

**MEDIA RELEASE**  
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**LACK OF NATIONAL RESOLVE ON CODEINE RESCHEDULING WILL COST LIVES**

Key medical, hospital pharmacy and consumer groups are disappointed with the lack of public commitment shown by Health Ministers to uniformly back the Therapeutic Goods Administration decision to upschedule codeine-containing products to prescription-only from 1 February 2018.

This is a lost opportunity to save lives and reduce harms from codeine. A lack of clear decision indicates Australian Health Ministers might not acknowledge or accept the overwhelming scientific evidence that shows codeine-containing medications are harmful and their accessibility must be limited to protect the health of our community and minimise preventable deaths.

If State and Territory Health Ministers don't commit to the TGA decision to upschedule codeine it will put Australia at odds with the evidence and the action that has been taken in 26 other countries, including the USA, most of Europe, Hong Kong and Japan.

The misuse of codeine products has resulted in a significant number of deaths in Australia. Between 2007- 2011, the latest years for which audited coronial data is available, there were 573 deaths due to codeine where morphine was not detected, 575 deaths where codeine and morphine were detected together and 769 deaths that were attributed to a possible codeine combination product. This compares to 1,127 deaths from heroin for the same five-year period.

We urge all health groups to unite in ensuring consumers and the medical community have access to evidence-based, accurate and timely information. People need to have the facts about codeine. Improved access to multidisciplinary pain management programs in cases of chronic pain will also be important.

**The apparent lack of a public consensus by Health Ministers to a uniform view in support of the evidence behind the TGA has been criticised by key experts and consumer groups, including:**

**Painaustralia Chief Executive Officer, Carol Bennett:** "The lack of a decisive statement from our country's health leaders on codeine upcheduling is very disappointing. It flies in the face of very clear evidence, international action already taken to restrict the ready availability of codeine and the public health interests of Australians who will continue to experience growing harms, hospitalisation and overdose if it remains on chemist shelves."

**President of the Royal Australasian College of Physicians, Dr Catherine Yelland:** "The TGA has carried out a comprehensive review of the evidence and worked closely with all stakeholders and the wider community in making this decision. We know that upcheduling codeine will be an adjustment for doctors, pharmacists and patients. But keeping these combination medicines available over-the-counter can't be justified given what we know about these medicines and the harm they cause. This change will reduce opioid harms in the Australian community and save lives."

**CHF Chief Executive Officer, Leanne Wells:** “There is no doubt that there high levels of chronic pain in the community. This can be extremely disabling for people but the fact is there are safer alternatives to codeine which offer more effective therapeutic benefits. The need for public education about these is critical.”

**The Society for Hospital Pharmacists of Australia Chief Executive, Kristin Michaels:** “Hospital pharmacists see the very worst of opioid misuse and dependence. Our members treat Australians, in primary and acute settings, who are taking codeine but gaining no therapeutic benefit. SHPA is Australia’s only pharmacy organisation to back limiting codeine access as part of our Choosing Wisely recommendations, and today’s decision is a disappointing missed opportunity to reduce preventable Australian deaths.”

**RDAA President, Dr Ewen McPhee:** “The TGA’s advice that codeine only be available via prescription was developed with nothing but patient safety in mind, especially in light of the growing number of deaths and other health issues associated with unsupervised use of the medication. It is just as important for patients in rural and remote areas suffering chronic pain to consult with their GP, with evidence showing that low-dose codeine is often not effective in managing these conditions. RDAA was disappointed that a decision about codeine couldn’t be reached at the meeting.”

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