

‘I started taking a popular type of cough mixture that contained codeine and ephedrine. The two drugs combined gave me terrific high, but tolerance set in very quickly. I ended up taking more than nine litres a week.’

The medicine David Grieve is talking about, Phensedyl, is no longer available, but his addiction to it lasted 17 years and almost cost his life. An ex-police officer and prison hospital nurse, since 1993 he has run the support service Over-Count for others who've become dependent on over-the-counter (OTC) drugs.

Worries about the addictive potential of OTC medicines containing codeine prompted the Medicines and Healthcare products Regulatory Agency (MHRA) to issue new guidelines last month (*DDN*, 21 September, page 5). Warnings about the risk of addiction and not taking the medicines for more than three days will now feature on the label and patient information leaflet of all products containing either codeine or dihydrocodeine (DHC) – or, as the latter is more commonly known, diamorphine. There will be new controls on advertising – removing references to strength – and pack size, as well as information on the warning signs of addiction.

A report earlier this year by the all-party parliamentary drugs misuse group (APPDMG), *An inquiry into physical dependence and addiction to prescription and over-the-counter medication*, concluded that while there were 'no reliable figures' on the scale of addiction to OTC medication, the problem was significant enough to require action. 'The majority of the evidence the inquiry received in this area relates to over-the-counter products containing codeine', it states. These include household names like Nurofen Plus, Solpadeine, Propain Plus and Feminax, while DHC is found in Paramol. A survey by Over-Count of 1,600 of its clients quoted in the report found that the most frequently misused products were Solpadeine and Nurofen Plus, backed up by 2008 statistics from Ireland showing that the number of patients dependent on the two products – and requiring treatment – had more than doubled in two years.

Most of the clients surveyed by Over-Count said they had received little support when first approaching their GPs for help. Does that reflect David Grieve's own experience? 'I remember one GP saying – and these are almost the exact words – "I've got enough to deal with in my surgery with the alcoholics and heroin addicts without you bothering me with a trivial complaint. Stop taking the stuff and don't waste my time".

'I tried private doctors, the NHS, clinics,' he says. 'Most of the clinics were sympathetic and friendly but told me they had no knowledge of over-the-counter

Last month saw new guidelines on over-the-counter medicines containing codeine. **David Gilliver** reports on a growing – and still under-reported – problem

COUNTING THE COST

products and there was no treatment plan they could offer. I was offered Valium, methadone, Ativan – none of the stuff worked because there was no follow-up or support. I kept being told if I was a heroin addict or alcoholic then the unit would have specific funding for my treatment. The best I got was a ten-minute appointment once a month.'

Does anyone have any idea just how widespread addiction to OTC medicines is? 'We've got a database, but that's not our prime purpose,' he says. 'The MHRA runs its 'yellow card' system for pharmacies, GPs and professionals to report adverse side effects with either prescription or over-the-counter medicine. I'm a registered nurse and I filled in yellow cards to report addiction to over-the-counter medicines from when we started Over-Count in 1993 until 2000, but got fed up because every time it was "thank you for your report but unfortunately we have no entry point in our database for dependency" – if I'd put down "nausea and vomiting", no problem. So there's no national data.' The MHRA states that it is now possible to report dependency via the yellow card scheme and that the information will be collated into a database, but lack of reliable information remains a problem.

The Over-Count survey found that the majority of problems had started with people buying products to treat a minor complaint. 'Through lack of information they ended up addicted to the product itself,' says Grieve. 'There's a very small percentage who deliberately bought the product to misuse, but we found that was exclusively those who were already addicted to an illegal substance and had bought codeine-based products as a short-term alternative when they couldn't get hold of something else.'

There has been more talk in the media recently about OTC and prescription medicine dependence but the problem is still under-reported, with the all-party group's report stating that 'due to the covert nature of this type of addiction it is very hard to devise a profile for over-the-counter drug misuse'.

'I call it a "high street addiction"', says Grieve. 'The people affected haven't gone out and bought the product knowing that they were going to misuse it. The public aren't pharmacists, they don't know what these ingredients are. It's all very well putting "codeine" on a product but most people think it's just a painkiller – they don't realise it's an opiate. The adverts extol the benefits of the products but don't give you any indication of the risks. There are the new warnings, but you still have to buy the product to find out – we've been lobbying for years for more comprehensive information to be given to the consumer.'

