

From the President

17 October 2017

The Hon Brad Hazzard MP
Minister for Health
Minister for Medical Research
Parliament of New South Wales
GPO Box 5341
Sydney NSW 2001

Via Email: office@hazzard.minister.nsw.gov.au

Dear Minister Hazzard

Health consumers and the medical community united in strong support for changes to codeine scheduling

We are writing to you to emphasise the strong support from both health consumer advocates and the medical community for the decision of the Therapeutic Goods Administration to make codeine prescription only from 1 February 2018. We also wish to express our deep concern regarding the Pharmacy Guild of Australia's (the 'Guild') recent lobbying aimed at undermining this decision, which could have serious adverse impacts for the clinical-regulatory interface that is so important in safeguarding the best interests of the Australian public.

The signatories to this letter feel that the Guild's advocacy on this issue sends misleading and confusing messages to the public regarding the effectiveness and safety of over-the-counter (OTC) codeine-containing products. It also runs counter to the TGA's thorough review of the evidence in coming to this decision, including that:

- Codeine is not effective for treatment of chronic (long-term) painⁱ.
- There are serious risks of harm associated with codeine use, including death, toxicity and dependenceⁱⁱ.
- There are OTC formulations available that are a combination of ibuprofen and paracetamol that have been found to be a more effective analgesic than OTC codeine containing analgesicsⁱⁱⁱ.
- Multidisciplinary pain management is the most effective way to treat chronic pain^{iv}.

We are particularly concerned about the recent proposal from the Guild to establish a new alternative model to enable pharmacists to dispense non-prescription codeine, especially in rural areas where they argue that there are limitations on patients being able to access a GP after-hours. However, the reality is that in many rural towns pharmacies do not operate

extended trading hours, leaving patients unable to access pain relief regardless of whether codeine is available OTC.

The Guild's proposed alternative model carries a serious risk of increased harms and potentially preventable deaths and thus cannot be supported by the medical community or consumer advocates. Their model also fails to adopt a public health approach and could undermine the effective implementation of the rescheduling of OTC codeine, including the work of the Nationally Coordinated Codeine Implementation Working Group (NCCIWG).

We also note that any decision by a state or territory not to implement nationally consistent scheduling controls would have serious and far-reaching implications that could affect public confidence in the ability of that government to protect public health and safety. We would be seriously concerned if the Guild's lobbying of state and territory governments included any suggestion that individual jurisdictions create exemptions that would be tantamount to walking away from nationally consistent regulation of medicines in this country.

The success of the national strategy to reschedule codeine rests on all key stakeholders, including state and territory governments and peak bodies representing consumers, pharmacists and medical professionals, engaging and supporting this process.

We would welcome the opportunity to engage with the NSW government throughout this process to ensure that the transition period is as seamless as possible and would be happy to provide you or your staff with a detailed briefing on our position. If you would like to discuss this matter further, please contact Luke McCaskie, Senior Advocacy Officer, Royal Australasian College of Physicians on +61 2 8076 6371 or at luke.mccaskie@racp.edu.au.

Yours sincerely



Dr Catherine Yelland PSM
RACP President



Carol Bennett
CEO, Painaustralia



Dr Ewen McPhee
RDAA President



Dr Bastian Seidel
RACGP President



Leanne Wells
CEO, Consumers Health
Forum of Australia

Enc.: Pain Australia Fact Sheet: Codeine changes need a national approach to ensure people with chronic pain can access pain services. October 2017

ⁱ http://www.cochrane.org/CD008099/SYMPT_single-dose-oral-codeine-as-a-single-agent-for-acute-postoperative-pain-in-adults

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- ⁱⁱ Roxburgh, A., Hall, W. D., Burns, L., Pilgrim, J., Saar, E., Nielsen, S., & Degenhardt, L. (2015). Trends and characteristics of accidental and intentional codeine overdose deaths in Australia. *The Medical journal of Australia*, 203(7), 299.
- ⁱⁱⁱ Daniels, S. et al. Evaluation of the Dose Range of Etoricoxib in an Acute Pain Setting Using the Postoperative Dental Pain Model, *Clin J Pain* 2011;27:1-8
- ^{iv} Cousins MJ & Gallagher RM *Fast Facts: Chronic and Cancer Pain* 2011