



THE
AUSTRALIAN
PAIN SOCIETY

The Hon Greg Hunt MP
Minister for Health
Minister for Sport
Parliament House
Canberra ACT 2600

Sent via email: Greg.Hunt.MP@aph.gov.au

24 October 2017

Dear Minister,

Re: Codeine Upscheduling to S4 from 01 February 2018

On behalf of the Board and membership of the Australian Pain Society (APS), we write to express our concerns about recent discussions at the State and Territory levels of government to consider allowing exceptions to the Therapeutic Goods Administration (TGA) decision to upschedule codeine containing products to S4 level from 01 February 2018.

The Australian Pain Society (APS) is in full support of the TGA decision to upschedule codeine containing products to S4 (prescription only). We are also actively participating in the TGA Nationally Coordinated Codeine Implementation Working Group (NCCIWG) process, now in its communications phase.

Along with our peers at the Faculty of Pain Medicine (FPM) and colleagues at PainAustralia (PA), to whom we provide clinical guidance, the APS is primarily concerned with patient safety and the efficacy of treatments employed to manage their pain, both acute (short term) and chronic (persistent).

Evidence supports a multidisciplinary approach to pain management is more effective and significantly less harmful than attempting to reduce pain by medications alone. Access to multidisciplinary pain clinics can provide patients with the skills and support to successfully manage their chronic pain by focussing on a bio-psycho-social model of care.

Unfortunately, due to limited access to multidisciplinary pain clinics, particularly in rural and remote areas with limited local resources, patients often rely on self-medication. This is evident with over the counter (OTC) codeine usage, to manage their pain. Often these patients are not aware that:

1. Codeine products are ineffective for chronic pain, and are in fact only useful in short term acute pain situations, for a maximum of 3 days
2. Tolerance to codeine results in higher doses required to obtain the same or similar effect, posing a serious risk of harm or even death.
3. More than a third of codeine-related deaths involve a person with chronic pain
4. Overdose rates attributable to codeine, accidental or otherwise, doubled between 2010 and 2013

The APS endorses the TGA's position on restricting access to OTC codeine

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medications, which will align Australia with similar policies in the USA, most of Europe, Hong Kong, Japan and many other countries.

The APS further believes that patients using, and often misusing, codeine and other opioid containing pharmaceuticals need to be supported by the primary health care system via:

1. GPs, nurses and allied health professionals with more training and education in pain management
2. Guidance with alternative, and often more effective, OTC pain medications
3. Improved access to and financial assistance with multidisciplinary pain service programs and/or addiction service programs

The APS is the Australian Chapter of the International Association for the Study of Pain (IASP). It is the only multidisciplinary organisation in Australia aiming to minimise pain and related suffering through advocacy and leadership in clinical practice, education and research.

We urge you not to allow exceptions to the TGA's well-informed and strongly supported plans to upschedule codeine products to S4, prescription only access. These plans are consistent with universal patient safety, harm minimisation and an improved quality of health care in Australia.

Thank you for your consideration of this important issue. We look forward to your response and would be pleased to discuss these matters further.

Yours sincerely



Ms Fiona Hodson
President
Australian Pain Society