

Codeine



KEY FACTS ABOUT CODEINE

- Research shows medicines containing a low-dose (<30 mg) of codeine are not effective for treating acute or chronic, long-term pain.
- Most individuals can manage acute pain with safer, non-codeine based medicines such as paracetamol or ibuprofen as stand-alone medicines, or by using a combination of these medicines. There are also non-medicine pain management options.
- There are serious risks of harm associated with over-the-counter codeine medicines including death, dependence and serious medical complications impacting the kidneys, liver and stomach.

From 1 February 2018, all medicines containing codeine will require a prescription before they are supplied by hospital and community pharmacists.

These new requirements will apply to all medicines containing codeine in Australia.

Australian state and territory governments follow a national approach to regulating medicines and it's in the interest of patient safety that this continues.

MYTH: Codeine is safe and effective for relieving pain

FACT: Poisoning from over-the-counter codeine medicines contribute to both accidental and intentional deaths in Australia. Between 2007–2011, there were 1,917 deaths involving codeine. This compares to 1,127 deaths from heroin for the same five-year period.

Research shows low dose codeine is not superior to other analgesic medicines such as paracetamol, and has much more harmful side effects. Most people can manage pain or minor ailments with safer and more effective non-codeine based medicines. Talk to your doctor or pharmacist about alternative treatment options that are available.

MYTH: Codeine is not addictive

FACT: Codeine is closely related to morphine and like morphine, is derived from opium poppies. Its use often results in opioid tolerance, addiction, poisoning and in high doses, can cause death. There is widespread evidence documenting tolerance, misuse, addiction, and secondary harm from codeine combination medicines. Tolerance occurs when codeine becomes less effective and the body needs higher and higher doses to feel the same relief from your symptoms. Misuse is when a medicine is used outside of the recommendations and three in four Australians have reported misusing over-the-counter codeine.

Severe withdrawal symptoms result when you stop taking these medicines after prolonged use. Withdrawal symptoms from codeine include head or muscle aches. These withdrawal symptoms mirror the symptoms that low-dose codeine medicines are used to treat. This can cause people to continue taking the medicines they are withdrawing from, sometimes for longer periods and at higher doses.



MYTH: I have used codeine for pain and have had no problems therefore I am not at risk

FACT: Codeine can build up in the body and result in poisoning and death. People with chronic pain in particular are at high risk. More than one in three codeine-related deaths involve a person with chronic pain and misuse is common. An Australian study found people with chronic pain or headache commonly use on average five times the recommended daily dose over two years. Restricting access to codeine-containing products means greater protection for everyone.

MYTH: There are side effects with too much of any drug and paracetamol and ibuprofen are just as dangerous as codeine

FACT: There are side effects of too much of any drug, this is true.

However, unlike codeine, paracetamol and ibuprofen are not opioid drugs and therefore are not addictive. As a result, they aren't generally consumed in high quantities.

If you experience chronic disease or pain, talk to your doctor or healthcare provider about what the best treatment option is for you.

MYTH: If I use codeine-containing medicines to control migraines or period pain, I will have to visit a GP every time I need it

FACT: Codeine shouldn't be used to treat a migraine or period pain. There are many safer and more effective alternatives available.

Your doctor may recommend alternative treatment options. These may include: alternative over-the-counter or prescription medicines; treatment from a physiotherapist and psychologist or referral to a pain specialist.

If you are concerned about the costs associated with seeing a doctor, you may be eligible for a Medicare-funded GP care plan which provides rebates for specific health services.

MYTH: If patients require a script, they are likely to be prescribed painkillers that are stronger than codeine, like morphine

FACT: This 'balloon theory' is a common myth about restricted access to medicines. This theory is more often a concern than a reality. There is evolving evidence on pain management and the medical community will offer treatment in a way that is safe and aligned with the evidence.

MYTH: Real-time monitoring recording codeine sales is a better alternative to making codeine medicines prescription-only

FACT: Real-time monitoring of codeine containing medicines would allow pharmacists and doctors to see if an individual was receiving multiple supplies, enabling health professionals to decide whether to provide or refuse these medicines.

