



**Australian Government**  
**Department of Health**  
Therapeutic Goods Administration

## **Meeting statement for the Nationally Coordinated Codeine Implementation Working Group (NCCIWG): Meeting #10**

This meeting was held on Wednesday 25 October 2017.

The meeting included representatives from state and territory health departments, organisations (PGA, PSA, APS, SHPA), rural health (RDAA, NRHA, ACRRM), consumer advocacy groups (PainAustralia, CHF), addiction medicine (NDARC, RACP) and other medical professional groups (ANMF, AMA, RANZCP) and health care communication organisations (NPS MedicineWise and ScriptWise). It was chaired by the Chief Medical Adviser, Health Products Regulation Group, Commonwealth Department of Health.

Members noted that all State and Territory Health Ministers (except SA) have written to the Federal Minister with concerns regarding: i) national consistency of codeine prescribing and dispensing practices; ii) the potential impact on rural and remote Australians; and iii) need to work more closely and to a greater extent with stakeholders to address their specific concerns. As requested by Health Ministers in this letter, the Commonwealth will continue to take the lead in addressing these issues.

Since NCCIWG #9 a number of initiatives that support enhanced communication across a range of professional and community sectors (including rural and regional Australians) have been announced by Minister Hunt.

Some members of NCCIWG raised concerns that the up-scheduling and work of NCCIWG was being affected by PGA's continued advocacy of alternative approaches. The PGA Executive Director advised that the PGA does not want to undermine the decision to up-schedule codeine containing medicines, but asked that a different approach be considered. This would involve mandatory real-time monitoring system for pharmacies throughout Australia to include certain over-the-counter medicines (including those containing codeine) and that pharmacists (in certain circumstances and with appropriate training) should be able to prescribe codeine. In discussions of the PGA's proposal, members noted the inherent difficulties to adopt universal real-time monitoring system and to mandate specific training of pharmacists, neither being enforceable by the Commonwealth Department of Health. With the exception of PGA representatives, other members of NCCIWG were opposed to this proposal noting that it was inconsistent with the risks associated with the use of codeine when available OTC.

### **TGA representation at Conferences**

An update was provided to NCCIWG regarding the Chair's (and Department of Health Deputy Secretary's ) recent attendance at Rural Medicines Australia conference (RMA17); there was strong support for the codeine decision from all attending health professionals, further, in one regional Victorian town, it was advised that pharmacists in collaboration with local GPs had already removed codeine-containing products from their shelves.

Members then received updates from the various professional organisations which are developing communication tools and training packages to support the changes to codeine access across consumers, health professionals and pharmacists.

### **Primary Health Networks (PHNs)**

The Hunter New England and Central Coast Primary Health Network has worked with the Hunter Integrated Pain Service and the local Drug and Alcohol service to develop a *Chronic opioid use and deprescribing HealthPathway* to assist GPs to assess, manage and refer patients with opioid dependence. Since NCCIWG #10, this pathway has gone live and is available for all GPs.

### **Jurisdictional initiatives**

Resources are available from QLD Health codeine hub <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/medicines-containing-codeine>

The Department of Health and Human Services in Tasmania also have resources available at [http://www.dhhs.tas.gov.au/psbtas/codeine\\_rescheduling](http://www.dhhs.tas.gov.au/psbtas/codeine_rescheduling)

### **PGA/PSA update**

With financial support from the Commonwealth Health department, PGA and PSA are in the process of finalising communication and training activities that will be sent to all pharmacies across Australia.

These materials are currently available at <http://www.psa.org.au/codeine/support-resources> (PSA) and <https://www.guild.org.au/resources/proposed-codeine-up-scheduling> (PGA).

PGA and PSA are also developing 10 CPD-accredited training modules (5 for pharmacists and 5 for pharmacy staff) and are continuing to release these on a weekly basis. These modules have a reach of 5700 pharmacies and are available to non-members as well.

### **NPS MedicineWise update**

NPS MedicineWise (<https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>) continues to progress their communication strategy across online and print media with an article published in Body and Soul and represents a personal story on over-the-counter codeine availability (<http://www.bodyandsoul.com.au/health/health-news/what-you-need-to-know-about-the-codeine-crackdown/news-story/6c751a4a90abd841791b649b3dfb4964>)

Further, pharmacy and GP leaflets are to be distributed via the NPS MedicineWise extensive networks and being developed in multiple languages including one with pictures targeting those with poor literacy skills.

### **ScriptWise update**

ScriptWise continues to develop videos for their website (<http://www.scriptwise.org.au/codeine/>), and stories in September 2017 for SBS and ABC's 7:30 Report. ScriptWise are running a social media campaign in collaboration with PainAustralia (<http://www.painaustralia.org.au>).

### **NDARC**

NDARC has undertaken 18 face-to-face training presentations for GPs, pharmacists and nurses in six of the eight states/territories. Two webinars have also been developed on dependence treatments and replacement therapies.