

## Painaustralia codeine fact sheet - October 2017

Codeine changes need a national approach to ensure people with chronic pain can access pain services

### KEY POINTS

- Codeine-containing products are prescription-only from 1 February 2018.
- Codeine is not effective for treatment of chronic (long-term) pain.
- There are serious risks of harm associated with codeine use, including death.
- Multidisciplinary pain management is the most effective way to treat chronic pain.
- A national approach to pain management and improved access to pain services is needed.

### WHY IS CODEINE NO LONGER AVAILABLE OVER-THE-COUNTER (OTC)?

Codeine is an opioid drug closely related to morphine. Long-term regular use of codeine can lead to tolerance, physical dependence, poisoning and in high doses, even death.

It is estimated there were approximately 100 deaths in 2009 related to the use of OTC codeine, and based on the trend this is likely to have increased in recent years.<sup>1</sup> The most serious health risks include: suppression of breathing; tolerance leading to escalation of dosing; and breaking down in the body at different rates for different people (which can result in poisoning without a doctor's oversight). OTC codeine medicines are usually combined with paracetamol or ibuprofen. Long-term high doses of paracetamol can result in liver damage and long-term use of ibuprofen can cause internal bleeding, kidney failure and heart attack.<sup>2</sup>

Most people are unaware of these risks and the number of Australians who die from codeine-related harm has been increasing. To minimise harm from codeine, the Therapeutic Goods Administration (the independent regulator of medicines) has required all codeine-containing products to be prescription-only from 1 February 2018. This is based on consideration of the evidence and consultations with stakeholders. Codeine is not available as an OTC medicine in the USA, most of Europe, Hong Kong, Japan and other countries. The regulatory changes in Australia will bring us into line with other parts of the world.<sup>3</sup>

### IS CODEINE EFFECTIVE FOR PAIN?

Codeine is a well-known pain relief treatment with one in three Australians aged 14 or older reporting having used an OTC codeine combination product in the past 12 months (2015).<sup>4</sup> The Pharmacy Guild and Pharmaceutical Society of Australia estimate 2 million Australians use codeine medications for a range of conditions including chronic pain.<sup>5</sup> However, codeine itself is a poor analgesic when compared to other OTC pain medication. The low doses of codeine added to OTC preparations are not high enough to provide benefit, yet adding them only increases the risk of potentially harmful side effects.<sup>6</sup>

### WHO IS AT RISK OF CODEINE HARMS?

People with unmanaged or poorly managed chronic pain are a major group at risk of drug dependence and misuse, as well as accidental overdose. Chronic pain has been implicated in more than one in three (35.8%) codeine-related deaths.<sup>7</sup> According to the Australian Bureau of Statistics, in 2017 opioids were associated with the largest number of drug-induced deaths since the 1990s.<sup>8</sup> Medical Journal of Australia research found the rate of codeine-related deaths more than doubled between 2000 and 2009 (from 3.5 per million to 8.7 per million), with accidental overdose (48.8%) outnumbering intentional deaths (34.7%) and 83.7% deaths related to multiple drug toxicity.<sup>9</sup>

Of those people who reported misusing painkillers in the last 12 months, 75% misused OTC codeine, which represents a greater number than those who misused prescription pain medication.<sup>10</sup>

Although codeine medication is advised for a maximum of three days without medical advice, a recent Australian study found prolonged use (over several years) and misuse resulting in hospitalisation, is common, with an average hospital stay of 5.9 days for affected patients. It also found people with chronic back pain and headaches are consuming up to five times the recommended daily dose of OTC codeine (on average 28 tablets a day for almost 2 years). The study found that the misuse of OTC codeine combination pain medication cost the hospitals in the study more than a million dollars over five years.<sup>11</sup>

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### WHAT IS THE BEST WAY TO MANAGE CHRONIC PAIN?

It is important to remember that when pain has become a chronic condition, a cure is unlikely and medication is not the most effective solution. Pain medication is helpful for acute (temporary) pain during the healing period, but has limited value in the case of chronic pain.

The most effective way for people with chronic pain to reduce disability and improve function and quality of life is multidisciplinary pain management. This treats the whole person and addresses all areas of life impacted by pain – physical, psychological (mental and emotional wellbeing) and social (eg. relationships, family life, workplace issues).<sup>12</sup> With access to the right education and strategies, most people with chronic pain can successfully regain quality of life without the need for opioids, surgery or other invasive treatments.

The principles of multidisciplinary pain management are taught in a chronic pain management education program. These are commonly run through pain clinics and will require a referral from a GP. Treatment plans involve a team of health professionals tailored to each individual and are usually coordinated by a GP. Cognitive Behavioural Therapy (CBT) strategies that change the way people think about pain form the basis of treatment. Self-management is also important. It means taking an active role in managing pain on a daily basis by using strategies such as gentle exercise, meditation, mindfulness and pacing daily activities.<sup>13</sup>

### WHAT ACTION IS NEEDED FOR PEOPLE WITH CHRONIC PAIN WHO USE CODEINE?

Many of the millions of Australians who use codeine are living with chronic pain and we need to ensure they are well supported to avoid placing more pressure on our health system. Already one in five GP visits involve a patient with chronic pain and there are delays of up to a year or more to access pain clinics in public hospitals.<sup>14, 15</sup> The longer people wait for treatment, the more disabled they become. People in rural and remote Australia and children and teens who need specialised paediatric pain care are some of the most disadvantaged.

We need a national approach to pain service delivery to ensure there are well resourced pain services across Australia to meet demand in a timely way. This includes pain clinics in public hospitals through to community-based programs and sufficient allied health professionals (particularly psychologists and physiotherapists) trained in best-practice pain management. This will give GPs clear pathways for referral.

A consumer education strategy that provides information about multidisciplinary pain management and an expansion of evidence-based online pain management education courses will help meet demand, particularly for people who are unable to access a pain clinic. Expansion of Painaustralia's pain service directory will also help.

National leadership and commitment to the National Pain Strategy already endorsed by more than 150 organisations will be necessary to ensure a consistent approach across Australia.<sup>16</sup>

#### REFERENCES

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- 3 <https://www.tga.gov.au/media-release/update-proposal-rescheduling-codeine-products>
- 4 <https://ndarc.med.unsw.edu.au/news/changing-face-opioid-dependence-australia>
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- 10 <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf.aspx?inline=true>
- 11 Mill D et al. Counting the cost of over-the-counter codeine containing analgesic misuse: A retrospective review of hospital admissions over a 5 year period Drug and Alcohol Review 2017
- 12 Cousins MJ & Gallagher RM Fast Facts: Chronic and Cancer Pain 2011
- 13 Nicholas M & Molloy A Manage Your Pain 2011
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#### IMPORTANT WEBSITES

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<http://www.painaustralia.org.au>  
<https://www.apsoc.org.au/facility-directory>  
<https://www.tga.gov.au/codeine-info-hub>