trend where NHS England reported a £450k reduction in opioid prescribing over four years, and over-the-counter (OTC) analgesic sales surged, with a staggering £100 million increase in 2024 alone. This suggests that rapid or forced prescription reductions drive patients to unregulated alternatives, including counterfeit pills laced with lethal adulterants like nitazenes and xylazine. The ripple effects indicate that unchecked OTC misuse risks overwhelming the NHS with avoidable harm (e.g., paracetamol toxicity), while systemic gaps in education and slow policy action exacerbate the crisis.

Based on these figures (which do not include the whole gamut of addictive medicines such as sleeping tablets, benzodiazepines, gabapentin, etc, and do not include prevalence data for over-the-counter medication), the approximate cost to the NHS of patients addicted to prescribed medicine is as high as £3.5 billion.

The benefits of creating a charity dedicated to raising awareness of medicine addiction are many: improving the health and well-being of those addicted and their families, improving potential quality of life, and better training and, ultimately, resources for primary and secondary healthcare professionals.

Through information dissemination, PAIN provides resources and support for those affected and their families. It helps patients access pain treatment and GPs and prescribers.

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## Activities and Achievements

PAIN furthered its charitable purposes for the public benefit in a variety of ways:

- **Dissemination of Information, Education, and Advocacy:** Throughout 2025, PAIN was involved in a pilot project delivered in partnership with the North West Coast Integrated Care Board (NWC ICB) and the Health Innovation Network North West Coast, with contributions from CGL/Inspire and clinicians across NWC ICB Primary Care Networks. The pilot concluded at the end of the year.

PAIN's involvement was provided through a consultancy role, focused on sharing the learning and impact of the POMS (Pain, Opioids, Medicines and Support) approach. This included outlining the origins of POMS, its initial development as a voluntary pilot with Public Health Derbyshire, and its subsequent adoption across Derby City through the Derby Drug and Alcohol Recovery Service. The consultancy highlighted why this person-centred, supportive model has proven effective in engaging patients and achieving safer, more sustainable outcomes.

The work addressed the limitations of medication reduction approaches that rely solely on strict adherence to NICE guidance, particularly where reductions are implemented without adequate support. Attention was given to the clinical and psychosocial consequences of overly rapid dose reductions or abrupt cessation of medication, including increased distress, disengagement from services, and poorer health outcomes.

Central to the pilot was the importance of person-centred care and wraparound support when supporting patients to reduce or review their medication. The project demonstrated how collaboration between primary and secondary care can significantly improve patient experience and outcomes, including ongoing joint working with a consultant and nurse specialist at the Royal Derby Hospital Pain Clinic.

The consultancy also focused on the critical role of language and communication. Guidance was provided on how to approach initial patient contact sensitively, particularly with individuals who may be anxious or in denial, and how to build trust, provide reassurance, and ensure patients feel heard from the outset in order to reduce non-engagement.

In response to concerns that the NHS England term "opioid de-prescribing" generated fear and misunderstanding among patients, PAIN successfully advocated for the pilot to be renamed MAPS – Medication Awareness Pathway Support. This reframing helped to reduce anxiety among patients who feared the removal of all medication, supporting more constructive engagement with the pathway.

A short video capturing early pilot data and initial outcomes was produced during the launch phase, providing a snapshot of progress at the outset of the programme attached here:

🌐 [Medication Awareness Pathway Support \(MAPS\) in Fleetwood Lancashire - Short version](#)

- **Connection & Collaboration/Advocacy/Campaigning:** PAIN remains part of the All Party Parliamentary Group on Prescribed Drug Dependence, led by Danny Kruger, MP, and the Earl of Sandwich, Luke Montagu of the Council for Evidence-Based Psychiatry, campaigning and lobbying policymakers, MPs, peers and Lords to create specialised services for OPD patients and those addicted to prescribed medication. <https://prescribedrug.org>
- **Help & Support:** As part of the APPG on PDD, PAIN continues to campaign for a national 24-hour helpline for addiction to medicines to help those suffering and their families.
- **Advocacy/Dissemination of Information:** PAIN has been a central voice in the national and international media, speaking about addiction to opioid medicines, sharing the personal journey of addiction to prescribed painkillers, and calling for recognition and awareness of patients who continue to suffer negative consequences to their health and lives.  
PAIN has discussed the over-prescribing of opioids to chronic health patients and is calling for a minimum of yearly pain reviews for patients on these medications.

- **Digital Media Resources:** PAIN continues to offer its website, [www.painkillerfree.co.uk](http://www.painkillerfree.co.uk), which has resources and support for those afflicted and their families.

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## Financial Review – PAIN Financial Position and Forecast

Painkiller Addiction Information Network Statement of Financial Activities for the Year Ended 31st August 2025:

Pounds	Present Year
Opening cash	<u>£1123.95</u>
Income	<u>£0</u>
Expenses	<u>£0</u>
Total Expenses	<u>£0</u>
Closing Cash Balance	<u>£1123.95</u>
Balance Sheet	<u>£0</u>
Assets	<u>£0</u>
Cash	<u>£0</u>
General Reserves	<u>£0</u>
P&L	£ Same as the Closing Cash Balance

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## Contact Us

For further information, please reach out to us at: [🌐 Contact - P.A.I.N – Help with Pain Killer Addiction](#)

<a href="mailto:dryiabbasi@yahoo.com">dryiabbasi@yahoo.com</a>  55 Sedlescombe Road South, St Leonards-on-Sea, TN38 0TJ	<b><u>Open hours:</u></b>  We do not check our emails regularly, please do not ask for clinical advice, contact your local services or call 999 in an emergency.
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