Codeine - The Respectable Drug Addiction?

To sell or not to sell?

Written by Pádraig McGuinness MPharm

It is something every Community Pharmacist will encounter every day of their working life – sales of codeine. Some might be the regular customer you suspect may be abusing and have had conversations with before, others you believe are genuinely in pain and require the codeine element of the combination, and others you know in your heart are not using codeine for the right indications but are selling you the good story. Furthermore, since the introduction in 2010 of the PSI guidelines in this area, we, as Pharmacists, are now all more acutely aware of who is buying codeine products, having to be involved in every sale.

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CODEMISUSED is a European Union funded collaboration (Marie Curie Industry Academia Partnership and Pathways) between academics and Pharmacists across three jurisdictions – Ireland, the United Kingdom and South Africa. In Ireland the partners were Principal Investigator Dr Marie Claire Van Hout and her team at Waterford Institute of Technology, and myself and our team at CARA Pharmacy. The aim of the project was to explore, using the widest collection of stakeholders ever brought under one project in this area, the issues of codeine use, misuse and dependence, and to present workable solutions to this hidden public health issue. This research fund of €2.04 million supported the exchange of knowledge between academics and Pharmacists in each country. Academics came and worked with us in retail pharmacies during the three years, and our staff seconded to academic institutions over the same period. The aim was to use academic research methods and marry them with the on the ground practicalities. The project proved to be very successful, and an excellent model on how industry and academia can work together to use the best academic evidence base with practical solutions.

There were many work packages involved in the project, and I wanted to share with you some of the initial findings. Firstly a massive thank you to the 464 Irish Pharmacists who took part in our pharmacy research, a representative sample of just under 10% of the total register. There were some staggering results, that were mirrored across all three jurisdictions, and which appear to show that we as a profession are not trained sufficiently to deal with suspected and actual codeine misuse. In fact, 85% of us responded saying that we have no formal training in this area, with 62% confirming there was a further need for more training. Many say they relied on company SOPs to direct their practice in this area – a reminder to those writing these SOPs to be mindful of the current research.

What is striking, but perhaps not surprising, is that more than half of us report to sell codeine to customers we suspect to be misusing, with the warning that we will not be selling them again. Many pharmacy staff (65%) report that customers can be aggressive when sales are refused and 80% have come across defensive customers when sales are challenged. This undoubtedly must have an impact on the decision to refuse or not. It is encouraging to see however that 80% of Irish Pharmacists provide brief intervention advice where they suspect codeine misuse. This is higher than in the other jurisdictions studied. One speculates that this is the PSI guidelines in action. This should all be in the context that 70% of Pharmacists surveyed believe that the codeine they sell has a medium to high risk of misuse. That's three quarters of all Pharmacists in Ireland believe that >30% of the codeine they sell is potentially misused. A staggering statistic.

When asked what they buy their codeine for, it might interest Pharmacists in Ireland to know that 7% of respondents buy the medication for sleep – though of course this is not disclosed at the pharmacy counter when purchasing. This is more than double that of the UK – where alternative products marketed for sleep assistance (for example sedating antihistamines) are available. A further 2% of respondents in Ireland say they buy codeine products to help them relax. So in essence, these two statistics alone, suggest to us that just shy of 10% of codeine purchased is misused for the wrong indication.

This codeine misuse places us all in a difficult ethical positions, and our research across all stake holders tells us this. Our options have real impacts on patient safety but also on patient relationships. This is perhaps even more noticeable in smaller rural communities, where customers are known well to the Pharmacist on duty. The phenomena of "Pharmacy Hopping" and "Pharmacy Tourism" are well documented in our findings – from both Pharmacists and also from previous codeine misusers.

And so, there is an argument to sell with brief intervention – as it may be more effective than refusing the sale where the customer simply goes down the street or to a different town with a different story. Then there is the option of not supplying – again with the risk of the patient going elsewhere with a more informed story, but at least you will have perhaps acted to deter that patient from misusing the medication.

One wonders if the constant justification of need of the medicine, eventually resonate with the customer that perhaps another medication may be safer and more appropriate. In Ireland, 63% of pharmacy customers report that they know it causes addiction – highest when compared against the other countries, again perhaps a nod to the PSI guidelines in action. That said almost 60% of pharmacy customers believe that codeine products are safe to use, and so perhaps more public health information and education is first on the shopping list.

