

Withdrawal warning as pharmacy codeine ban takes effect

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A hidden group of Australians are about to discover they have a serious drug dependency as the national ban on over-the-counter codeine takes effect on Thursday.

Experts supportive of low-dose codeine becoming prescription-only have warned a small proportion of people who regularly use the painkillers could experience withdrawals.

This will save lives: Hunt

Australians won't be able to buy codeine based products over the counter from Thursday, but Health Minister Greg Hunt says the plan will save up to 100 lives a year.

Medicines containing the opioid codeine, including Nurofen Plus, Mersyndol and some cold and flu tablets, will now be available only via a doctor's prescription.

An estimated 153,000 people use the low-dose drugs at rates that could indicate dependence - or about one in five users, according to a number of small studies.



Mary-Lynne Cochrane suffers from arthritis and began using Mersyndol almost 30 years ago to manage her pain. Photo: Kate Geraghty

The alarmingly high figures partly prompted the Federal Government's decision to up-schedule low-dose codeine, and also raises concerns that the switch will uncover hidden misuse among people who don't know they have a problem and will need help.

Clinicians have reported a surge in referrals for prescription drug misuse from across the country.

Research has shown that many people who become addicted to pharmaceutical codeine have no previous history of drug use and have never come into contact with drug treatment services. Many former codeine misusers have stories about accidentally becoming hooked to pharmacy drugs after suffering sudden injuries.

In Sydney, a Catholic nun has spent years grappling with pharmaceutical overuse.



It will be much harder to access these drugs. Photo: Jason South

Mary-Lynne Cochrane suffers from a debilitating form of arthritis, and began her slide into painkiller use about 30 years ago when she started using Mersyndol, an over-the-counter pill containing paracetamol and codeine.

"I was thinking I was doing the right thing by going to the chemist rather than going to get heavy opioids," Ms Cochrane said.

"But when you have chronic pain and you are taking those drugs your body gets used to it. I had to raise the dose, or add in other drugs.

"It was a catch-22 really."

Ms Cochrane, who teaches IT skills to other nuns with the Sisters of the Good Samaritan, had to stop driving because she was too drowsy on her medication, which eventually included prescription painkillers oxycodone and morphine.

It was not until she was referred to the Greenwich Hospital pain clinic in 2013 that she realised that there might be other ways to manage the pain, giving up opioids in place of techniques such as mindfulness, stretching exercises and physiotherapy.

The 61-year-old said the pain was still there, but she has a better quality of life.

"I've got less doctor's appointments, which is good. And I don't go to the pharmacy as often now."

Change has some codeine users anxious

Many pharmacies around Sydney and Melbourne had exhausted their supplies of low-dose codeine in the days leading up to the switch, and follows weeks of anecdotal reports of people stockpiling the drugs.

One pharmacist from a Chemist Warehouse in Melbourne's CBD said they sold their last packet of Panafen Plus on Monday and anyone wanting similar codeine painkillers would have to travel to the outer city to find a store with remaining stock.

A shop assistant in a Sydney pharmacy said customers were buying the packs faster than they could restock the shelves.

The shortage has partly been caused by the discontinuation of Panafen Plus, Panadeine, Panadeine Rapid Soluble and Panadeine Extra.

Victoria's only service specialising in medicine misuse said it had been receiving a number of "panicky" calls and a surge of referrals from pharmacy codeine users across the country.

Dr Tamsin Short, a psychologist who manages the [Medication Support and Recovery Service](#) in Melbourne said they had been contacted by people in regional Victoria and interstate asking to "fly down" to visit the service.

"There's a lot of hidden misuse," Dr Short said.

"There's a real lack of awareness in the community that this is treatable."

Dr Short said many people presented with symptoms including aches, cramps, nausea and insomnia that they assumed were evidence of a pain problem.

"But when our nurse sat down with them and did an assessment they discovered they are actually experiencing systems of [codeine] withdrawal."

Expert dismisses catastrophic predictions

However GP Dr Evan Ackermann said the "catastrophising" predictions that GP waiting rooms would be inundated by people wanting low-dose codeine was "overhyped".

The Royal Australian College of General Practitioners expert committee chair for quality care said people with legitimate pain who relied on over-the-counter codeine would benefit from a full medical evaluation and be offered alternatives.

"The vast majority of people who take low-dose codeine won't be dependent and won't experience withdrawals," Dr Ackermann said.

But those who do, it was vital they had access to a full clinical evaluation, he said.

Treatment is available

Dr Suzanne Neilsen at the National Drug and Alcohol Research Centre said drug and alcohol services had reported a rising trend in people with codeine dependencies seeking help over the past decade.

She said it was not uncommon for people with low-dose codeine dependence to take up to 100 tablets a day, risking serious damage to their internal organs, including gastric bleeds, kidney failure and liver damage.

She stressed there were effective treatments for codeine dependence and urged those with dependency to see their GP or a community drug and alcohol service.

Treatment options include counselling, a tapered withdrawal plan written by a nurse, physiotherapy, referrals into a residential withdrawal program and, through GPs, an opioid replacement therapy such as buprenorphine.

Painaustralia chief executive Carol Bennett questioned whether some people would be able to afford non-pharmaceutical treatment services, which were often not subsidised by the government.

"At the moment we don't have really good accessible, affordable pain management options for people. And that it is a huge gap in our capacity to manage what is an epidemic of chronic pain," she said.

In Melbourne, mother of four Alena Edwards said it took years for a doctor to suggest alternative pain therapies, after she became addicted to over-the-counter codeine she was using for back pain following a pregnancy, which escalated into stronger drugs.

"I was taking Panadeine Forte, anything that had codeine in it," she said.

"Then it led to endone and oxycodone."



Alena Edwards was addicted to opioids for about 10 years and used over-the-counter pills if she couldn't get painkillers elsewhere. Photo: Joe Armao

The cleaner blames a stint in a mental health ward on her worsening drug use which she said made her aggressive.

"Eventually I found a doctor who suggested other ways to treat pain. I tried physiotherapy for the first time. I can't believe it took six years for a doctor to suggest that to me," the 42-year-old said.

"I want people to know that codeine addiction can happen to anyone and there are better ways to manage pain."