

Codeine upscheduling

A factsheet for Victorian alcohol and other drugs service providers

Significant changes are occurring in 2018 regarding low-dose codeine-containing medicines. Alcohol and other drugs (AOD) service providers may see increased demand by clients for their services.

This factsheet is intended to provide information about these changes.

What is changing?

As a result of changes being introduced by the Commonwealth Government, from **1 February 2018**, all medicines across Australia that contain codeine will require a prescription.

Why is this change being made?

Codeine is derived from the opium poppy and is an opioid. Codeine converts to morphine in the body and is used as an analgesic. This drug is linked to serious harm including opioid tolerance, dependence, liver toxicity as a result of excessive paracetamol use (in combination analgesics), perforated/bleeding stomach ulcers as a result of excessive ibuprofen use (in combination analgesics) and even death.

Research has found that over the counter, low-dose medicines with less than 30mg of codeine, when used for pain relief, has very little additional benefit compared to similar medicine without codeine.

Given the high levels of risk and the relatively low levels of therapeutic benefits, the Therapeutic Goods Administration has made the decision that codeine products need the oversight of a doctor.

What medicines will be affected?

Medicines that will require a prescription from 1 February include:

- codeine containing combination pain killers (for example medicines trading under the brands of Panadeine, Nurofen Plus, Mersyndol and their generic equivalents) and
- codeine containing cough, cold and flu products (for example medicines trading under the brands of Codral, Demazin and their generic equivalents).

This upcoming change will not affect medicines that are already only available with a prescription.

What should people with chronic or acute pain do?

Victorians with genuine pain concerns should first speak to their doctor about alternative options that are available to them. Alternative options may include other over-the-counter medicines, prescription medicines or non drug therapies from allied health professionals.

Many people will be able to manage their acute pain with safer, non-codeine medicines. Those with chronic pain may be referred to a pain specialist or to a pain management clinic.

How will this affect my service?

The changes in the scheduling of codeine may make people aware that they are using these medicines in an inappropriate way or have become dependent on opioids.

Some people become dependent without knowing this has happened. Once identified, these clients may seek treatment for their substance use. AOD service providers may experience an increase in demand, although the level and timing of any increase is not easy to predict.

It is likely that prescribers (doctors and nurse practitioners) and pharmacists will be the first allied health professionals to notice the change.

Pharmacotherapy

Opioid replacement therapy or pharmacotherapy is well established in Australian and in many parts of the world as an effective treatment for opioid dependence.

Currently there are approximately 14,000 Victorians on pharmacotherapy.

Suboxone (buprenorphine/naloxone) may be one treatment option suitable for people who have developed a dependency from using codeine and can be prescribed by a GP or nurse practitioners in their own practice.

The Victorian *Policy for maintenance pharmacotherapy for opioid dependence* states that all medical practitioners (and nurse practitioners with a notation for a category in which the prescribing of buprenorphine/naloxone is authorised), may prescribe buprenorphine/ naloxone for up to five clients without the requirement to complete pharmacotherapy training.

Prescribers should be encouraged to download the factsheet *A brief guide to prescribing buprenorphine/naloxone* if they wish to prescribe Suboxone and have not attended training (<https://www2.health.vic.gov.au/about/publications/factsheets/buprenorphine-naloxone-prescribing-guide>).

As a first step, clients seeking this treatment should talk to their regular GP. If a client does not have a regular GP or if the client's GP does not wish to prescribe pharmacotherapy, clients can contact DirectLine to find an alternate provider close to them.

Five Area-Based Pharmacotherapy Networks operate throughout Victoria and can be contacted for information about pharmacotherapy. Contact details for these Networks can be found at <https://www2.health.vic.gov.au/about/publications/factsheets/information-on-victorian-pharmacotherapy-area-based-networks>

For clients wanting to withdraw from their existing pharmacotherapy treatment, slow-stream pharmacotherapy reduction programs now operate in two residential rehabilitation centres, Windana Therapeutic Community and Odyssey House Therapeutic Community.

Participation in the rehabilitation program may reduce the subjective distress of pharmacotherapy reduction.

Slow reduction in a supportive treatment environment reduces the risk of relapse and overdose that may occur during opioid neuroadaptation reversal.

Withdrawal

The Victorian Government offers both non-residential and residential withdrawal services to clients who may seek to cease or reduce their use of codeine-based products. Non-residential withdrawal services are located in each of Victoria's 17 catchments.

Residential withdrawal may be appropriate for people with complex needs, including medically complex withdrawal symptoms and other life, family and accommodation circumstances.

There are currently 155 withdrawal beds across the state with 32 allocated for youth clients.

Withdrawal services can be accessed via DirectLine or a catchment and intake service.

Rehabilitation

There are currently 240 residential rehabilitation beds across the state. Residential rehabilitation capacity is increasing throughout Victoria with 100 additional beds being implemented. Once all new facilities are fully operational, residential rehabilitation bed numbers will have increased by 68 per cent.

Recognising that residential rehabilitation doesn't suit everyone, new day rehabilitation services have also been implemented across the state, which are providing up to 500 additional places in treatment each year, with a particular focus on regional Victoria.

This additional capacity in AOD rehabilitation will allow for those misusing opioids such as codeine-based medicines to access treatment in a timely manner, should this type of treatment be suitable for them.

Will codeine be monitored in SafeScript?

SafeScript, Victoria's real-time prescription monitoring system, is a clinical support tool that will allow doctors, nurse practitioners and pharmacists to access an up-to-the-minute medication supply history of certain high risk medicines for their patient at the point of consultation. This information will enable clinicians to make more informed decisions about the safety of supply of high-risk medication.

SafeScript will be rolled out to over 1,900 medical clinics, 1,300 pharmacies and 200 hospitals in Victoria from late 2018.

Codeine products that are Schedule 8 medicines (for example, codeine linctus and codeine phosphate 30mg tablets) will be monitored from the commencement of SafeScript implementation.

Other codeine-containing medicines will be included in SafeScript at a later stage. This will allow clinicians time to adjust to the changes in clinical practice from the rescheduling decision before their inclusion in SafeScript.

Further information is available at <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/safescript>.

Further information

For more information about codeine upscheduling please visit the Therapeutic Goods Administration's website (<https://www.tga.gov.au/codeine-info-hub>).

If you have any questions specific to codeine upscheduling in Victoria, please email AOD.enquiries@dhhs.vic.gov.au.