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DO WE HAVE SUFFICIENT INFORMATION TO OPTIMALLY INFORM REGULATORY OR OTHER POLICY DECISIONS ABOUT MEDICATIONS CONTAINING CODEINE?

Codeine is the most commonly consumed opiate worldwide with demand having risen 27% over the last decade, with global purchasing peaking at 269 tonnes in 2011 [1]. Although its effects are milder than heroin, its opiate effect means it has misuse and dependence potential [2]. Codeine is commonly formulated in analgesic products with paracetamol or ibuprofen and there are increasing reports of harms from these. Public health policies such as up-scheduling of over-the-counter (OTC) codeine, packaging addiction warnings and health professional education have been implemented, but these vary widely by country [3]. South Africa has recently given notice of its intention to reduce the amount of codeine in a single tablet to 10 mg and to up-schedule norcodeine and acetylcodeine [4].

Despite these concerns and a perception that the misuse of products containing codeine is widespread and linked to trends of increasing patient self-care, the prevalence of codeine misuse and dependence is not known and may be exacerbated by the hidden nature of misuse. Disproportionate attention to harms from opiates such as tramadol and oxycodone has unfortunately over-shadowed the importance of harms associated with codeine misuse and dependence [5], and we argue that governments, health care professionals and the public must respond appropriately to this.

To address the lack of epidemiological data on codeine misuse and dependence, we obtained previously unreported formal drug treatment data involving codeine misuse and dependence from the United Kingdom (UK) National Drug Treatment Monitoring System (NDTMS), the Irish National Drug Treatment Reporting System (NDTRS), and the South African Community Epidemiology Network on Drug Use (SACENDU). We ascertained that 1.9% of persons in drug treatment in Ireland (2008-12) had codeine as a primary or secondary drug of abuse compared to 2.2% in the UK (2013/14) and 2.5% in South Africa (2014). While the percentages are low, the denominators are substantial and this amounts to 4,248 individuals in the UK and a stepped increase over time percentagewise from 1.47% in 2008/9 (and 2.07% in 2012/13).

Treatment demand data, however, presents only one side of the problem [6], and the EU-funded Codemisused Project, a three-year multi-country study/exchange between academics and the pharmacy trade in the UK, Ireland and South Africa which started in September 2013 aims to better understand the nature and extent of codeine misuse/dependence. It will triangulate data from surveys of general practitioners, pharmacists, pharmacy customers, addiction treatment providers, individuals in treatment and internet codeine purchasers. An additional study planned in South Africa focuses on estimating the extent of codeine misuse at a population level through undertaking a national household survey in 2016 and using indirect estimation techniques. These studies and the resulting data will be used to inform policy decisions around optimally managing pain medication access and suggest possible innovations to control codeine misuse through enhanced pharmacy surveillance, detection and assessment, patient information and adverse effects prevention. In the absence of good information we urge caution in making regulatory or other policy responses that might reduce access to weaker OTC pain medications.

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