



Waterford Institute of Technology

**Title** Over the Counter Codeine Use Misuse and Dependence

**Acronym** CODEMISUSED

### **Abstract**

Contemporary research has underscored the need for '*increased pharmaco- vigilance*' around codeine dispensing as the most commonly consumed opiate worldwide. Codeine represents an interesting quandary in terms of its regulated status, with individuals varying in their metabolism of codeine, estimation of safe dosages, and abuse potential. Within user trajectories of codeine use, a variety of sub groups exist in the form of the elderly, youth, parents, recreational, problematic and opiate dependent drug users, and each with their own motives, patterns and outcomes for use. Increases in treatment uptakes relating to codeine dependency and concerns for appropriate design of treatment protocols have been recorded globally. There is a clear need for this unique collaboration to present data on codeine user profiles so as to inform the design of protective mechanisms in the pharmacy profession to track, monitor, support and refer codeine misusers. The research aims to quantify the extent of codeine use, misuse and dependence in three countries (Ireland, United Kingdom and South Africa), with focus on therapeutic and non-therapeutic use, so as to create user profiles of use and abuse and capture individual user, pharmacy, medic and treatment provider perspectives. Data will be used to inform the design of pharmacy based brief interventions and customer monitoring systems, continuing staff training and management of appropriate treatment interventions. A mixed method approach will commence with a meta-analysis and systematic review of literature, which along with national pharmacist, medic and treatment provider surveying, will inform the design and implementation of sweep surveys of individuals purchasing OTC codeine in pharmacies, internet based codeine user focus groups targeting web based sales and use, and interviews with codeine users, mis-users and dependents in each country.

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