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## **Do dependent codeine users need lower doses of buprenorphine maintenance?**

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**Introduction:** Opioid dependence treatment services worldwide are seeing increasing presentations with prescription opioid, including codeine problems. In Australia on 1<sup>st</sup> Feb 2018 combination analgesics containing codeine (CACC) medications ceased to be available over-the-counter and became prescription-only. Medication Assisted Treatment for Opioid Dependence (MATOD) with substitute opioids has been the mainstay of treatment for opioid dependence. While clinical guidelines and clinic procedures have been based on many years of managing illicit opioid dependence it is unclear if they require adaptation for the management of primary codeine dependence.

**Design and Methods:** We audited the case notes of all clients who had presented for primary codeine dependence to two large city MATOD clinics since 2016. Data was extracted on client demographics, reported codeine usage, co-morbidities and treatment.

**Key Findings:** Data collection continues. To date 40 clients have been identified still being treated with buprenorphine and a further 3 with methadone. In contrast to the general clinic population, approximately two thirds of the cohort was female. Current and peak doses of both methadone and buprenorphine were in the same range as clients treated for primary illicit opioid dependence (median buprenorphine 22mg, inter-quartile range 16-28mg), with no relation to reported codeine dose at presentation.

**Discussions and Conclusions:** Characterisation of codeine as a “weak” opioid, implying the need for lower doses of opioid substitution medication appears inaccurate.

**Implications for Practice:** Service guidelines should be adapted to accommodate the wide MATOD dose ranges that may be required by clients presenting with primary codeine dependence.

**Disclosure of Interest Statement:**

*JH & MD have received speaker honoraria from Indivior PLC unrelated to this project.*