



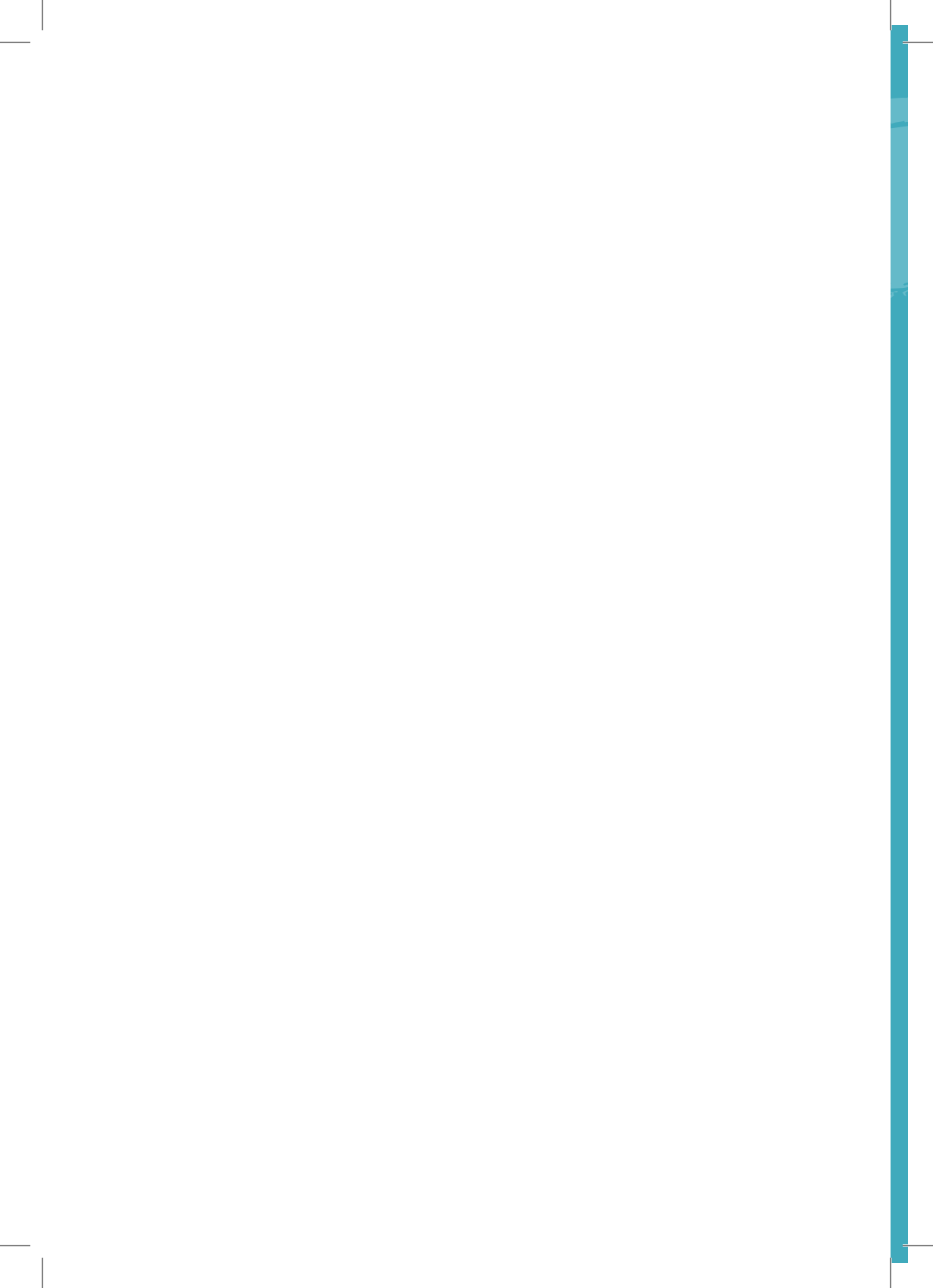
Codeine: What's the story

An information resource to help reduce
the harmful use of codeine



Canal
Communities
Local Drug & Alcohol Task Force

Published by: Canal Communities Local
Drug and Alcohol Task Force, 2023



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Introduction

This booklet is developed in response to an emerging issue within the Canal Communities related to codeine misuse. The intention was to design a booklet that would provide accurate information to the general public on codeine, inform individuals of the pathways to treatment, and act as a resource to professionals who are supporting those who are misusing codeine.

