

Over-the-counter codeine-based pain pills to become prescription only

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MILLIONS of Australians will need to rethink how they handle pain from February 1 when codeine medicines Nurofen Plus, Panadeine Forte, Mersyndol and Codral become prescription only.

Pain Australia is urging people who rely on these medicines to see their doctor in the next few weeks to prepare for the change and find alternative medicines that don't have the same risks.

The government has moved to make codeine prescription only because 100 people a year are dying from codeine overdoses, many more are hospitalised and the medicine is addictive.

Between 2007-2011, there were 1917 deaths involving over-the-counter codeine and stronger versions, like Oxycodone, that are currently prescription only.

This compares to 1127 deaths from heroin for the same five-year period.

In the US, President Donald Trump has declared opioid addiction a national emergency, the drug is prescribed to more than a third of Americans and in some states deaths from the drug exceed those from car accidents.

Not recommended for use for longer than three days at a time, many Australians are taking codeine every day and at dangerously high doses of up to 28 pills a day.

To put this in perspective, there are over 5 million over-the-counter sales in Australia each year.

Head of Pain services at Royal Melbourne Hospital Dr Malcolm Hogg says codeine is not a good pain reliever, the body adapts to it, you need to take more to get relief and when you stop taking it you are more sensitised to pain.

If taken for extended periods, it can provoke a withdrawal pain problem where not taking the drug is the reason for the pain rather than any physical symptom, he says.

Codeine shouldn't be used to treat a migraine or period pain and most people would get better pain relief a combination of ibuprofen and paracetamol, he said.

Pain Australia CEO Carol Bennett warns if people have been using an over-the-counter pain medication for an extended period of time they should get a thorough assessment by their GP to identify the cause of the pain and find other ways to manage it.

"One of the most liberating things for people with chronic pain is to understand that it may never go away, so learning how to manage it and live life despite it is often the most empowering thing," she said.

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.

The prescription-only rule has the support of GPs, health consumer groups and the Australian Medical Association.

However, the Pharmacy Guild has been trying to circumvent the new rules asking state governments to allow chemists to be able to continue supply the codeine medicines without a script for the temporary treatment of acute (not chronic) pain under a strict protocol.

Arthritis sufferer Mary-Lynne Cochrane had 22 surgeries in 35 years including two knee replacements, three hip replacements, three back surgeries, a shoulder replacement, pelvic bone transplants and surgeries in both feet.

The 60-year-old Sydney nun was overusing over-the-counter codeine and taking large doses of OxyContin, morphine patches and other opioids such as Gabapentin.

She had to give up her work in a boarding school, wasn't sleeping, became depressed and overweight and was prescribed sleeping pills and antidepressants.

All the while she was acting on the advice of her doctors, but then theories of pain control changed.

After back surgery in 2013 saw her admitted to intensive care with horrific and uncontrollable pain she was referred to the Greenwich Hospital Pain Clinic for a 10-week course.

"Since then, my life has completely changed," she said.

With the help of the pain clinic she stopped all opioids and replaced them with a combination of Cognitive Behavioural Therapy (CBT), mindfulness, pacing her activities and even boxing.

A magnesium bath or some time in a steam room helps with pain flare ups, she also swims.

During group sessions at the pain clinic participants discussed the science of pain, how it works and how it affects your body.

"I can control the intensity at which I feel pain. I do this through distraction, meditation and visualisation," she said.

Her pain management team includes a physiotherapist, nutritionist and pain psychologist. She does eight hours of pain management a week and walks every day.

OTHER WAYS YOU CAN MANAGE PAIN

- Daily stretching and walking to keep your muscles conditioned and improve your pain levels.
- Pacing activities throughout the day to prevent pain flare ups.
- Daily relaxation techniques like deep breathing, yoga or meditation helps because when muscles are tense, they increase pressure on nerves and tissues, which increases pain.
- Mindfulness is about learning to accept all your thoughts and feelings, including pain
- Desensitisation involves learning not to react to your pain in a negative way, retraining the brain can improve the experience of pain and pain levels.
- Distraction involves focusing on something other than the pain, often something pleasant or something you enjoy doing, such as listening to music.
- Cognitive Behavioural Therapy (CBT), a psychological technique to help people deal with the factors associated with chronic pain, including depression.
- Sleep a good night's rest will help you cope with your pain.
- Diet and exercise maintaining a healthy weight can improve symptoms of chronic pain, particularly for people with osteoarthritis and other musculoskeletal or joint pain.
- Other treatments like massage, acupuncture or using a TENS (Transcutaneous Electrical Nerve Stimulator) machine.

The Painaustralia website www.pinaustralia.org.au offers good information on how to manage pain effectively without relying on painkillers.