Characteristics of OTC Codeine Users in a Community AOD Clinic

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Introduction

• A range of OTC Codeine Products are available containing: Codeine Phosphate: 9.5mg - 12.8mg; AND Paracetamol: 450 mg - 500mg; OR Ibuprofen: 200mg

• Potential harms associated with misuse include:
  • Constipation, nausea, drowsiness, dizziness, headaches
  • Falls, fractures & accidents due to sedation
  • Liver toxicity, ulcers, gastric hemorrhage & death
  • Opioid toxicity
  • Codeine Dependence

• Nb. Limited evidence for the analgesic benefit of including low-dose codeine into combination analgesics
An Emerging Problem

- Frei, Nielsen, Dobbin & Tobin (2010) - Serious morbidity associated with OTC Codeine in 27 hospital clients

- Pilgrim, Dobbin & Drummer (2013) - Coroner’s reports of 63/115 cases of drug toxicity in ibuprofen-codeine misuse

- McAvoy, Dobbin, & Tobin (2011) - characteristics of clients misusing OTC Codeine across 3 sites between Australia & NZ

- IDRS Surveys

- “Codeine abuse leads to calls for painkiller rethink” ABC 7.30 Report Tue 6 Nov 2012

- Triple J HACK Program - 25yo “Nick” Sydney’s North Shore
  http://www.abc.net.au/triplej/hack/podcast/

- Codeine addicts abuse pharmacists: The Age 24th April 2014:
The Current Study

• Data was obtained from clients referred to the ADS Community Team who identified OTC Codeine misuse between February 2012 to February 2014

• Information was sourced from referral documents, intake assessments, case notes, and closure forms

• A range of domains were analysed including:
  • Basic demographic data
  • Amount, type & pattern of OTC Codeine Use
  • Other AOD Use
  • Medical and Psychiatric histories
Demographics

- N = 28 clients,
- 16 (57%) Women & 12 (43%) Men
- Mean age of the sample was 37 years; Range = 24 - 61yo
- Employment Status:
  - Employed = 13 (46%) or Parent = 4 (14%)
  - Unemployed = 5 (18%)
  - DSP = 5 (18%)
  - Student = 1 (4%)
Patterns of Codeine Use

- 27 (96%) used OTC codeine on a daily basis (1 client was using twice weekly)
- 27 (96%) ingested the preparations in tablet form
- Nurofen plus was the most commonly reported (64%) with Panadeine forte 21%, Panafen Plus 11% & Codral for flu 4% also used
- Average daily consumption was 31.5 tablets per day, equivalent to 403.2mg codeine & 6.3g ibuprofen
- Quantities consumed varied from 6* to 120 tablets per day
- Average duration of use was 6.1 years; range was 1-24 years. 5 clients reported 10+ year histories
Physical Comorbidities

- Persistent Pain was reported by 13 clients (46%)
  - 5 clients (18%) reported persistent pain arising from workplace accidents
  - Back and neck pain were the predominant conditions
- Gastrointestinal Complaints were reported by 8 (29%),
  - This is lower than expected given the average consumption of 31.5 tablets per day and the findings of Frei et al (2010)
- Dental Pain was reported by 4 clients (14%)
- 2 clients reported significant kidney related illness
- Opioid dependence was not routinely recorded but definitely present in a substantial number of clients
Other AOD Use

- 25 (89%) reported a substance use history*
- 24 (86%) reported a polysubstance use history
- The most commonly reported other substances were
  - Cannabis 16 (57%)
  - Alcohol 15 (54%),
  - Nicotine 10 (36%),
  - Amphetamine Type Stimulants 9 (32%); and
  - Benzodiazepines 9 (32%)
- 7 (25%) had a past history of other opiate use, including opiate dependence
Psychiatric Comorbidities

- 93% of the sample reported experiencing a mental illness
- 50% had received mental health intervention, although only 9 clients (32%) were currently receiving treatment
- 50% were currently being prescribed an antidepressant
- 35% reported a history of significant trauma
- 64% reported experiencing Depression and 50% reported Anxiety
- Other comorbidities included Borderline PD (7), Narcissistic PD (1) Eating disorder (1*), Schizophrenia (1*), Bipolar Affective Disorder (1*)
Treatment

• Multiple treatment episodes were recorded for 46% of the sample. There was a trend for graded reduction approaches followed by the provision of more intensive treatments including pharmacotherapy.