A real-time reporting and monitoring system has the medical community's full support, but, in isolation, this system is not a solution to the problem of codeine abuse - it's merely a tool that will inform future clinical decision making.

Most community pharmacists are not trained in detecting or treating addiction. Many community pharmacies also don't have the private space required to have a conversation about something as sensitive as addiction.

Pharmacists are highly trained in the therapeutics and toxicology of medicines and will continue to provide carefully considered advice on a range of safer and effective alternative medicines that will remain available without a prescription.

If these medicines do not provide sufficient pain relief or if there is concern, pharmacists will continue to refer patients to their doctors for assessment and treatment.

MYTH: Making codeine medicines prescription-only will have a major impact on local General Practitioners (GPs) and will greatly increase the pressure on an already strained system

FACT: GPs and other medical groups support the changes to codeine access as they recognise codeine and opioid dependence is a significant public health issue.

Health practitioners should be the first port of call for people who can't manage their pain without over-the-counter codeine medicines.

While we transition to these new arrangements, GPs will be represented by the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine and the Rural Doctors Association of Australia.

These groups are actively involved in communicating information and educating their members to ensure they understand the changes and are well prepared to manage the transition ahead of the new regulations.

MYTH: Australia is on its own in making codeine-containing medicines prescription-only

FACT: Australia is one of the few countries where codeine-containing medicines can be bought over-the-counter without a prescription.

At least 26 countries require a prescription for codeine-containing products. These include the United States, United Kingdom, Japan, Germany, France, Italy, Spain, Sweden, Austria, Belgium, Hong Kong, Iceland, India, the Maldives, Romania, Russia, the United Arab Emirates, Croatia, the Czech Republic, Finland, Greece, Hungary, Luxembourg, Netherlands, Portugal and Slovakia. Canada and New Zealand are also exploring the merits of heading in a similar direction based on the clinical evidence and known harms of codeine misuse.

MYTH: Regulating medicines is not an effective way to treat addiction

FACT: Research shows the best way to treat addiction is through a range of integrated clinical and policy measures, which includes medicine regulation. By ensuring appropriate medical review before medicines are prescribed, potential concerns surrounding dependence and addiction can be effectively identified and addressed.

MYTH: I need medicine to treat my chronic pain condition

FACT: It is important to remember that when pain has become a chronic condition, a cure is unlikely and medicine is not the most effective solution. The most effective way to treat chronic pain is known as multidisciplinary pain management. For more information about where to find help, visit www.painaustralia.org.au

References

Royal Australasian College of Physicians. Submission to the Therapeutic Goods Administration on the public consultation on the proposed amendments to the Poisons Standard (Medicines) – Codeine. 2015.

Therapeutic Goods Administration. Consumer fact sheet: Codeine-containing medicines: Harms and changes to patient access. 2017. <https://www.tga.gov.au/behind-news/consumer-fact-sheet-codeine-containing-medicines-harms-and-changes-patient-access>

Daniels, S. et al. Evaluation of the Dose Range of Etoricoxib in an Acute Pain Setting Using the Postoperative Dental Pain Model, Clin J Pain 2011;27:1–8

Ferguson L, Clarke I, Fisher A, Legg G, Batey R. Over the counter and into the grave: morbidity and mortality related to NSAIDS with codeine dependence. APSAD Conference 2010. Drug and Alc Rev 2010;29 (Suppl. 1):2-82.

Unpublished poster of same name at APSAD conference.

Other Resources

Consumer fact sheet: Codeine-containing medicines: Harms and changes to patient access

<https://www.tga.gov.au/behind-news/consumer-fact-sheet-codeine-containing-medicines-harms-and-changes-patient-access>

Painaustralia codeine fact sheet

<http://www.painaustralia.org.au/static/uploads/files/painaustralia-codiene-fact-sheet-october-2017-wfxosgjjccah.pdf>

Painaustralia infographic

<http://www.painaustralia.org.au/static/uploads/files/cd-infographic-wfdyautdsug.pdf>