

**SERVICE SPECIFICATION FOR  
COMMUNITY PHARMACY  
OVER THE COUNTER (OTC) CODEINE  
BRIEF INTERVENTION & REFERRAL PILOT**

**Version 1.0 Published 27<sup>th</sup> February 2026**

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## BACKGROUND

The [Substance Use Strategic Commissioning and Implementation Plan \(2024 - 28\)](#), jointly produced by the Public Health Agency (PHA) and the Strategic Planning and Performance Group (SPPG), was launched in 2024. It sets out an implementation plan for the health and social care commitments described in the [Preventing Harm, Empowering Recovery Strategy](#), as well as the priorities for the recommissioning and reform of substance use services in Northern Ireland (NI).

One of the strategic priorities within the substance use plan is “Prevention and early intervention” which contains a recommended action to ***“Establish a Community Pharmacy brief intervention service to identify and support those at risk of misusing over the counter medicines such as analgesics and develop a pathway for onward referral by community pharmacists of at-risk patients to more specialist services.”***

It is known that the misuse of over-the-counter (OTC) codeine combination products is associated with a number of health complications<sup>1</sup>, including:

- Dependence and addiction to codeine
- Liver injury
- Kidney injury
- Gastrointestinal bleeding

A number of NI Health and Social Care Trusts have communicated concerns to the Controlled Drug Accountable Officer (CDAO)<sup>2</sup>, Department of Health (DoH), relating to OTC codeine combination products. The CDAO has a legislative responsibility to ensure that any CD-related concerns (either evidenced or not) or incidents of misuse, loss, or discrepancies are reported and if necessary, investigated. These concerns were from Gastroenterology teams, in respect of morbidity associated with excessive consumption of codeine-ibuprofen combination products. Case reports submitted by Addiction Consultants and Gastroenterologists highlight the harms associated with OTC codeine containing medicines, such as Nurofen Plus® and equivalent products. A review of 16 patients, seen from 2016 in one Trust, has shown that 7 are now deceased, with a median age of 39 years.

Patients who are usually not known to the HSC Trust based Community Addiction Service (CAS), are still presenting today at Emergency Departments with serious morbidity associated with the misuse of OTC codeine-ibuprofen analgesics.

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<sup>1</sup> Mill et al. 2018, Wood et al. 2019, Van Hout and Norman 2016

<sup>2</sup> CDAO is responsible for ensuring that controlled drugs (CDs) in the primary care setting are managed in compliance with the [Controlled Drug Regulations Northern Ireland \(NI\), 2009](#).

Trusts have presented summary reports, to the CDAO, of fatalities which they believe have occurred as a consequence of the abuse of codeine-ibuprofen combination products. Further correspondence has been received highlighting the escalation in numbers of patients presenting to their services, with morbidity associated with misuse of OTC codeine-ibuprofen combination products.

The Northern Trust CAS have highlighted similar concerns and an awareness that a number of Community Pharmacists were concerned about individuals purchasing OTC codeine combination products.

In response to the concerns of our local Gastroenterologists and CAS, alongside the recommendations set out in the Substance use plan and feedback following a workshop with local Community Pharmacists, the CDAO recently launched a campaign to raise awareness of how to take OTC codeine combination products safely. A video is available at [Managing Your Pain Effectively Using “Over the Counter” Medicines | NI Formulary](#) and leaflet at [Medication for Pain – Patient Information Leaflets | NI Formulary](#). A patient experience video, which is a story of successful treatment following ibuprofen-codeine misuse, is also available at [Patient’s Story - Codeine and Ibuprofen addiction recovery 29/09/25 on Vimeo](#).

This pilot service provides an opportunity for Community Pharmacy to carry out a Brief Intervention and refer individuals where there are concerns about the misuse of OTC codeine combination products to the Northern Trust CAS. The CAS can also provide advice to Community Pharmacy as part of the service.

This Service Specification is intended to provide further information about the misuse of OTC codeine combination products and how a Brief Intervention can be initiated with individuals. It contains an overview of the options for referral, including details of the referral process from Community Pharmacy to the Northern Trust CAS.

