# CODEINE BECOMES PRESCRIPTION MEDICATION

**From 1 February 2018, all codeine products, including previously over-the-counter (OTC) medications, will require prescriptions (S4).**

October 2017

## Why is the change happening?

All codeine will require a prescription in line with most overseas countries.

Reasons for this change are:

- Some people use excessive amounts of OTC codeine preparations (up to 100 tablets/day) to get opioid effects and sustain severe organ damage (liver, stomach and kidney).
- There is no evidence that the doses of codeine in these OTC medications have any analgesic effects beyond placebo. OTC combinations of paracetamol and ibuprofen are far more effective.

## How will patients present?

Some patients may already be starting to hoard OTC codeine medications and pharmacy stocks will start to deplete. Patients who reduce or stop their OTC codeine may present with symptoms of opioid withdrawal such as insomnia, anxiety, epigastric pain, diarrhoea, malaise and fatigue, or be incidentally detected (e.g. abnormal Liver Function Tests). Others will present asking for codeine prescriptions to replace their current OTC codeine. This is an opportunity to assess for dependence and review treatment.

## Suggested management

**Is there opioid dependence?** (excessive use, withdrawal symptoms when not using)

**YES**

**Long-term strategies are needed to manage pain and dependence.**

For chronic pain states, make a pain diagnosis and consider appropriate non-opioid pharmacological (e.g. anti-neuropathic or anti-inflammatory medications) and non-medication strategies (physiotherapy, clinical psychology input, self-efficacy training, cognitive behavioural therapy).

Refer complex cases to a private pain specialist or public multidisciplinary pain management centre using the Central Referral Service.

**NO**

**Explain the reasons for the change.**
Patient information is available at:
nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know

Discuss alternative non-medication strategies to manage chronic pain.
See: painhealth.csse.uwa.edu.au

Acute pain episodes suggest OTC paracetamol, ibuprofen or combinations of these. Avoid change to prescription combinations of paracetamol/codeine if possible.

WESTERN AUSTRALIA

IMPORTANT INFORMATION FOR HEALTH PROFESSIONALS

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## Managing opioid dependence

### Low Level Use

Low level codeine use may be associated with some symptoms of withdrawal but not require a medical intervention. Provide information and normalise the expected mild withdrawal symptoms (i.e. brief sleeping difficulty or increased craving for codeine medications). Suggest it will be short-term and manageable. Alternative (and more effective) analgesia is available in paracetamol/ibuprofen combinations (e.g. Maxigesic®).

### Moderate Level Use

At moderately high levels of codeine intake (e.g. over 12 to 16 combination tablets daily), opiate withdrawal symptoms may create a specific challenge separate from any associated underlying pain issues. Withdrawal will amplify existing pain. If non-medicated dose reduction causes significant discomfort, a cautious attempt at clonidine assisted opiate withdrawal is worth trying. If you are unfamiliar with the use of clonidine in the management of opiate withdrawal contact your local addiction medicine consultant or Community Alcohol and Drug Service (CADS) for advice. For contact information visit www.mhc.wa.gov.au/getting-help/community-alcohol-and-drug-services

Alternatively, consider referral to the Drug and Alcohol Withdrawal Network who may be able to offer withdrawal support in your patient's own home. Telephone (08) 9382 6049.

### High Level Use

At high levels of codeine intake (e.g. over 16 combination tablets daily) the level of opiate withdrawal experienced may warrant a higher level of medical intervention. If the above management strategies are unsuccessful, consider referral to your local CADS.

### Significant Codeine Dependence

In cases of significant codeine dependence, a Suboxone (buprenorphine/naloxone) assisted codeine withdrawal may be appropriate. GPs may prescribe Suboxone upon completion of online training. For information on becoming an authorised prescriber, telephone the Community Pharmacotherapy Program on (08) 9219 1896.

**The Alcohol and Drug Support Line (ADSL) offers a 24 hour helpline to patients who seek telephone counselling and advice in relation to alcohol and other drug issues:**

**(08) 9442 5000 or**

**1800 198 024 (country callers).**

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Script Wise Preventing prescription medication misuse.