Codeine road-trips demand Project STOP scheme

NICK O’DONOGHUE

Sales of codeine-based products need to be recorded in a Project STOP-style system to prevent people from abusing the over-the-counter drug, a pharmacist believes.

Michael Meaney, a pharmacist from north-western Tasmania, called on the Pharmacy Guild of Australia to overcome the privacy issues which have so far prevented codeine from being added to Project STOP. He expressed concern it may become a prescription-only medicine if people are able to continue buying it without real-time sales monitoring.

Mr Meaney told Pharmacy News, a number of codeine addicts were making weekly road-trips of up to 100km and stopping at pharmacies along the way to stock-up on dangerous quantities of codeine.

“People come from 100km away to buy codeine products from us,” he said.

“They do a big road-trip and they stop at all the pharmacies and pick up their codeine-based products along the way, and they’ll do that once or twice a week.”

“Then they go and take 30 or 40 codeine-based products a day to keep their withdrawal symptoms at bay, but in the meantime they’re doing enormous damage to themselves.”

While the Guild has said there are a number of privacy issues over taking details of patients buying codeine-base medicines, Mr Meaney said that he was among a large number of pharmacists in the area who were already using the Project STOP system to monitor codeine sales and restrict sales to potential abusers.

“A large proportion of pharmacies are willing to flout privacy laws to protect people,” he said.

“My loss of business is secondary to the fact that I became a pharmacist so I could help people with their health, not to become part of something where I’m risking people’s health.

“I don’t want to be part of a scheme that allows drug addicts to kill themselves.”

Mr Meaney said the Guild had found a way around privacy issues to record pseudoephedrine sales, and questioned why codeine was different.

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PHARMACY BODIES BACK NRT AFTER STUDY QUESTIONS EFFICACY

NICK O’DONOGHUE

Pharmacy’s peak bodies are supporting the use of nicotine replacement therapy (NRT) as a tool to help smokers quit, despite a study which claims it is no more effective than going cold turkey.

Both the PSA and the Pharmacy Guild of Australia have said NRT can be a useful aid for smokers making quit attempts.

However a study, published in the journal Tobacco Control, found people who quit smoking relapsed at equivalent rates whether or not they used NRT to help them in their attempts.

A spokesperson for the PSA said the study had not noted that most smokers make 12 to 14 quit attempts before successfully giving up smoking.

“The South Australia Quitline reports that, ‘research has shown that smokers on average make 12 to 14 quit attempts before quitting for good. Twelve if they used cessation aids and 14 if they didn’t’, the spokesperson said.

“NRT can be a very useful tool, when used properly and in conjunction with pharmacists counselling, in achieving the aim of quitting,” he said.

The PSA spokesperson told Pharmacy News that PBS subsidised NRT had been found to be cost-effective when used in conjunction with a comprehensive support and counselling program.

A Guild spokesperson said that while NRT was not a “magic bullet”, it had been proven to be effective.

“There is a wealth of research over 20 years supporting the use of nicotine replacement therapy,” the spokesperson said.

Results from the study revealed, very few quitters were following the recommended practice of using NRT products for a period of eight weeks.

“The findings of this study cast doubt on the relative effectiveness of NRT as a population strategy and on the effects on smoking prevalence of providing cessation services to individuals,” the authors said.

They concluded that NRT should not be provided to individuals at the expense of public health programs and policy interventions that had proved to be effective in promoting smoking cessation.

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Call for pharmacies in rural health centres

KIRRILLY BURTON

The Senate Committee on Community Affairs has been urged to recommend that pharmacies be located within the precinct of health centres to improve provision of pharmaceutical services in rural and remote areas.

Rollo Manning, a Northern Territory pharmacy and public relations consultant, and well-known critic of current community pharmacy models, made the recommendation in his submission to the Senate Standing Committee on Community Affairs inquiry into the supply of health services to rural Australia.

In his submission, Mr Manning again questioned the current proprietary model.

“The practice of pharmacy – the supply, distribution and provision of information to the patient or community should be viewed as part of the primary health process,” he said.

“It is not and this is largely due to the fact it is seen as part of the retail shopping environment and not located within the precinct of the health centre and other allied health facilities.”

His submission comes after key pharmacy stake holders called for the expansion of pharmacists’ roles in remote areas to improve access to medication supply and management services in these areas.

An Australian study published in Research in Social & Administrative Pharmacy, highlighted the need for increased scope for pharmacists in medication initiation encompassing a ‘rural schedule’ or supplementary prescribing.

Other suggestions included the use of telepharmacy, outreach services, or sessional employment.

Mr Manning reiterated the call for telepharmacy services to provide ongoing dispensing services to rural towns in which a pharmacy business was not an economically viable proposition.

He also criticised the Pharmacy Guild of Australia’s continual requests to maintain the pharmacy network across Australia.

“The truth of the matter is that there is no need for that number [of pharmacies] and a reduction in pharmacy business would free up funds that could be used for innovations like telepharmacy,” he said.

“Medicare Locals should provide the impetus for pharmacies to co-locate with other allied health services and discard their shop environment image on favour of a fully integrated and interacting health precinct location,” he also said.

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