His organisation even gets calls from people who've failed drug tests because of OTC medicines. 'We get police officers, firemen, train drivers who've been caught in drug tests,' he says. 'They take a couple of tablets for a headache and the test comes back positive for opiates – it's a job trying to prove that what they took was an over-the-counter product.'

The APPDMG report stresses the importance of online support groups like Over-Count, especially given the stigma associated with any kind of drug dependency. However, the experiences Grieve had when contacting services about his own problems are now being echoed in his attempts to secure funding for the service, in that it just doesn't fit. 'We've tried the Department of Health, the lottery, Comic Relief, common good funds, you name it,' he says. 'I've had letters saying it's too narrow to treat only legal drug misuse – that they can't discriminate against other drug users.'

As a result, so far this year the organisation has survived on less than £500 in total funding. 'We're dealing with more than 20,000 clients, including partners, and we're getting new clients all the time – in no way is it levelling off,' he says. He estimates that about 14 per cent of his clients have a 'transferred addiction', starting on a prescribed drug and moving on to OTC medicines when the prescription stopped. However, some have been given repeat prescriptions for years. 'It's worrying,' he says. 'Technically dihydrocodeine should only be prescribed for a short period. I had someone contact me recently who'd been on it for 14 years.'

The report raises the issue of busy doctors not taking the time to talk through patients' problems and prescribing, in effect, to get rid of them. Is that reflected in the experience of his clients? 'That can be a problem, but the public also need to take responsibility for themselves,' he says. 'If you go to your doctor you expect to be given a painkiller prescription, and for an overworked doctor it's easier to prescribe than to say no – they may think at least they're giving some supervision. Education of the public is a key issue.'

In the course of his dependency he would travel further and further, sometimes hundreds of miles in a day, visiting countless pharmacists. Did any warn him of the risks? 'I wasn't warned that the stuff caused dependency – I was just told it was out of stock,' he says. 'I sensed there was a reluctance to say "I think you're a drug addict" – I don't know why, because I was. Maybe they were being kind or they didn't want other people to hear that something they sold could be addictive. I just kept going to different places.'

The APPDMG report states that 'pharmacists need to be bold enough to challenge sales,' but acknowledges that making access difficult risks moving the problem to the internet. The Royal Pharmaceutical Society of Great Britain (RPSGB) estimates that 2m people in the UK now buy drugs from online pharmacies. How much of an effect is this having on dependency rates? 'That's a difficult one,' says Grieve. 'I used to do "trawling trips" because a lot of the gratification comes from the rituals of getting hold of the drugs – the anticipation, the travelling, the reward. At the moment only about 6 per cent of our clients are getting products online, but that is increasing.'

Last year the RPSGB launched an internet pharmacy logo to reassure people they were buying from a bona fide registered pharmacy, with the same criteria as the high street. 'The guidelines for UK online pharmacies are not being met,' says Grieve. 'It's supposed to be the same level of supervision as a pharmacy but, with drugs I'd get quizzed in a pharmacy about if I asked for three packets, online a little 'quantity' box drops down, going up to six. In a community pharmacy there'd be raised eyebrows if you asked for two.'

The RPSGB insists there are checks in place to stop people ordering bulk amounts online. 'The legitimate pharmacies that we regulate are basically governed by the same rules as a bricks and mortar pharmacy,' says an RPSGB spokesperson. 'If there's a restriction on a medicine and you sold them online you'd be regulated the same as in a physical setting. How online pharmacies sell their products may differ, but if there are rules governing a product it will be stipulated in the online form, and the pharmacist attached to that online pharmacy has to review all the forms – but I realise we can't make sure that people don't lie on the forms.'

The APPDMG report concludes there is a 'growing body of evidence' on addiction to OTC products, and states more research 'must be undertaken' on the scale and implications of the problem. 'It's the policy of both this government and the previous one to encourage responsible self-medication among the general public and, as part of that, deregulate products that were previously prescription-only to over-the-counter,' says Grieve. 'The policy isn't necessarily wrong but there isn't the back-up to provide support for people who've developed a problem. We urgently need research into the extent of the problem on a national basis and to plan for the provision of services for the people affected. And that is not happening.'

www.over-count.org.uk

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