



# Talking to your patients about the changes to codeine access

## Information for pharmacists

*From 1 February 2018, medicines containing codeine will no longer be available without a prescription.*

### About the change in codeine access

Research shows that current over-the-counter low-dose (<30 mg) codeine-containing products offer little additional pain relief when compared to similar medicines without codeine.

Codeine can be harmful. Health risks include tolerance, dependence, addiction, poisoning and, in high doses, even death. In addition, side effects of long term use of combination codeine medicines containing paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs), are also potentially life threatening.

### Support your clinical decisions

Patients respond best when conversations are framed as protecting them from opioid-related harms and when they recognise you have their best interests in mind. If a patient specifically requests codeine-containing products it is important to establish whether the pain is a symptom or disease. This will help with your recommendation of treatment or referral process.

### Cough, cold and flu symptoms

There are numerous over-the-counter medicines available for treating cough, cold and flu symptoms which do not contain codeine. Use your clinical knowledge to determine an appropriate alternative treatment.

### Acute pain

Acute pain generally resolves within three months. The cause is usually known and the pain disappears when the injury or illness heals. If over-the-counter medicines do not adequately treat your patient's acute pain, you could recommend other self-management resources (see the **Know your options** section) or refer them to their GP for further diagnosis and treatment.

## Manage expectations

Inform the patient what your scope of practice is and to what extent you can/cannot help them



## Persistent/chronic pain

Chronic pain lasts longer than three months and continues even when the injury or illness has healed. Codeine-containing medicines should not be used for chronic pain. Discuss alternative pain relief options with your patient which are consistent with the quality use of medicines principles. Chronic pain that cannot be adequately treated in the pharmacy should be referred to a GP. This will allow for optimal management with consideration for multidisciplinary care models and non-drug or self-management approaches (see the **Know your options** section below).

## Excessive use

As a pharmacist, a complete diagnosis of substance use disorder (SUD) is outside of your scope of practice and referral to an authorised prescriber is necessary for detox/management. However, you will be able to establish if there is a possibility of SUD, such as tolerance or dependence. Even when doses do not exceed the maximum, dependence can develop, and withdrawal symptoms can emerge on cessation. Symptoms of withdrawal may appear as the worsening of a pain condition (e.g. re-emergence of headaches, muscle pain, cold and flu symptoms).

## Know your options

Don't assume that if someone asks you to assist them with pain that they are looking for medications. You may want to suggest the use of alternative products that are available over-the-counter; discuss non-drug options such as a TENS machine, physiotherapy, complementary medicine (massage, acupuncture), exercise or lifestyle changes; or advise the patient to discuss their pain and cough, cold and flu management options with their GP.

There are also other online self-management resources that may assist your patient. See 'Chronic pain

management' and 'National support services' under 'How and where to get advice' at [www.tga.gov.au/codeine-info-hub](http://www.tga.gov.au/codeine-info-hub).

## Raising awareness of the changes

Ensure that any materials discussing the impending changes to codeine access do not induce fear, distress or panic buying. Remember that you should not advertise within the pharmacy, or broadcast (including online) the supply of remaining Schedule 2 or 3 medicines.

## Storing excess quantities of medicine can be dangerous

In the lead up to 1 February 2018, some consumers may seek to 'stockpile' codeine-containing products, currently available over-the-counter, fearing an inability to access these medications post 1 February 2018.



Medication stockpiling involves a person obtaining and storing an excessive amount of prescription or non-prescription medicine for later use

Remind your patients that:

- After 1 February 2018 there will still be pain relief options. Your patients will be able to access prescription medicines if and when they need them by consulting with their GP or other health professional with prescribing authority.
- Storing excess quantities of medicine can be dangerous and the potency and effectiveness of a medicine that has been stored for an extended period of time cannot be guaranteed.

For more resources and further information about codeine search for **TGA Codeine Information Hub** or go to [www.tga.gov.au/codeine-info-hub](http://www.tga.gov.au/codeine-info-hub)