Sections 1 to 7 cover general information on codeine including, what this medication is for, why it differs from other pain medications, and the regulations on the sale of codeine and its safe use, as well as the impact and risks. The physical and psychological short- and long-term effects are listed in **section 8**, while **section 9** explores the signs that a person may be becoming dependent on/addicted to codeine. Risks of overdose are highlighted in **section 10** and understanding withdrawal symptoms is covered in **section 11**.

Sections 12 to 15 of the booklet are tools that you can use for assessing your codeine use and exploring your readiness to change, and also a resource to keep a medicine dose diary. **Section 16** explores the safe way to reduce and stop using codeine medication with the support of a medical professional. **Section 17** lists local addiction and support services available in the canal communities area of bluebell, inchicore and rialto. Finally, **section 18** lists the sources of information used in this, plus some further reading if you want it.



The value of codeine as a painkiller is beyond dispute, and it has provided pain relief for many people. However, its use comes with certain risks. If you are affected by any of the negative aspects of codeine use set out in this booklet, or you are concerned that you may be, you should ask a doctor about other available means of gaining relief from pain.

1. What is codeine?

- Codeine is a painkiller available in tablet, capsule or liquid form. It is found in many medicines which can be bought over the counter (OTC)*, prescribed by a doctor, given to you by others, or purchased on-line.
- Codeine is used as a painkiller for the short-term treatment of mild, moderate or acute pain from:
 - Headaches
 - Migraine
 - Toothache
 - Neuralgia
 - Period pain
 - Rheumatic/arthritis pain
 - An injury caused by an accident/fall when other painkillers such as paracetamol have not worked
- Codeine is not intended for long-term use, although it is occasionally used to treat 'chronic' pain (pain that has lasted several months).

*OTC - over the counter

2. Why codeine is different to other pain medications?

Codeine is an opiate drug, from the same family as morphine and heroin, that acts by blocking the pain signals between the brain and the body.

Unlike pain medications such as paracetamol, which block the release of prostaglandins* to reduce pain and inflammation, 5% to 10% of codeine is converted to morphine when consumed.

The morphine binds to receptors in the brain preventing the recognition of pain signals giving the 'high' or sedative qualities sometimes associated with codeine use.

This is one the reason the drug is subject to being misused and has a potential for addiction.

In addition to controlling pain, opiates can make some people feel relaxed, happy or 'high', and they can be addictive. Additional side-effects can include slowed breathing, constipation,

nausea, itchiness, confusion and drowsiness, especially if taken in large doses.

* Prostaglandins – a group of fats that are involved in the body's response to injury And illness

3. Different types of codeine

Codeine is an ingredient in many OTC painkillers and is often used in combination with other non-prescription painkillers such as paracetamol or ibuprofen. Certain cough medicines and flu remedies also contain codeine. Examples of brand names include: Solpadeine, Solpadeine Plus, Nurofen Plus, Feminax, Migraleve, Panadeine, Syndol, Tylenol.

4. Regulations on the sale of codeine

Codeine is classed as a schedule 5 drug under the controlled drug regulations which means that it is available to

patients OTC in pharmacies **under the supervision of a pharmacist**, who should make the patient aware of the side effects, especially the sedating nature of codeine, and should emphasise the addictive potential of the drug.

5. The safe use of codeine

Like all medications, codeine should only be taken as directed:

- Do not increase the dose or take an extra dose.
- Do not take any other medicines that contain opiates (or 'opioids*') to 'top-up' your pain relief.
- If you are pregnant, do not take codeine (or any opiate/opiate) medicines without health professional advice. It can be dangerous for your baby if you withdraw from codeine when pregnant. It is better to reduce your dose very slowly. Codeine may cause your baby to be born small and have withdrawal symptoms after birth and may need to be carefully

monitored for withdrawal effects after their birth. Talk to your doctor and/or midwife if you have concerns.

