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“Attention: Pharmaceutical Drug Misuse Strategy”

National Centre for Education and Training on Addiction (NCETA)
Flinders University
GPO Box 2100
Adelaide SA 5001
Fax 08 8201 7550

Dear Sir/Madam

RE: National Pharmaceutical Drug Misuse Strategy

I have prepared the following submission in my capacity as Medical Advisor to the Damascus Health Services Alcohol and Prescription Drug Unit, Brisbane Private Hospital.

The Damascus Health Services is a 31 bed inpatient unit for the treatment of alcohol and prescription drug problems. The unit also conducts a comprehensive outpatient and daypatient after-care program.

This submission will focus primarily on the problem of the misuse and dependence on over the counter compound analgesics containing codeine. The issue of prescription drug misuse and dependence is well recognised and various strategies to deal with these problems have been in place for decades, albeit with varying success. In contrast, the problem of over the counter opioid misuse and dependence has been until recently underrecognized by key stake holders in the community, government and health sector.

Opioid abuse/dependence is the second most common reason after alcohol for referral to our service. In the last 2 to 3 years the Damascus Unit has noted an increase in the number of presentations of people with Opioid Dependence due to misuse of over-the-counter codeine preparations. In the 12 months from January 2010 to December 2010 there were 112 people treated for Opioid Abuse/Dependence. Approximately half of these were cases of misuse of over-the-counter codeine preparations.

In general, people who have been abusing over-the-counter opioids present for treatment due to suffering either physical or psychiatric complications. In the last two years my colleagues and I have treated people with various physical complications of ibuprofen overuse including gastritis, peptic ulcer, scarring and strictures, intestinal obstruction and renal failure. Some patients have required blood transfusion. Hepatitis due to excessive paracetamol use is another physical complication that has been noted. Please see **Appendix** attached which details several de-identified patient vignettes.

Psychiatric complications are common and include Anxiety Disorders and Depression. These conditions lead to excessive sick leave, difficulties at work and problems meeting family responsibilities.

By and large the people who present to us with problems due to misuse/abuse of over-the-counter codeine preparations are gainfully employed, married with children and outwardly undistinguishable from the general population. It is uncommon for them to present looking like stereotypical drug users. In the experience of my colleagues and I, intravenous users of heroin usually obtain drugs on the “black-market” when supplies of heroin are unavailable, rather than use over-the-counter codeine preparations.

Our experience is that the people who abuse over-the-counter codeine preparations generally suffer from problems of anxiety and depression or have personality difficulties which they self medicate with codeine. At some point they have learnt that codeine preparations calm them and provide them with temporary relief of anxiety and depression. Over time their use of these preparations escalates, they become dependent and progressively begin to suffer the complications of overuse which I have described above.

In addition to physical complications, the use of these drugs causes psychiatric complications; anxiety and depression typically worsen with regular and excessive codeine use. Codeine is a relatively short acting opioid. Therefore regular use of codeine preparations in excessive amounts produces fluctuating serum blood levels of codeine over the course of a day. This in turn produces alternating periods of sedation and drug withdrawal. These periods of drug withdrawal heighten anxiety and depression. These periods of withdrawal also are likely to worsen pain in those people suffering from painful conditions. Thus the cycle of abuse is perpetuated.

People who misuse over-the-counter codeine preparations may initially begin their use to medicate a painful condition, such as headache or back or joint pain. Many patients will describe that the original painful condition is no longer present, but they have continued to use the drugs for their intoxicating or calming effects.

At a recent Peer Group meeting my colleagues and I discussed the use of opioid analgesia with one of our Pain Specialist colleagues. It was his view that there really is no place for non-prescribed opioid analgesia and that the problems with dependence and misuse are well recognized and far outweigh any potential benefits that may be ascribed to over-the-counter codeine preparations. Use of simple analgesia such as ibuprofen or paracetamol is preferable in the acute or short term and medical review should be sought if this is not sufficient for pain relief.

The problems with these medications and their potential for abuse and dependence are well recognised. I have been informed that many Western countries do not allow codeine preparations to be sold over the counter at pharmacies. I believe Italy, Germany and the United States are in this category.

At present in Queensland we have the anomalous situation whereby codeine phosphate 30 mg is an S8 schedule drug available only on prescription with a packet quantity of 20 tablets, while equivalent or greater amounts of codeine are freely available over the counter from pharmacies in the form of ibuprofen, paracetamol, or aspirin in combination with codeine. The dangers of overusing these compounds are clear. However, the addictive nature of these codeine preparations make it difficult for people to stop their use even when made aware of these dangers.

Last year the National Drugs and Poisons Scheduling Committee considered the issue of over the counter codeine, its availability to the general public, and the possible need for restrictions. Submissions from the Pharmacy Guild and others expressed concern that people not be denied access to adequate pain relief and that these medications still be available without prescription. Following the Committee's deliberations and report the maximum pack size was set at 30 tablets; a decision which was difficult to understand as the commonest pack sizes sold up till then had been 12 or 24

tablets. The net result of this change, not surprisingly was that our patients now report taking 30 to 60 tablets per day of Nurofen Plus or Panadeine instead of 24 to 48 per day as they had done previously.

On behalf of my colleagues and the Damascus Health Services Alcohol and Prescription Drug Unit I submit to the NCETA that codeine either by itself or in combination with simple analgesics such as paracetamol aspirin and ibuprofen be available only by prescription from a Medical Practitioner. People who suffer from pain that is severe or persistent enough not to be relieved by simple analgesia require medical review before commencing on addictive opioid analgesia.

An alternative solution to the problem of codeine abuse, though a less satisfactory one in our view would be to limit pack sizes to a maximum of one days supply namely 8 tablets. A patient should be directed to a Medical Practitioner if their pain persists. If over-the-counter codeine preparations were available to the general public from pharmacies then a National or State register of dispensing using Medicare ID be established, similar to that in place for pseudoephedrine. This would allow a more effective monitoring of individuals' use of these medications. Clearly, up to this point the methods employed have done nothing to stop individuals obtaining massive amounts of these preparations on a regular daily basis.

I trust that this submission will be of help to NCETA.

APPENDIX

Patient A

55 year old man, Public Servant, who abused Nurofen Plus for over 5 years. He took between 24 to 48 tablets per day. He presented for treatment after suffering gastrointestinal bleeding. Gastroscopy revealed duodenal and gastric scarring and stricture. He was detoxed at Damascus Health Services. He remains in follow up. He requires periodic dilatation of his stricture

Patient B

45 year old woman, Receptionist, who saw another psychiatrist for 5 years for treatment of depression before finally revealing that she was taking 24 to 48 Panadeine or Nurofen plus tablets per day to self medicate her depression. Liver function tests were elevated. She was detoxed and treated at Damascus Health Services on several occasions. Eventually, due to repeated relapses she was commenced on opiod replacement therapy and remains on Suboxone two years later. She has never used intravenous drugs.

Patient C

35 year old woman, Receptionist, who was diagnosed with gastritis by a Gastoenterologist. The condition persisted for 5 years and she always denied anti-inflammatory use. She suffered peptic ulcer, gastric stricture and renal failure. Finally, she admitted to her doctor that she was taking 48 to 96 Nurofen Plus a day all the time. She was detoxed at Damascus Health Services and is now on Suboxone opiod replacement treatment.

Patient D

28 year old woman, Admin Officer, who began using Nurofen Plus after a car accident in which she sustained a soft tissue neck injury and developed headaches. Her use of Nurofen Plus escalated. She suffered complications including gastric ulcer and renal failure. Despite intensive treatment she still abuses Nurofen Plus.