



Managing and linking frequent over-the-counter codeine users into treatment

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Overview

- With implementation of MedsASSIST pharmacists finding it easier to identify patients who were misusing opioids
- Concern MedsASSIST used as policing tool with pharmacists refusing supply to patients or continuing to supply without intervention instead of referring them for improved management.

HealthPathways

- Opioid Management team at the Western Victoria Primary Health Network developed HealthPathways clinical tools centred on OTC codeine management for pharmacists
 - Patient Requests for Combination Analgesics Containing Codeine – to guide pharmacists in the decision-making process regarding the appropriateness of CACC and counselling advice to provide with the product.
 - Combination Analgesics Containing Codeine Dependence – to help pharmacists identify CACC dependence, initiate a patient discussion and provide advice / referrals.

Clinical tools

Combination Analgesics Containing Codeine Dependence

Applying for CPD points



This activity has been accredited for 2 hours of Group 1 CPD (or 2 CPD credits) suitable to be included in an individual pharmacist's CPD plan. This can be converted to 2 hours of Group 2 CPD (or 4 CPD credits) upon successful completion of [relevant assessment activities](#).

Accreditation number: CX160033

Pharmacists can then undertake [these activities](#) to convert 2 CPD points to 2 hours of Group 3 CPD (or 6 CPD credits).

Related Topics

[Patient Requests for CACC](#)

[Opioid Dependence](#)

[Opioid Replacement Pharmacotherapy](#)

[Prescribing Naloxone](#)

This pathway is for pharmacists to identify and manage patients with dependency on over-the-counter (OTC) combination analgesics containing codeine (CACC).



Practice Point!

Dependence in general is more likely in patients with a history (personal or family) of drug or alcohol dependence but conversely OTC-CACC dependence appears to affect people with no history with the most common population being middle aged females. Both mental health disorders and pain are common comorbidities.



[About opioid dependence](#)

Methods

- Clinical tool developed using current literature and subject matter experts. To encourage utilisation a quiz and CPD points were attached
- Made available to pharmacists through:
 - Western Victoria PHN HealthPathways platform (interactive)
 - MedsAssist (PDF)
 - Pharmacy Guild myCPD platform (PDF)
- Evaluated by looking at quiz results, CPD evaluation and cross sectional evaluation survey

Key findings

- As of April 2017, 3969 pharmacies across Australia had MedsASSIST installed.
- Over 3000 pharmacists have accessed the clinical tool
- In total there were 3316 quizzes completed. Of these, 29% failed to meet the 80% pass mark.
 - Questions about drug interactions and signs of dependence were most frequently answered incorrectly.
- If pharmacists were aware and knew how to access the CACC clinical tools they were generally satisfied with it
- Over 1/3 participants reported had increased their confidence in managing requests for CACC and managing dependence on these medications.

Key findings

- A number of participants had never accessed the tool, as they were not aware of it
- Further work is required to promote and increase pharmacist awareness of not only how to access the tools but also the benefit of using such tools in their practice
- Some pharmacists believe the tool has increased their confidence in selling products containing codeine though others stated despite having a tool it is still a difficult area to deal with

Screening for codeine dependence (McCoy et al 2017, In preparation)

- Three item tool, collects relevant information leading up to the rescheduling change about codeine use, and likely trouble ceasing codeine
- A score of 2 or more has 84% sensitivity and 94% specificity when identifying those that meet criteria for codeine dependence using the Severity of Dependence Scale (SDS)
- Wording appropriate for primary care use

Screening Tool: OTC Codeine Assessment

1a How often do you take over the counter (OTC) codeine? (Choose one of the following)

Every day Most Days Proceed to question 1b

Once a week or more About once a month Every few months Once or twice a year Proceed to question 2

1b How long have you been using OTC codeine with this frequency?

Last week Last four weeks 1 Point

Last year Longer than one year Longer than three years 2 Points

2 What was the main reason OTC codeine was taken the last occasion it was used? (Choose one of the following)

Headache Back pain Dental pain Migraine Period pain Any other physical pain 0 Points

To relax To feel better To sleep Other _____ 1 Point

3 In the past 12 months, how difficult did you find it to stop or go without OTC codeine? (Choose one of the following)

Not difficult 0 Points

Quite difficult 1 Point

Very difficult 1 Point

Impossible 1 Point



A score of 2 or more indicates high likelihood of meeting criteria for dependence (McCoy, Bruno and Nielsen, Codeine Dependence Scale 2017)

Referral pilot

- Referral protocol pilot began May 2017 with data analysis now underway
- Protocol and template developed using current literature and guidelines, feedback from pharmacists, the Pharmacy Guild, and a specialist opioid replacement therapy GP mentor
- Protocol set out the criteria for identification of instances for referral, mechanism of referral, roles and responsibilities of the respective health care professionals, and the required follow-up and recording

Referral pilot

- Protocol was piloted in 5 community pharmacies
- Participating pharmacists trained in appropriate application of the protocol
- Referral template was developed to be sent via the ReferralNet messaging program
- Collating quantitative data
- About to conduct post intervention qualitative interviews

Summary

- Awareness of availability of clinical tools was low
- Clinical tools relevant to practice but regular use is limited
- Increase knowledge and confidence in supplying & identifying & managing codeine dependence in the pharmacy
- Potential to use tools in managing other conditions in the pharmacy
- Need for further pharmacist education around drug interactions and signs of dependence.
- Referral pilot answer questions around appropriate means to refer codeine users to their GP and improving GP pharmacist collaboration.



Thank you