- It is very important to explain to your doctor or pharmacist if you are currently in receipt of opiate substitution treatment (methadone, buprenorphine, suboxone) or if you had a previous history of codeine or opiate (heroin) addiction.

If you have any questions about your codeine medication or its side-effects, or if you are unsure as to the safe usage of this medication, talk to your doctor and/or pharmacist. Remind them of your pain symptoms as there may be alternative options and treatments available to you that can help.

- Do not let others take your prescribed or purchased codeine medication, as it can be dangerous if taken by other people.
- Always keep medicines out of sight and reach of children.

*‘Opiates’ and ‘opioids’ are drugs which all have similar chemical structures to opium and have similar effects. Sometimes the name ‘opiates’ is applied to chemicals of this type which are found in, or made from, plants, while the word ‘opioids’ is applied to those made in the lab. However, and confusingly, either word is sometimes applied to all drugs of this type, whatever their origins.



6. Impacts and risks of codeine use

Codeine has a risk for abuse and addiction, which can lead to overdose and death.

Codeine may also cause severe, possibly fatal, breathing problems. To lower your risk, a prescribing doctor should have you take the smallest dose of codeine that works for the shortest possible time.

If you take codeine continuously for more than 3 days, you may experience withdrawal symptoms when you stop taking it. In fact, if you take any painkiller for headaches for more than 3 days, it can make the headaches worse.

Codeine is transformed to morphine in the liver. It is this morphine that produces pain relief when you take codeine. Some people have a variation of the liver protein that converts codeine

to morphine, and this can affect people in different ways. In some individuals, morphine is not produced or is produced in very small quantities, and it will not provide enough pain relief. Other people are more likely to get serious side effects because a very high amount of morphine is produced. If you notice any of the following side effects, you must stop taking the codeine-containing medicine and seek immediate medical advice: slow or shallow breathing, confusion, sleepiness, small pupils, feeling or being sick, constipation, lack of appetite.

7. Physical and psychological short- and long-term effects

Short-term effects

- You should experience pain relief
- You may feel warm, relaxed and detached
- You may feel confused and light-headed
- You may get a dry mouth, itchiness and pinpoint pupils
- Your body temperature and heart rate may go down
- You may feel drowsy and sick
- With larger doses, your breathing may slow down and your blood pressure may decrease

Possible long-term effects

- Constipation
- Breathing problems
- Irregular periods for women
- Gastrointestinal health problems including haemorrhages and perforations
- Severe anaemia (low iron levels in the blood) and kidney failure
- ‘Renal tubular acidosis’, meaning higher than normal acid levels in the blood, due to the kidneys not removing acids from the blood into the urine as they should – symptoms can include reduced levels of consciousness and generalised weakness
- Liver damage (if the drug also contains paracetamol, e.g., as Solpadeine does)
- Stomach damage (if the drug also contains ibuprofen, e.g., as Nurofen Plus does)

8. Signs that you may be becoming, or already are, addicted to codeine

Codeine is both physically and psychologically addictive, so your body craves it, and you find it hard to cope without it. Your tolerance increases over time, so you have to keep taking more to get the same buzz.

Are you experiencing any of the following:

- Need to take codeine for longer than advised (more than 3 days)
- Need to take more than the recommended dose (more than 6 tablets daily)
- Taking codeine-based medications for reasons other than pain relief, for instance to help you sleep, or to lessen anxiety and stay calm
- Craving for the medicine
- A feeling that you need to take more than you are prescribed or as instructed on the medicine's information leaflet, even though you are experiencing unwanted effects on your overall health, e.g., withdrawal symptoms (see section 11 below)
- A belief and a feeling that you need to 'up-your-dose' by taking other codeine or opiate-based medication, or any other pain relief medicines, to achieve similar relief
- Experiencing a 'high' even when preparing to take codeine-based medicines
- Experiencing withdrawal side-effects when you cannot access the medications or if you suddenly stop taking the medicine.

9. Signs of overdose

Whether intentional or accidental, the effects of overdose can be very serious and may cause death:

- Confusion and/or hallucinations
- Slurred speech
- Blue or purple lips and/or fingernails
- Poor coordination and/or balance
- Loss of consciousness or responsiveness
- Heavy and/or unusual snoring
- Difficulty in breathing
- Very small pupils.

