

‘Management of opiate dependence related to Dihydrocodeine/Sorbitol (‘Melbourne Lean’): a case series

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Introduction / Issues: We seek to present a brief case series (two cases) of Rikodeine (dihydrocodeine/sorbitol) misuse contributing to opioid dependence that were treated successfully with opioid agonist therapy. Rikodeine is the last remaining Schedule 3 opioid available in Australia after the rescheduling of codeine in 2018. Rikodeine misuse is relatively unknown and it does not appear on commercially available urine drug screens in Australia meaning it’s misuse may be often missed in clinical practice.

Key Findings OR Results: Both cases were successfully treated with opioid agonist therapy. One of the patient’s Rikodeine use was first noticed by a peer worker.

Discussions and Conclusions: Dihydrocodeine does not share metabolites with other commonly-misused opioids and does not appear on standard UDS nor can it be requested in most commercial pathology labs in Australia as it is not an AS4308 drug. Given it is relatively unknown amongst most health workers, it is also not commonly asked about clinically, meaning its use can be missed.

In recent years there have been media reports that Rikodeine misuse has increased in Australia. Evidence from a pharmacy sales register and the 2019 National Drug Strategy Household Survey did not demonstrate increased use of Rikodeine in 2018 and 2019 following the rescheduling of codeine, but further change since 2019 cannot be estimated due to the absence of surveillance data.

We also discuss the value that peer workers add to clinical teams.

Implications for Practice or Policy: Rikodeine use can contribute to opioid use disorder, however its use is often missed clinically as it is not known about by many clinicians and cannot be detected on commercially available UDS.

Screening for Rikodeine use during clinical assessment can inform clinical management of opioid use disorder.

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