

ADF POSITION STATEMENT ON CODEINE RESCHEDULING

December 2017

PURPOSE: The purpose of this document is to outline the ADF's position on and response to the rescheduling of the popular opioid codeine.

This position should be read in conjunction with the ADF position on Electronic Recording and Reporting of Controlled Drugs.

BACKGROUND: Codeine, the most popular opioid in Australia, is used to manage acute pain or symptoms of minor illnesses such as a cold, and it can reduce psychological pain and provide a sense of wellbeing (Nutt, 2012). However, increasing codeine related mortality and morbidity is behind the change. When codeine is combined with other analgesics such as ibuprofen or paracetamol it can lead to gastrointestinal disease, renal failure and hepatotoxicity (Roxburgh, 2015). A 250% increase in the incidence of codeine dependence has been reported among drug treatment clients between 2003-14, and in 2013 over 1000 Australians were receiving opioid substitution pharmacotherapy for codeine dependence (Therapeutic Goods Administration, 2016).

Codeine toxicity was a factor in 1437 deaths between 2001 and 2013, and the rate of death increased from 3.5 per million to 8.7 per million between 2000 and 2009 (Therapeutic Goods Administration, 2016). In the 40% of cases in which the source of the codeine was identified by coronial investigation, the majority (59.9%) concerned individuals who were prescribed codeine, and for the remaining 39.1% of cases, the individual had used OTC products. Multiple drug toxicity (including benzodiazepines, ibuprofen, paracetamol, alcohol) was observed in 83% of cases (Roxburgh, 2015). The increase in mortality is attributed to a rise in accidental codeine overdose, possibly due to the availability of stronger formulations (Roxburgh, 2015).

ADF POSITION

- i. The ADF supports strong control of codeine and codeine-related medications, due to its capacity to cause severe harm when misused.
- ii. The ADF encourages health professionals to advise people of effective techniques of pain management instead of, or alongside, the prescription of analgesic medications.
- iii. The ADF will inform the public of codeine related risk, other analgesic options, and of non-pharmaceutical means of managing pain through its communication channels.
- iv. The ADF will encourage governments to provide naloxone to all emergency/first responders and to provide increased treatment options for people with opioid dependence.

RATIONALE

From 1 February 2018 the popular opioid codeine will be available only by prescription when codeine based medications (e.g. Nurofen Plus, Panadeine Forte and some cold and flu tablets) are transferred from Schedule 2 (Pharmacy Medicine) and Schedule 3 (Pharmacist Only Medicines) to Schedule 4 (Prescription Only Medicines) (Therapeutic Goods Administration, 2016). To access a codeine based medication, an individual will attend a medical practitioner to gain a prescription, thereby rendering codeine less accessible and in effect more expensive.

According to the Australian Medical Association rescheduling of codeine is deserved as codeine is not safe for long term use, is not effective for short term pain, and safer analgesics are available (AMA, 2015). The AMA maintains the public, pharmacists and general practitioners alike require education about alternative options for the safe and effective management of pain, rather than a reliance on pharmaceutical solutions (AMA, 2015).

RISK OF RESCHEDULING CODEINE

Restricting access to codeine may induce some people to seek a supply of codeine or other opioids diverted from medical sources, or illicit opioids, including morphine, fentanyl or heroin. (Larance B., 2017). Medical practitioners and pharmacists should be encouraged to warn their patients and clients of the risks of extended use of codeine and other opioids, and to promote non-pharmaceutical responses to pain. Adequately identifying where a patient may require support to reduce risk of poor pain management whilst transitioning from codeine to other pain management interventions will be necessary. Other forms of mitigation include wide distribution of naloxone used to instantly reverse the effects of opioid overdose and more treatment places for opioid dependence. (Larance B., 2017) (Roxburgh, 2015).

ADF RESPONSE

Consistent with its mission of reducing drug related problems and harms, the ADF will continue to educate the general community about the use of codeine and other opioids, the rescheduling of codeine, and methods of pain management that do not require or include use of pharmaceutical substances. To achieve this end, the ADF will draw upon its communication channels and programs including the ADF website, social media, information products, and its community based programs, particularly LDATs and CDATs.

Sources

AMA. (2015). *www.ama.com.au/submission/submission-codeine-upscheduling-proposal*. Retrieved from Australian Medical Association: www.ama.com.au/submission/submission-codeine-upscheduling-proposal

Larance B., D. L. (2017). Pharmaceutical opioid use and harm in Australia: The need for proactive and preventative responses. . *Drug & Alcohol Review* DOI: [10.1111/dar.12617](https://doi.org/10.1111/dar.12617).

Nutt, D. (2012). *Drugs Without the Hot Air*. Cambridge : UIT Cambridge .

Roxburgh, A. (2015). Trends and characteristics of accidental and intentional codeine overdose deaths. *Medical Journal Australia*, 299e1-299e7
DOI:10.5694/mja15.00183.

Therapeutic Goods Administration. (2016, December 20). *Final decision on re-scheduling of codeine: frequently asked questions*. Retrieved from Australian Government. Department of Health. Therapeutic Goods Administration: <http://www.tga.gov.au/final-decision-re-scheduling-codeine-frequently-asked-questions>