It is recommended that your family, friends, carers become aware of these signs, so they can take immediate action if you display any of the above symptoms.



OTHER DANGERS:

Your risk of overdose goes up if you mix codeine with other drugs, such as other painkillers or alcohol.

If you think someone has taken too much opiate/opioid medication dial 911 immediately and stay with the person until help arrives.

10. Codeine withdrawal symptoms

If you have been taking codeine pain relief medication for some time, it is important that you do not stop taking it suddenly and without support, because doing so might cause some uncomfortable side effects. Withdrawal is less severe if you reduce the dose first. If you stop using suddenly, you will get opiate withdrawal symptoms such as:

- Feelings of agitation or irritability
- Body aches, pains and itchiness
- Shivers
- Diarrhoea
- Nausea and vomiting
- Sweating
- Widespread or increased pain
- Difficulty sleeping

These symptoms start within 8 to 24 hours after your last dose, peak around the third day and fade after 5 to 10 days. You may also experience sleep problems, cravings and mood swings for a few weeks as your body returns to normal.

How long does codeine stay in your system?

Codeine will show up in a urine sample for 2-10 days depending on the dose and how well your liver functions. The exact length of time will depend on the test used, the amount you take, other medical conditions you may have, and your own metabolism. Please use this figure as a guide only.



Your overuse of codeine, or your addiction to it, may result in you having to access Opiate Substitution Treatment. This involves the prescribing of methadone, buprenorphine or suboxone with a view to either stabilising or detoxing the person. It is accessed through specialist clinics or GPs.

11. How codeine can interact with other substances: some risks

It is important to be aware of any potential risks associated with the use of codeine alongside other substances, including alcohol and prescription medicines. Some examples are noted below. For a useful resource to check how different drugs interact with each other, see www.Drugs.Com/drug_interactions.Html

In general:

You should talk to a doctor if you have any questions or concerns about taking codeine with other medications. A doctor may be able to prescribe alternatives that do not interact, or you may need a dose adjustment or more frequent monitoring to safely use both medications.

If you do use codeine with other drugs, you should avoid activities that require mental alertness, such as driving or operating hazardous machinery, until you know how the combined substances affect you.

Alcohol and codeine

It is best to avoid alcohol entirely if you are using codeine. This is because alcohol and codeine both have a sedative effect on the brain and when used together can cause increased drowsiness, dizziness, and difficulty in concentrating, and they can impair your ability to think and make good judgements. In severe cases, there is a risk of low blood pressure, respiratory distress, fainting, coma, overdose or even death. With certain long-acting (slow-releasing) formulations of codeine, consumption of alcohol may also cause rapid release of the drug, resulting in high blood levels that can be lethal.

Codeine and methadone

As codeine and methadone cause central nervous system depression or sedation, their combined use can lead to serious side effects including respiratory distress, coma, and death. Taking these medications together can cause increased drowsiness, dizziness, and difficulty in concentrating, and can impair judgment, reaction speed and motor coordination.

Codeine, benzodiazepines and/or 'z' drugs

The use of codeine and benzodiazepines (e.g., diazepam) and/or 'z' drugs (e.g. zolpidem) together is considered a major risk. This is because benzodiazepines and/or 'z' drugs are central nervous system depressants: combining them with opiates such as codeine can increase the risk of over-sedation and can lead to serious side effects including respiratory distress, coma, and death.

Codeine and cannabis

The use of codeine and cannabis together also has risks. Cannabis, or 'weed', is a psychoactive drug that alters how the mind perceives things. Although cannabis is not known as a central nervous system depressant or a sedative, it can have a sedating effect on the brain. Some studies have noted that the combined use of cannabis with opiates such as codeine can result in elevated symptoms of anxiety and depression when compared to use of the opiate alone. Combined weed and codeine use has been shown to increase the risk of acute coronary events (heart problems) in people without coronary artery disease.



12. Screening assessment tool for OTC codeine*

1 (a) How often do you take over the counter (OTC) codeine medication?

(Choose one of the following)

Everyday ☐ Most Days ☐ **(proceed to question 1b)**

Once a week or more ☐ about once a month ☐ Every few months ☐

Once or twice a year ☐ **(proceed to question 2)**

1 (b) How long have you been using OTC codeine with this frequency?