What is clear from the research from the other side of the counter, from those who have been through the addiction, is that codeine misuse is a life devastating problem. Everything from GI ulceration, liver disease, headache, constipation and drowsiness as well as the social consequences and financial cost taking its toll on those who misuse. The qualitative research from those addicted to codeine, reveals shocking statements from misusers such as, "In my time of addiction, I knew what Pharmacist was on and in what place and what name/s I used last time" "The best part was that the paracetemol would freeze and all the rest of the water was just golden heaven to drink off" (a statement in relation to removing codeine from combination products to abuse). This element of the research in particular was the most eye opening for me as a practicing Pharmacist, and opened a whole world of underground addiction that we as Pharmacists have no idea about when we run the product through the cash register.

So, what about tightening control and considering a P to POM switch. Nearly two thirds of Irish GPs surveyed are telling us that codeine products should be reclassified to POM. In fact 32% of pharmacy customers agree with them and Pharmacists have also highlighted this as an easier to control option. GPs tell us that approx. half of them find it difficult to identify OTC codeine users and that 50% record it in the patient notes when they are alerted. (A lesson here perhaps for more integrated care with primary care professionals in a locality.)

While P to POM switch is one option open to suggestion, several have highlighted many issues with this approach. Firstly, with a proportion of customers addicted to these substances, to withdraw them without having the correct supports in place could be disastrous. Less than half of GPs believe codeine addiction can be handled in their practice, with only 26% aware of best practice and less than 20% reporting locally available professional services.

This option may even lead to even more online and black market purchasing of codeine related products. Our research shows that there is already an undercurrent of illegal codeine procurement including cross border pharmacy tourism and pharmacy stockpiling while on holidays in Spain.

Is a community Pharmacist led service of reduction and management feasible if it was fully funded and advanced training provided? Similar to the detox programs available for nicotine. How would that work in practice, where patients have access to several pharmacy outlets with no technological real-time link? South Africa offers a solution where Pharmacists use an online system to track sale of codeine for every customer and this is shared across pharmacies with a cap of 4grams per person per month. 74% of Irish Pharmacists believe in a centralised approach. But this system, although in its infancy in SA, still has its challenges – with not every pharmacy opting into the project and customers getting to know where they can side step the recording mechanism. But, it does perhaps offer a compromise solution to allow those that do need the medication OTC to access it without higher doctor consultation fees, while also restricting it from those at risk of misuse, or at least identifying them for early intervention.

It may seem that the project has presented more questions than answers! But what it has done is develop a huge body of 360 degree evidence from all the stakeholders in this "respectable addiction". We are very much looking forward to continuing to present a menu of evidence based options of solutions to codeine addiction as the project draws to a close next year. This will then be forwarded to the regulators, who have been keeping a keen eye on the projects results. Hopefully in time, with the right resources and training, Pharmacists can take a leading role in fighting this devastating silent addiction.

For more information about the project as it publishes its final results in the coming months, visit us at http://www.codemisused.org/

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news brief

PHARMACIST GETS 4-YEAR SUSPENDED SENTENCE AFTER FATALLY GIVING WRONG MEDS

A Pharmacist who gave the wrong pills to a woman, resulting in her death, has been sentenced to a four-month jail term, suspended for two years, it has been reported.

It is understood that his is the first prosecution of its kind in Northern Ireland.

The family of 67-year-old Ethna Walsh said they hoped "hard lessons" would be learned from her "unnecessary" death.

Martin White, of Belfast Road, Muckamore, admitted to giving her the wrong medication on February 6, 2014. She later died in hospital.

Instead of receiving the COPD medication, Prednisolone, Mrs Walsh was given Propranolol.

Her family said that they welcomed "the resolution of the criminal proceedings arising from the death and acknowledge the admission of culpability and guilt on behalf of Mr White".

The judge said the dispensing of the wrong drug for her lung condition was caused a number of factors, including a momentary lapse in concentration.

He added that back at home Mr Walsh gave his wife some of the tablets which she took, but within moments had difficulty in breathing and became unwell. He immediately phoned for an ambulance, and although rushed to hospital she later died.

Defence QC John Kearney revealed that since the tragedy White has been too frightened to return to work because he was so racked with guilt and has been receiving psychiatric help.