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**Transcript:** AMA President Dr Michael Gannon, *Drive with Susan Carland*, ABC Radio Melbourne, Friday 6 October 2017

**Subject:** Codeine

**SUSAN CARLAND:** So, remember a couple of months ago when we were talking about codeine and getting it only available on script? You had to go into the doctor to get a script to have codeine if you wanted this pain medication? The issue has flared up again in the media.

Yesterday, the New South Wales Deputy Premier announced that the New South Wales Nationals would support a reversal or just a compromise on up-scheduling - which basically means scripting - of codeine. This has ignited a bit of a battle between the AMA and the Pharmacy Guild.

So we're joined first of all to chat with Dr Michael Gannon, who is the federal President of the Australian Medical Association, or the AMA. Dr Gannon, why do you want codeine to be available only through script in the first place?

**MICHAEL GANNON:** Well, this is not a case of the AMA releasing an advocacy document yesterday. This is very much the case that the AMA supported the independent scientific advice of the Therapeutic Goods Administration - the TGA - the bureaucracy in our country that's responsible for determining which medications come in, how they come in, how they're available.

They looked at the science, looked at the increasing understanding of the risks of codeine use, made a determination, gave that advice to Federal Minister Greg Hunt who agreed and, with the full support of the AMA – and, we thought, the Pharmacy Guild, the Pharmaceutical Society, and certainly other medical bodies like the College of GPs, the College of Physicians - that we would join the situation in roughly 25 other countries that you need a script to get codeine.

Now, what we've seen is the Guild going out, doing what they're good at, lobbying politicians hard, they're very well resourced, but they're wrong on this. And we will continue to make the case that this was a good decision, it's long overdue. Codeine is a harmful drug. And do you know what? It's not even that good a painkiller, there are better alternatives.

**SUSAN CARLAND:** The Pharmacy Guild issued a statement today saying that you're misrepresenting their position on codeine and even deliberately distorting it, saying they never tried to overturn the TGA decision. Would you agree with what they're saying?

**MICHAEL GANNON:** I think they're being a bit too cute for my liking. I'd like to know exactly what they mean by a part reversal. Very simply: there's a determination based on the science - the science which shows that the small doses of codeine in the over-the-counter preparations, the combinations, are no more effective. I shouldn't use brand names on the ABC but, forgive me, Panadeine is no more effective than plain paracetamol. The preparations containing codeine and an anti-inflammatory are no more effective than the anti-inflammatory on its own.

And we're not calling for GPs, physicians, other doctors to be prescribing huge amounts of codeine. We don't see this as a bonanza for doctors. This evidence shows that codeine is not that good an analgesic and doctors should be prescribing superior alternatives for acute pain, and codeine has no role in the management of chronic pain.

**SUSAN CARLAND:** So you actually would prefer codeine not to be used as all, is that what you're saying?

**MICHAEL GANNON:** Well, I think if codeine was invented next week, it might struggle to get listed. When we look at the harms it causes and its ineffectiveness at low doses, it might struggle to get on the formulary today. At low doses it's no better than the standalone agents like paracetamol and anti-inflammatory, and at high doses it is increasingly a drug of abuse. So there's no argument here. I'm not interested in GPs, other specialists, prescribing yet more and more codeine. The more we know about this drug, the more we realise that we should be looking for more effective and safer alternatives.

**SUSAN CARLAND:** There are people that do love their codeine though, and do you think that by making this a script-only medicine, it will just clog the Medicare system with people having to go into the doctors to get the script for the drug that they want and they feel best services their needs?

**MICHAEL GANNON:** Well, very simply, it needs to change, and that's partly educating doctors, it's partly educating patients. Now I've written up codeine prescription for patients for a long time up until about three or four years ago where I started to become apprised of the evidence. I've had to change my practice. That's true of many, many other doctors and look, that's what we do in the medical profession: we look to new robust evidence and we change our practice.

Codeine is a drug that's found in too many people's system. We've seen the Victorian coroner's report. Too many people are found with codeine in their body at post mortem examinations. This is a harmful drug. It's hurting people, it's killing people. It's long overdue that Australia caught up with 13 countries in Europe, the United States, Japan, Hong Kong, you name it. We're a long way behind; it's time to catch up.

**SUSAN CARLAND:** Dr Michael Gannon, thank you very much - Federal President of the Australian Medical Association, appreciate your time explaining this to us.

**MICHAEL GANNON:** That's a pleasure, Susan.

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