Last week ☐ Last four weeks ☐ 1 Point ☐

Last year ☐ Longer than one year ☐

Longer than 3 years ☐ 2 Points ☐

2. What was the main reason OTC codeine was taken the last occasion it was used? (Choose one of the following)

Headache ☐ Back pain ☐ Dental pain ☐ Migraine ☐

Period Pain ☐ Any other physical pain ☐ 0 Point ☐

To relax ☐ To feel better ☐ To sleep ☐

Other 1 Point ☐

3. In the past 12 months how difficult did you find it to stop or go without OTC codeine? (Choose one of the following)

Not difficult ☐ 0 Point ☐

Quite difficult ☐ Very difficult ☐ Impossible ☐ 1 Point ☐

A score of 2 or more indicates a high likelihood of meeting criteria for dependence *McCoy, Bruno & Nielson, Codeine Dependence Scale

13. How do I know I may be becoming addicted to codeine?*

Questions to ask yourself...

1. Do you feel you need to take codeine for longer periods of time than instructed on the information pack?

Yes ☐ No ☐

2. Do you find yourself buying more and more pills?

Yes ☐ No ☐

3. Do you feel the need to take more than the recommended dose?

Yes ☐ No ☐

4. Do you feel very unwell when you stop taking the medication, but you feel better when you start taking it again?

Yes ☐ No ☐

If you answer “yes” to any of these questions, then you may need help in managing your pain/symptoms and it is important that you talk to your doctor about your current codeine use. If you take the medicine according to the instructions on the pack, it is unlikely that you will become addicted to the medicine.

*British Pain Society

14. Assessing your readiness to change *

It can help to reflect on your readiness to change using the decisional balance scale below. Using the format, complete the following sections:

Continuing my present
pattern of codeine use...

What are the positives?

What are the negatives?

Changing my pattern
of codeine use...

What are the benefits?

What are the costs?

*SAOR HSE © Screening and Brief Intervention Tools





Using the readiness ruler below consider the following questions on a scale of 1 to 10:

How **important** is it for you to make a change to your codeine use?

How **confident** are you that you can make a change to your codeine use?



*SAOR HSE © Screening and Brief Intervention Tools

15. Keeping a medicine dose diary

One of the first steps to make any **positive change** to your codeine use is to understand your current **habitual pattern** of use. Keeping a daily record is one of the first things to do, and it can help your doctor to decide what is the best way of supporting you to safely reduce your use. Over the next two weeks use this log to record your daily use of codeine.

Week 1 (date starting):

What I used:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What I spent:

Where?

When?

With?

Why?



Week 2 (date starting):

What I used:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What I spent:

Where?

When?

With?

Why?



16. Safely reducing and stopping codeine use

The most effective and safe way to reduce and/or stop codeine use is through an individualised plan that slowly tapers the amount you take daily. This will help to reduce the chances of you developing withdrawal symptoms, or if you do, they will be mild. This should always be done in conjunction with your GP, nurse or pharmacist.

You may find that you feel more irritable than usual or may experience anxiety or feel depressed. If this is your experience, you can talk to your GP about getting additional supports from a mental health professional.

As you begin to reduce your codeine use you may experience the following withdrawal symptoms:

- Feeling shivery
- Sweating
- Diarrhoea or stomach cramps

Occasionally pain may worsen for a short while. These symptoms shouldn't last long and some suggestions for coping are listed below:

Distraction techniques: such as watching a movie, listening to music, reading a book; it also helps to get out and to keep active, even through a short, gentle walk.

Relaxation techniques: such as meditation or mindfulness practice, or trying holistic therapies.

Support from friends and family: It is important that you have people in your life who know about this step that you are taking and how challenging it can be. Having others around you who are understanding and can offer practical help is very important. Therefore, it might be useful to think about who you can include in your personal support

network to enhance your recovery from codeine dependence. It can take from 4 to 6 months to fully recover, so having consistent supports will really make the difference.

Professional supports: Professional supports can really add to your chances of successfully recovering from codeine addiction. There is a vast array of supports that you can choose to link in with based on your own personal needs and choices. Please see the directory of services included in this booklet that might help you to decide what will work for you.





