

# **CodeineFree**



## **RCGP/SMMGP Conference Report**

ACC, Liverpool 7<sup>th</sup> & 8<sup>th</sup> May 2009

## Introduction

CodeineFree exhibited at the SMMGP/RCGP conference entitled "Family Medicine: From cradle to grave" at the ACC, Liverpool on the 7th and 8th May 2008. Firstly, we would like to extend our thanks to everybody who made this possible for us and especially to Dr Chris Ford as, without her help, this probably would never have happened for us.

This is the first time CodeineFree has attempted to undertake anything like this and, for the most part, felt like we were the little fish in a big pond and totally overwhelmed by it all. On the whole, we believe it went very well with our stand being much busier than we ever thought possible. Next year we have much more of an idea what to expect and what visitors expect of us.

## Conference Report

From the very second the conference opened, we received a 100% positive response from the visitors who came to our stand to talk with us. One of the most surprising things for me was the very first person I talked to said that he had five people on his books being treated for Nurofen Plus addiction. This theme seemed to be repeated more and more during the course of the event with Nurofen Plus being the brand mentioned most. Another thing that became apparent was that there was very little in the way of recognised treatment and support for people who presented with Over The Counter (OTC) addictions. To quote one gentleman:

"If a patient presents with heroin addiction, I know what to do but there isn't any guidelines on how to help treat these patients as they don't seem to fit into any category".

Unfortunately, I did hear this repeated in several conversations that I had during the course of the event. From my own observations at the conference, It would appear that there are very few proper guidelines on how to treat this patient group and that prescriber's aren't sure on how to handle these patients. In one conversation I had with a GP, he asked me what I thought about prescribing pure Codeine Phosphate or Dihydrocodeine and, hence, cutting out the harmful Paracetamol & Ibuprofen. I replied that had I been prescribed in this manner when I was being treated in 2005, I would probably have been like a kid in a sweet store, using the script within a couple of days then moving on to OTC top up's. I also said that I would have thought that a daily pick-up of the medicines would probably be the best course of action in my case. His reply was "That is something I can easily do – I just write it on the prescription".

Also, when people spoke of the number of people they are treating, they said that they felt that this area of dependency was being very much understated and that they felt the actual amounts of people who were over-using was much higher. On quite a few occasions, "glossy" adverts from manufacturers came in for criticism and it wasn't missed that the "second powerful ingredient" wasn't mentioned. The lack of warnings on packets and "poor" patient information leaflets was the focus of discontent on quite a few occasions.

On day two, Simon Greasley did a presentation that was well received. One of the questions that was raised was "How would you recommend treatment for people with an OTC codeine addiction?" It was Dr Chris Ford which answered who recommended moving the patient onto Codeine Phosphate and following up with a supervised reduction. A second memorable question was from a pharmacist who has "an 80yr old lady who regularly buys a box of 100 co-codamol solubles". Thinking about it at the time, I didn't have an answer as this lady could very well need them for day to day quality of life. Upon reflection, if she did approach her GP, she may:

- a) get more appropriate treatment and
- b) not have to pay for them as she could have them on free prescription.

Dr Ford also raised the point that this needed to be addressed in training and that probably a day needed to be devoted to it in the RCGP part 1 training.

After Simon did his presentation, Claire (one of our administrators) had a question introduced about liver toxicity and why people didn't die when taking excessive amounts. The expert couldn't immediately answer but did say he would research this for us.

I did have one conversation with a pharmacist on how should they handle the challenge when over-use is suspected. This is one area that I know we have discussed on CodeineFree and not come up with a definitive answer. I suggested that the initial challenge could be to give an enhanced Patient Information Leaflet (PIL) giving more detailed information about the addictive nature of the active ingredients and what to do if they did think they had a problem. Time and time again people have come to CodeineFree and been relieved to find that they aren't in fact the only person that this has happened to. Something as simple as offering a playing-card sized PIL at the point of sale could stop the cycle of addiction that people become trapped in. Handouts like these were also requested by a visitor to the stand. Just a simple small playing card sized handout with the important information displayed upon it could have a large impact.

The majority of people who visited our stand took away copies of our awareness posters. Quite a few GP's asked for two or more as they had multiple sites to display them in. We took about 80 laminated copies which all were handed out along with various postcards and business cards with details of our Media Centre where they could download more. One lady wanted 60 – a demand we simply couldn't supply!

Disappointingly, there were very few visitors to the stand who had heard of CodeineFree. This is obviously an area that we need to address and, indeed, was one of the major motivators for us to want to exhibit. Without awareness, the options for people trapped in the cycle of addiction are reduced. Hopefully, we can address this now as a result of attending the conference. Also, there seemed to be quite a few people who had no knowledge of the report that Dr Brian Iddon MP published earlier (Report by All Party Parliamentary Drugs Misuse Group (APDMG): An Enquiry into Physical Dependence and Addiction to Prescription and OTC Medication).

## Conclusions & Action List

- 1) There needs to be greater awareness to the entire area of Codeine dependency, both prescription and OTC. Also, I would raise the point about the anxiety that can be caused if a patient is faced with the sudden loss of a prescription. This we have seen on CodeineFree several times.
- 2) Be more active in our attempts to implement Dr Brian Iddon MP's recommendations of box warnings.
- 3) To produce the planned information booklet and publish it on our media site ASAP.
- 4) Produce a small playing-card information leaflet that can be handed out to people who are suspected of over-using as an initial challenge.
- 5) Follow-up on contacts made, in particular offers of help.
- 6) Sheila Kelley (PAGB) has now approached CodeineFree and wishes to open a dialogue.
- 7) Try very hard to exhibit next year!