

# Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604  
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
Website : <http://www.ama.com.au/>



**Transcript:** AMA Vice President, Dr Tony Bartone, *The Alan Jones Breakfast Show*, 2GB, Thursday 1 February 2018

**Subject:** Codeine

**ALAN JONES:** Look, I've been telling you that a big change is taking place today on the health front. All medications containing codeine will be banned from sale without a prescription. We're talking about products like Nurofen Plus and Panadeine. The decision was made by the Therapeutic Goods Administration, which describes codeine as a commonly used medicine of abuse. The Administration says there is substantial evidence of harm from the abuse and misuse of low-dose, codeine-containing medicines. It says for most individuals, there is little evidence that low-dose codeine medicines are more effective than alternative medicines without codeine.

It says - this is the Therapeutic Goods Administration, not the AMA, or Alan Jones, or the Government – the presence of low-dose codeine is widely accessible [in] OTC, which means over-the-counter, combination medicines, and the development of tolerance and subsequent dependence on codeine contributes to severe adverse health outcomes including liver damage and death. The Administration says medicines containing low doses of codeine are not intended to treat long-term conditions, but public consultation has indicated this is how most consumers use them. It says additionally some individuals, especially children, experience serious adverse reactions when given codeine, such as difficulty with breathing and at the end result, death.

It concluded - the Therapeutic Goods Administration said - given these issues, it's clear that alternative regulatory controls are required to drive public health benefits that outweigh the known risk of codeine use. Hence the change is taking effect today.

The Federal Health Minister Greg Hunt, a very conscientious person, said it would have been unthinkable for the Government to ignore the advice, and the AMA is supporting the decision. The Vice President, Tony Bartone, says opioid dependency is worldwide. It's an area that needs urgent attention.

Dr Bartone is the Vice President of the AMA. He's on the line. Tony, good morning.

**TONY BARTONE:** Good morning.

**ALAN JONES:** Thanks for your time. Let's start with an explanation. What is codeine and what is it used for?

**TONY BARTONE:** Codeine is produced from opium poppies. So that's its origin, and it's really closely linked to morphine in structure and in action. In fact, it gets metabolised or broken down to morphine once it's ingested in humans.

**ALAN JONES:** So basically there's a whole heap of these products aren't there? I mean Panadeine, Panadeine Extra, Nurofen Plus, Disprin?

**TONY BARTONE:** Well Disprin, not so much.

**ALAN JONES:** Oh, Disprin Forte. Disprin Forte, yeah.

**TONY BARTONE:** Yes. But you're right. There are a number of over-the-counter preparations that contain codeine in various low dose amounts, and they're in combination products. So you don't actually buy the codeine on its own over the counter but they're in the combination [indistinct] ...

**ALAN JONES:** [Talks over] That's right. So you won't be able to get that today now without a prescription. So the chemist will say, "I'm sorry, we don't have that to sell, you've have to get a script, can I see your prescription?" That's basically what will happen, isn't it?

**TONY BARTONE:** It's important to understand it's that replacement or that changeover or that switching now that is really the important part ...

**ALAN JONES:** So the chemist will be able to recommend something else, will he?

**TONY BARTONE:** Correct. There are a number of over-the-counter options available for the management of short-term acute pain. And so nothing will change in that respect if you've got a toothache or a muscle sprain or something. You can still rock up and get something over the counter that will equally, if not better, manage your pain.

**ALAN JONES:** Good on you. Well now look, answer this for me. I've been contacted by Professor Peter Carroll. He's the Head of Pharmacology, you'd know him, in the School of Medicine at the University of Notre Dame. He's also president of the New South Wales branch of the Pharmaceutical Society. He says all the evidence shows that - quote - the vast majority of people - he says at least 98 per cent - use these codeine products safely for the short term treatment of acute everyday pain and are at no risk of becoming dependent on codeine. What do you say to that?

**TONY BARTONE:** And that's probably true in terms of the vast majority, but it's about the other, you know, the number of per cent we can argue about how small the number is, but the studies show that there are significant thousands of Australians who are using it inappropriately, and they're putting themselves at risk, putting their organs at risk, and putting their own health at long-term damage.