• In terms of most recent treatment episode:
  • Counselling = 7 (25%)
  • Graded Withdrawal = 8 (29%)
  • Pharmacotherapy = 6 (21%)
  • Combination Treatment* = 4 (14%)
  • Treatment Declined = 3 (11%)
Outcomes

• 46% had multiple episodes of treatment due to relapse

• 15 clients (54%) ultimately dropped out of treatment or declined the intervention recommended
  • A relatively high proportion were unwilling to accept the recommended treatment of pharmacotherapy combined with counselling
  • “I’m not a junkie” stigma? (E.g., Frei et al, 2010)

• 10 clients (36%) had achieved stabilisation or were in remission (abstinent)

• Outcomes were unknown for 3 clients who had either relocated or entered the private system
## Comparison with Other Studies

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<th>Hobart (N= 28)</th>
<th>Australia (N = 77)</th>
<th>NZ Open Access (N = 15)</th>
<th>NZ Detox (N = 7)</th>
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<tbody>
<tr>
<td>% Male</td>
<td>43</td>
<td>46</td>
<td>53</td>
<td>43</td>
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<tr>
<td>Average age</td>
<td>37</td>
<td>33</td>
<td>44</td>
<td>44</td>
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<tr>
<td>Av daily intake of tablets</td>
<td>31.5*</td>
<td>50</td>
<td>49</td>
<td>65</td>
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<tr>
<td>Av daily codeine intake (mg)</td>
<td>403</td>
<td>640</td>
<td>627</td>
<td>832</td>
</tr>
<tr>
<td>Av daily intake ibuprofen (g)</td>
<td>6.3</td>
<td>10.0</td>
<td>9.8</td>
<td>13.0</td>
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<td>Av duration misuse (months)</td>
<td>72</td>
<td>30</td>
<td>27</td>
<td>22</td>
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McAvoy, Dobbin & Tobin (2011)
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</thead>
<tbody>
<tr>
<td>GI Bleeding / dyspepsia (%)</td>
<td><strong>29%</strong></td>
<td>50</td>
<td>53</td>
<td>57</td>
</tr>
<tr>
<td>Renal Tubular acidosis (%)</td>
<td>-</td>
<td>9</td>
<td>7</td>
<td>-</td>
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<tr>
<td>AOD Use (%)</td>
<td>89</td>
<td>38*</td>
<td>53</td>
<td>86</td>
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<td>Mental Health disorder (%)</td>
<td><strong>93%</strong></td>
<td>28*</td>
<td>93</td>
<td>57</td>
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Implications

Education/Raising Awareness:
- GPs, healthcare workers, pharmacies, general public

Policy/Prescribing:
- Prescription only vs. Pharmacist only
- Smaller pack sizes
- Remove codeine from these analgesics
- Use of database to track purchasing

Assessment and Treatment:
- Early identification via routine screening
- Early treatment of depression, anxiety, & pain
- Evidence-based treatment guidelines
Future Research

- More consistent data collection across ADS services
- Use of structured interviews, screening tools & scales (e.g., SDS, DASS etc.), survey methodology
- Confirmation of psychiatric and medical conditions
- Collaboration with other ATOD Services, UTAS/IDRS and other research facilities
- Further research needed on perceptions of treatment for OTC Codeine dependence to reduce stigma
- Comparison with other drug presentations
Acknowledgements

Thanks to Dr Brian McAvoy for inspiring me and supporting me to undertake this research.

Thanks also to the staff of the Alcohol and Drug Service for supporting this research, particularly our intake worker, Carol Hook.
Questions?
References


