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 President, Dr Michael Gannon, Sky News, Thursday 1 February 2018

Subject: Codeine

LAURA JAYES: AMA President, Michael Gannon, joins us now live from Perth. Dr Gannon, thanks so much for your time. Is the AMA on board with this decision?

MICHAEL GANNON: The AMA supports the decision made by Minister Greg Hunt, who in turn was taking the advice from the TGA, the Therapeutic Goods Administration. They're the bureaucrats who have looked at the science and made a decision that brings Australia into line with 25 other countries.

LAURA JAYES: There's been a bit of reaction to this, you would've noticed, Dr Gannon, but most people do use these codeine products in a very responsible way. Are you concerned about what this might do in regional areas, where people don't have access to this, they have to find a GP? That might delay them in seeking this medication.

MICHAEL GANNON: Look, the Pharmacy Guild stands alone in their opposition to this change, and we've seen a lot of mythology out there. The important message - for people who have always required a prescription for higher doses of codeine, nothing's changed.

Now, we'll have more to say about that. This is a drug that is causing more harm than good in our community, and ideally over time we'll see fewer and fewer prescriptions for opioids.

But for the lower doses of codeine that this change affects, it's very important to deliver the message to people that there's very clear scientific evidence that the low dose codeine-containing preparations are no more effective than the paracetamol or the anti-inflammatory alone.

That's the message that should be delivered to a patient presenting to a community pharmacy today or in coming weeks: here's some paracetamol, here's some ibuprofen - it's every bit as effective, and it's a lot safer.

LAURA JAYES: Well, you said myth-busting; what kind of myths did you want to bust? I'll give you the platform to do it right here and now.

MICHAEL GANNON: Well, first of all, the myth that something's changing for people who have already required a prescription for opioids. We are more and more concerned about the use of opioids in our community. It's not unique to Australia. So many of the people who die from heroin overdoses in the United States and Australia started off on prescription opioids. So, if anything good has come of the Guild's advocacy on low dose codeine, it's been shining a light on the opioid epidemic we have.

But the most important myth to bust is that - for those people who reach occasionally for one of these preparations for a headache, for backache, for period pain - an anti-inflammatory alone, paracetamol alone, is every bit as effective, and in fact it's better, because for a lot of people codeine causes headaches, it doesn't make them better.

LAURA JAYES: You sound like the AMA is preparing to actually look more deeply into opioids other than codeine. It seems like codeine is the first frontier. Why is codeine any worse than some of the others?

MICHAEL GANNON: Well, the reason that codeine is worse is that it's unique amongst the opioids in that's it's being treated in such a permissive manner. You still need a prescription for fentanyl; you still need a prescription for oxycodone; you still need a prescription for morphine.

But if anything good has come out of this conversation in recent months, it's been that we, as doctors - whether that's surgeons dispensing opioids after surgery, whether it's emergency departments dispensing them in people who have presented with trauma or some other form of pain - we need to do something, because oxycodone, fentanyl, higher doses of codeine, are also causing damage in our community.

We need to look carefully at better opioids. Codeine is very much yesterday's drug, it would not be licensed if it was invented next week. But we need to look carefully at our prescription of other opioids and really look carefully at non-pharmacological approaches to chronic pain.

LAURA JAYES: What ones are you concerned about? Are you concerned about pseudoephedrine? Because I believe if I've got a bit of the flu, I go to the chemist, I get some cold and flu tablets that contain pseudoephedrine. You can certainly get through a day of work with those drugs, but are they an addictive substance? If codeine is the first one you're concerned about, what are the next?

MICHAEL GANNON: Pseudoephedrine is not an opioid, so it's not used for pain relief, and the main reason to be careful with its use is it's used to cook up methamphetamine in criminal backyard laboratories.

But you raised an important issue there, the need to monitor. We support real-time prescription monitoring. We've been very supportive of what's existed in Tasmania until now. State Minister Jill Hennessy in Victoria, Federal Minister Greg Hunt, have made noises about real-time prescription monitoring. We agree with the Pharmacy Guild that that's the way forward, especially for other licit opioids that have become drugs of abuse, like fentanyl, like oxycodone.

LAURA JAYES: Okay, so those are the main concerns that are being abused if the opportunity is given?

MICHAEL GANNON: Well, we are concerned about these drugs as drugs of abuse. I mean, the evidence comes from coronial reports in Victoria and other States.

LAURA JAYES: How do people get them, though? Do they doctor shop?

MICHAEL GANNON: Well, there is no question that some people doctor shop, but that's a pretty ambitious effort to doctor shop for 8mg codeine tablets. But there's no question that some people, they cook up all sorts of stories, they're very sophisticated in how they go around collecting prescriptions for codeine 30mg tablets.

We know that fentanyl patches, that people use them, and they get the drug out of the patch for intravenous or subcutaneous administration. Australia has long been a high user of opioids, we're a big exporter of opioids, and the story of the harm they do in the community is not a new one. But this decision, it's at least two or three years overdue, and it brings us into line with much of the rest of the developed world.

LAURA JAYES: Dr Michael Gannon, thanks so much for your time today. This is a fascinating area that I agree with you we need to look a lot more closely at. We'll get you back another time and deep-dive into that issue. Thanks so much for your time.

MICHAEL GANNON: Thank you, Laura.

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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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