**ALAN JONES:** What about- I agree with all that by the way, but I'm just looking at the way- whenever there's a rule or a law, Tony, someone's always going to try and get around it, aren't they? So what about the issue of doctor shopping to obtain a prescription? What systems are in place to prevent me from going from doctor to doctor to stockpile prescriptions and pills under the new regime?

**TONY BARTONE:** So in terms of stockpiling and trying to get around the regulations that have been brought in today, there's a couple of things. Firstly, in terms of regular patients and having that relationship with your family GP or treating medical specialist, they know, there is a relationship that underpins that. So nothing's going to happen there. We're looking at people who come in unknown to the practice, unknown to the doctor and that always sends a [indistinct] ...

**ALAN JONES:** [Interrupts] But will the doctor give me a prescription? I walk in and I say, "look, I'm sorry doctor, I've just been driving, I've parked my car; I've got dreadful pain. I know that I'm unable to get X - can you give me a prescription- I've just got this dreadful pain?" And I go two suburbs down, I do the same thing and I go two suburbs down, do the next thing. No doctor's not going to give me a prescription, because he thinks "this bloke will sue me if I don't give the stuff and the pain leaves some kind of permanent impairment", and this is this doctor shopping, isn't it?

I mean, what about- I'm just looking at the negatives here. I'm on your side, but I'm just saying - what about the cost to the health system if all the people using codeine products now have to make appointments to see their doctors to get prescriptions? Isn't that going to impact on the health budget and the Medicare system?

**TONY BARTONE:** Well, it's an important point that you just raised. It's about reducing the level of codeine in the community. It's not about switching the source or supply of codeine in the community. So ultimately, there might be those prescriptions for codeine for people who really do require it, and we know that outside of cancer pain, there's really no significant indication for long-term codeine.

**ALAN JONES:** [Interrupts] So they can get their pain relief elsewhere?

**TONY BARTONE:** Or in another fashion or other modality. Non-pharmacological options, or other more effective opioid alternatives that work better for managing that person's pain...

**ALAN JONES:** [Interrupts] So your point is there are over-the-counter - this is what we've got to emphasise - there are over-the-counter medications that people can use, and they will provide relief, that's what you're saying?

**TONY BARTONE:** And that doesn't change from today onwards. There are over-the-counter options that people can avail themselves of for the management of their pain.

**ALAN JONES:** And the chemist will be aware of that - the chemist has got sufficient knowledge and competence to be able to properly advise on that?

**TONY BARTONE:** So this has been part of the lead-up to today. There's been enormous information, education, professional development options to assist all health professionals in the switch-over period. Everybody in that chain of supply will know exactly what's happening, and what's required, and what needs to be done.

**ALAN JONES:** Right. I mean, I think there's just this concern about people having to wait to see a doctor to get a script, and what are they supposed to do to manage their pain in the meantime? I mean, what if they live in rural and regional areas? Sometimes you have to wait weeks rather than days.

But at the end of the day, I think we're saying two things, aren't we? The codeine content medications are not available without a prescription, but don't panic, talk to your chemist. You're confident the chemist will have sufficient knowledge to be able to say, "look, I know you were using that medication in the past and you'll need a prescription, but you don't have to have a prescription, this will do the job".

**TONY BARTONE:** In the vast majority of cases, that's absolutely correct. Of course, there are going to be some circumstances where you know what, I think you really do need to have a management plan for that pain. You need to have it investigated. You need to understand the causes, the triggers, and how to cut it off at the pass before it becomes significant.

And that's the whole issue about seeing your doctor and developing a management plan to take on and beat the pain earlier, or at least manage it more effectively, more long-term, without the risk of harm.

**ALAN JONES:** [Talks over] Good on you. Good on you, Tony. Thank you for your time.

**TONY BARTONE:** My pleasure.

**ALAN JONES:** You're most welcome. Dr Tony Bartone, the Federal Vice President of the AMA.

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CONTACT:	John Flannery	02 6270 5477 / 0419 494 761
	Maria Hawthorne	02 6270 5478 / 0427 209 753

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