

“I’m Not a Junkie” – Are People Who Misuse OTC Codeine Different Than Those That Abuse Other Opioids?

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Introduction:

- * In Australian some codeine preparations are available without a prescription, over-the-counter (OTC) at pharmacies. This allows supply for legitimate pain without a doctor’s consultation whilst enabling illicit use in quantities exceeding those recommended
- * OTC codeine misuse is a substantial problem
- * Excessive OTC codeine use results in significant morbidity and mortality’
- * Many people that have developed problems associated with OTC codeine report discomfort attending services for other opioid consumers.
- * Many consumers consider OTC codeine as a “respectable person’s drug” and this juxtaposition of substance use disorder and notions of ‘respectability’ poses unique challenges for clinical responses

Aim: This study aimed to determine differences between people with use disorders relating to OTC codeine and use disorders relating to strong opioids such as morphine

Design and Methods:

- Retrospective audit of case files of clients currently receiving Opioid Replacement Therapy (ORT) at the Tasmanian Alcohol and Drug Service during 2015
- Data was collected using a tool specifically prepared in Microsoft Excel
- Doses of opioids were converted to equivalent morphine doses using standard references

Parameters collected included;

- Demographic information (age, gender, marital status, employment, highest level of education)
- Comorbidities (psychological, medical, pain)
- Substance use (opioid type, consumption level, administration method, length of drug use, other drugs of concern)
- Previous drug treatment (type of treatment) & current treatment



Key Results:

Both the OTC and the strong opioid (SO) cohorts had equal numbers (*n*=15)

The codeine group had: (compared with the strong opioid group):

- Significantly shorter delay to initiation into treatment (4.24 years OTC vs 10.36 years SO, *p*= 0.01)
- More likely to have a medical condition related to their misuse (33% OTC vs 0% SO, *p*= 0.05)
- Less likely to have intravenous drug use on admission (33% OTC vs 87% SO, *p*= 0.009)
- Less likely to have lifetime history of amphetamine use (47% OTC vs 87% SO, *p*= 0.05)

Meaningful trends for the OTC Codeine group compared to the Strong Opioid group:

- Greater percentage of females (73% OTC vs 33% SO, *p*= 0.067)

- Lower percentage of unemployment (33% OTC vs 73% SO, *p*= 0.067)
- Lower percentage of previous history of ORT (27% OTC vs 67% SO, *p*= 0.067)
- Greater exposure to counselling (67% OTC vs 27% SO, *p*= 0.067)

Most clients in both groups suffered from some type of psychiatric comorbidity, with depression and anxiety being the two most common afflictions in both groups.

For the OTC codeine group:

Average number of tablets consumed per day (depending on the amount of codeine in each formulation) was 48.6 (*SD*= 20.3, range= 20 – 100 tablets/day).

Average dose of codeine was 653mg/day (*SD*= 272; range= 256 - 1280mg/day)

One patient reported consuming up to 100 Panafen Plus® tablets a day

Discussions and Conclusions:

- Findings are consistent with similar studies into the characteristics of those seeking treatment for OTC codeine problems.
- OTC codeine misusing clients have the complexity of triple comorbidities of addiction, pain and mental health issues
- Many OTC codeine clients state they feel different to people receiving treatment for strong opioids which produces barriers to engagement with treatment and alternative treatment pathways may need to be considered for these clients.

Implications for Practice, Policy and Legislation:

- Legislative review of Schedule 3 (S3) status and availability of OTC codeine analgesics continues
- OTC codeine products are being monitored by MedsASSIST (a pharmacy based real-time Australia-wide OTC codeine recording program)
- The MedsASSIST program needs to be evaluated independently to determine if it is effective in preventing misuse
- OTC codeine’s ready availability with minimal monitoring has the potential to put patients at risk of development of dependence
- Novel approaches and treatment pathways may need to be considered for these clients misusing OTC codeine, examples could include:
 - Treatment within local areas
 - Remote consultations (e.g. Facetime, Skype)
 - Face-to-face consultations outside of work hours
 - Privacy at dosing points
 - In the future the use of depot buprenorphine to enable resumption of normal life

For low dose codeine to remain available without a prescription then the difficulties of balancing the ease of S3 access against the risk of misuse must be resolved otherwise up-scheduling to prescription only (S4) will be the only option to maintain public safety.