17. Directory of Local Addiction/Specialist Services In The Canal Communities

Canal Communities Regional Addiction Services

CCRAS, Oblate Hall, Tyrconnell Road,
Dublin 8.

P: 086-3845565

E: admin@ccras.ie

W: www.ccras.ie

Services: Harm reduction & outreach, one to one crisis intervention & counselling support, women's recovery groups, SMART Recovery group, Alcohol Education & Support Programme, Programme (with Rialto Community Drug Team).

Community Lynks Recovery Programme

Oblate Basketball Hall, Tyrconnell Road, Inchicore, Dublin 8

P: (01) 4530263

E: info@linksproject.ie

FB: Lynks Strength

Services: CE rehabilitation programme, keyworking, therapy groups, counselling, psychotherapy, NA groups, health & wellness, aftercare/social hub activities, abstinence group, training & education, QQI certified centre

Community Response

14 Carmen's Court, Carmen's Hall, Dublin 8

P: (01) 4549772

E: jm@communityresponse.ie

W: www.communityresponse.ie

Services: Range of alcohol intervention services including change and recovery groups, women's group, alcohol stabilisation group, family support/ concerned persons group, mindfulness

based relapse prevention training, keyworking.

Fatima Groups United Family Resource Centre

F2 Centre, 3 Reuben Plaza, Rialto, Dublin 8.

E: ann@fgu.ie

W: www.fgu.ie

T: @groupsfatima

Services: housed in the F2 Community Centre, there are a wide range of community programmes to support community connections and emotional and physical wellbeing.

Dublin 8 Social Prescribing Services

M: 085 8581307

E: d8socialprescribing@fgu.ie

Fatima Counselling Service

M: 087 9410734

Fatima Community Sports Hub

E: deirdre@fgu.ie

FRONTLINE Make Change

Kavanagh House, 135 Emmet Road,
Inchicore, Dublin 8 & Bluebell Youth &
Community Centre, Bluebell Road, Dublin
12. Frontline Bikes, 147 Emmet Road,
Inchicore, Dublin 8.

P: (01) 4736502

E: info@frontline.ie

W: frontlinemakechange.com

Services: One to one services include keyworking, counselling, art therapy, holistics, outreach, prison links work. Group work including, family support, psychosocial education and stabilisation programmes, drop in service. There is also childcare services available for those who use the services.

Rialto Community Drug Team

468 South Circular Road, Rialto,
Dublin 8

P: (01) 4540021

E: admin@rcdt.ie

W: www.rialtocommunitydrugteam.ie

Services: keyworking, harm reduction, counselling, systemic family therapy,

prison links worker, housing support, family support, specialist club drug support, referral to residential treatment, complementary holistic therapies, drop in service. Groups include, alcohol education and support programme (with CCRAS), mental health and wellbeing, SMART Recovery, family support group & women's group, men's health group.

TURAS Training,

Unit C1 Bluebell Business Park,
Old Naas Road, Dublin 12

P: (01) 450 5396

E: info@turastraining.ie

W: www.turastraining.ie

Services: CE Rehabilitation Programme for those in recovery from addiction includes: keyworking nationally certified education courses, care planning, case management, group work, outdoor education, holistic therapies, level 7 addiction studies.

Local Drug & Alcohol for Minors/ Youth

- **Core Youth Service**
- **Bluebell Youth Service**
- **Rialto Youth Service**

Services: the drug and alcohol workers in each of these services target and work with young people providing support, education and referral pathways using age-appropriate methodologies and programmes.

Contact details:

Core Youth Service:

info@core-ys.com

Tel: 01-4544791 - 0851027395

Bluebell Youth Service:

info@ccrys.org

01-4738439 / 0874311136

Rialto Youth Service

admin@rialtoyouthproject.net

Tel: 01-4531638

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Acknowledgements

The Canal Communities Local Drug and Alcohol Task Force would like to thank Graham Ryall, Norah Byrne, Leanne Maher & Sarah Bolger, who were responsible for the development, production and design of this booklet, and Dr Kiran Santlal for his expert advice.











Canal Communities Regional Addiction Service

CCRAS, Oblate Hall, Tyrconnell Road, Dublin 8.

www.ccras.ie