

Codeine

What is codeine?

Codeine is an ingredient contained in a number of prescription and over the counter pain medicines.

Codeine is considered a 'weak' opioid pain medication. It is in the same family of medicines as opioid pain medications and drugs such as morphine, oxycodone and heroin. In the body codeine is converted into morphine, which is thought to be responsible for almost all of the pain relieving effects of codeine.

Low dose codeine products are currently available without a prescription in Australia. Following a decision of the Therapeutic Goods Administration codeine has been rescheduled to become prescription-only medicine from 2018.

How many people use codeine?

According to the 2013 [National Drug Strategy Household Survey](#), one in three Australians aged 14 or older reported having used an over-the-counter codeine combination product in the past 12 months, and 29% used a prescription-only codeine product.

The survey did not distinguish between medical and non-medical use of codeine products, however it showed that **two in 500 people (0.4%) reported recent use of some form of pharmaceutical opioids for non-medical purposes**. In this survey males were twice as likely to use pharmaceutical opioids for non-medical purpose as females, and use was highest among people aged 55 and older.

The number of Australians receiving treatment for dependence on codeine trebled in the nine years from 2002, research from the National Drug and Alcohol Research Centre at UNSW has shown. Women made up the majority of people in treatment for codeine dependence in 2002, although the number of men in treatment for codeine dependence is increasing over time.

In a study of people entering treatment for codeine dependence in NSW, **most people reported that they started using codeine to treat their pain prior to developing a dependence.**

What are the effects?

Codeine is used to treat pain, and less commonly as a cough suppressant. Common side effects include constipation and drowsiness. At higher doses codeine can also affect your breathing.

Most codeine products sold without a prescription have limited evidence of effectiveness for pain. Cochrane reviews have underscored the lack of data to support low dose codeine (<10mg) and limited data to support medium dose (10-20mg) codeine for analgesic efficiency, with combined ibuprofen (400mg) and codeine (25.6 to 60mg) incurring good analgesic efficiency. Evidence shows that combinations of simple analgesics (e.g. paracetamol and ibuprofen) may be just as effective, if not more effective than low dose codeine.

A review of studies examining of opioids for osteoarthritis of the knee or hip reported that modest benefits of codeine were outweighed by adverse consequences.



What are the risks?

More people have been seeking help for codeine dependence in Australia, and there has also been an increase in codeine-related deaths.

Currently there are not good estimates of how many people develop dependence as most people who meet the criteria for dependence do not seek help. There is growing evidence that treatments like buprenorphine are effective for people who become dependent on codeine.

In recommended doses, and for short-term use, these medications are relatively safe. When used in high doses, particularly over long periods of time, harms such as ulcers and severe bleeds in the stomach and organ damage have been reported. These harms are usually from taking high doses of the ingredients such as ibuprofen or paracetamol that are combined with codeine in over-the-counter products.

Treatment for opioid dependence

One of the more common treatments for opioid dependence is opioid substitution treatment.

There is growing evidence to demonstrate that opioid substitution treatment is effective for pharmaceutical opioid dependence, and the effectiveness for heroin dependence is well established.

Opioid substitution treatment is also called medication-assisted treatment of opioid dependence (MATOD). The most common medicines used in Australia are methadone, buprenorphine and naltrexone.

More information on MATOD is available at: <https://ndarc.med.unsw.edu.au/resource/medication-assisted-treatment-opioid-dependence-your-questions-answered>.

Other treatment options include residential rehabilitation, a drug-free treatment modality requiring residence in the treatment agency subsequent to having undertaken detoxification. Programs may be of short (approximately 1 month) or longer (at least 3-6 months). Counselling and withdrawal-management are other forms of treatment that are available.