

# Information for consumers having difficulty ceasing their over the counter codeine medications

## Background

On 1 February 2018, medications containing codeine will only be available on prescription. This includes medications containing lower amounts of codeine in combination with ibuprofen or paracetamol which have been available from pharmacies without a doctor's prescription.

These changes in codeine availability are occurring because:

- there is no evidence that they work any better than ibuprofen or paracetamol alone in the doses currently available from pharmacies without a prescription.
- Increasing numbers of Australians are becoming dependent on the codeine in these medications, resulting in overuse and major health problems from the excessive ibuprofen and paracetamol which is consumed.

People taking these codeine preparations on a daily basis for more than one month can experience withdrawal symptoms when they stop taking them. With longer term use, some people become dependent on the medications and find it very difficult to stop using them. This is the case even when they are having health problems due to the medications such as peptic ulcers, small bowel disease, kidney and liver disease.

Codeine is an opioid drug. Other opioids include tramadol, morphine, oxycodone, fentanyl and morphine.

## What to do if you are having problems stopping codeine containing medications.

Codeine withdrawal can be unpleasant but is rarely life threatening. It varies with the amount of codeine taken and how long it has been taken for; in addition some people experience major withdrawal symptoms and some much less, even with the same pattern of codeine use. Withdrawal varies from person to person.

Common symptoms are nausea, vomiting, diarrhoea, muscle and joint aches, sweats, shaking, palpitations, restlessness, anxiety, irritability, sleep disturbance and agitation. Pain can be a prominent feature of withdrawal for some people. These symptoms last up to 5 to 7 days.

### Mild withdrawal

If withdrawal symptoms are mild then the person can just acknowledge what they are and put up with them. They should get plenty of exercise, avoid other drugs medications and alcohol, eat well and drink plenty of fluids.

Their general practitioner may be able to help with some short term medications to help with the symptoms of nausea and diarrhoea, as well as the aches and pains.

## Moderate and severe withdrawal

General practitioners are able to prescribe some specific withdrawal medications for up to a week, using a medication called Suboxone'. This contains buprenorphine and naloxone, and has been found to be very useful for managing codeine withdrawal. The doctor will need to apply to the Department for Health and Ageing for an authority to use Suboxone.

## Difficulties after withdrawal in staying off codeine and other opioids

Some people even when they have successfully withdrawn from codeine have problems staying off opioids, due to ongoing strong persistent thoughts of taking medications, ongoing anxiety and depressed feelings and ongoing pain. People in this situation may have had problems with dependence on other opioid medications such as morphine or oxycodone in the past, may have had life threatening complications from their codeine use, and may have ongoing disabling mental health problems needing treatment. They may also be using alcohol or other drugs in problematic ways.

In these situations people may be prescribed Suboxone (buprenorphine and naloxone) on an ongoing basis which enables them to be treated for their other physical and mental health problems, develop skills to manage cravings for opioids, and work through other problems in their lives for which they may be seeking relief through opioids. When receiving this treatment, people need to attend their pharmacy on a daily basis to be administered their medications.

The duration of this type of treatment varies from a few months to much longer periods of time, depending on individual circumstances of the person.

## Other alternative pain relief

Opioids such as codeine are only useful for short term pain. Longer term chronic pain does not respond to opioids and the risks outweigh the benefits.

For short term pain simple pain relieving medications [not containing codeine] can be used for a few days. Speak with your local pharmacist.

See your local general practitioner for further assistance with chronic pain. Longer term chronic pain is best treated with non-drug treatments including exercise, physiotherapy, and relaxation therapy. Further information can be found at this [TGA site](#).

Other referral options may be required depending on the source of the pain. Discuss with your GP.

## Further information and advice

- > Further details of this type of treatment are available from the [SA Health website](#). Alternatively search 'SA Health, information for the public medication assisted treatment for opioid dependence'.
- > People experiencing problems with codeine containing medications can also seek advice from the [Alcohol and Drug Information Service \(ADIS\) 1300 13 13 40](#).
- > General practitioners can also assist with simple withdrawal measures, medications such as Suboxone (buprenorphine/naloxone) for short term withdrawal management or longer term treatment.

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### Alcohol and Drug Information Service (ADIS)

Phone: 1300 13 1340

Confidential telephone counselling and information available between 8.30am and 10pm every day.

[www.sahealth.sa.gov.au/dassa](http://www.sahealth.sa.gov.au/dassa)

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