## SERVICE AIMS AND INTENDED OUTCOMES

The aims of this pilot service are to:

- Identify the potential benefits for early detection of the misuse of OTC codeine combination products in the Community Pharmacy setting
- Determine if Community Pharmacy is an appropriate environment for advice and intervention to be delivered in relation to the misuse of OTC codeine combination products
- Develop a referral pathway between Community Pharmacy and the CAS for individuals at risk of harm associated with the misuse of OTC codeine combination products
- Increase the provision of support and advice available from Community Pharmacy on the misuse of OTC codeine combination products

The Intended Outcomes of this pilot service are to:

- Increase awareness of the risks associated with the misuse of OTC codeine combination products
- Identify and reduce potential misuse of OTC codeine combination products
- Reduce the risk of harm from the misuse of OTC codeine combination products
- Increase service user engagement with other services
- Provide service users with access to a Healthcare Professional and opportunity for referral to the local Community Addiction Service

## SERVICE OUTLINE

Community Pharmacies offering this service must be contracted by SPPG to deliver the service. The contract must be in place before service delivery can commence and may be terminated by either the purchaser or the provider by giving 4 weeks' notice.

The pilot service will commence on Monday 13<sup>th</sup> April 2026 and end on Sunday 13<sup>th</sup> September 2026 with a formal evaluation being undertaken by PHA. The evaluation will help to inform future commissioning of the service. **The service is dependent on available funding and therefore, may be paused or withdrawn if funding is no longer available.**

The pilot service will be available from contracted Community Pharmacies located in the **East Antrim area** (Newtownabbey, Carrickfergus, Greenisland, Whitehead and Larne) and consists of the following elements (See also OTC Codeine Pilot Flowchart – Appendix 1):

- Identification
- Risk assessment and Brief Intervention
- Signposting and Referral

## IDENTIFICATION

Not all requests for OTC combination codeine products indicate misuse and when taken appropriately they are effective in providing pain relief.

The Pharmaceutical Society of Northern Ireland (PSNI) Professional Standards and Guidance for the Sale and Supply of medicines outlines the requirements for sale of OTC medicines.<sup>3</sup> It requires that *'all staff involved in the sale or supply of an OTC medicine are trained, or are undertaking the training required for their duties, and are aware of situations where referral to the pharmacist or other registered healthcare professional may be necessary.'* It specifically refers to medicines that may be subject to abuse or misuse and the need to be alert to requests for large quantities and abnormally frequent requests. OTC combination codeine products are classified as "pharmacy only" or P medicines and supervision of sales by the pharmacist is a legislative requirement<sup>4</sup>.

Pharmacy medicines counter staff can use tools e.g. the **WWHAM** pathway, for requests for OTC combination codeine products to open up a conversation with patients and find out more about their condition before involving the pharmacist, as agreed within the pharmacy SOPs.

### Understanding the WWHAM Pathway:

1. **Who** is the medicine for? Customers may be asking on behalf of someone else
2. **What** are the symptoms? Pharmacy staff can expand on this question to get a full understanding of the symptoms. **There is little evidence to support the use of codeine for chronic pain and they should speak to the pharmacist**
3. **How** long has the patient had the symptoms? Minor ailments can clear up within a few days. **Somebody who is experiencing long term symptoms will need to speak to the pharmacist.**
4. What **Action** has been taken already? Have they tried this medicine before or have they tried other products? **If yes, they should speak to the pharmacist**
5. Are they taking any other **medication**? This includes prescribed medicines and OTC, herbal or other supplements which can interact with other medicines. **If yes, they should speak to the pharmacist**

Clients, aged 18 years and over, who present to a participating pharmacy and may be suitable for a Brief Intervention in line with this service include:

- Any client identified as needing advice/support around problematic OTC codeine misuse
- Any client requesting advice/support for problematic OTC codeine misuse

<sup>3</sup> [The Code, Standards and Guidance – Pharmaceutical Society NI](#)

<sup>4</sup> <https://www.legislation.gov.uk/uksi/2012/1916/contents>

### **Indicators of problematic use include:** <sup>5</sup>

- Requesting specific named products: Nurofen Plus, Co-codamol, Solpadeine, etc on a regular basis
- Requesting larger pack sizes or more frequent purchases
- Defensive when questioned or inconsistent reporting on the indication for the requested medication
- Presenting to request named products when less likely to be questioned e.g. Presenting at the same times of day/busier times of days
- Sedated or agitated presentation
- “Pharmacy hopping” - Individuals may be using more than one pharmacy to purchase OTC codeine products and/or concerns may have been raised from other local Community Pharmacies

### **RISK ASSESSMENT AND BRIEF INTERVENTION**

All interactions with clients should be approached in a non-judgmental and non-confrontational manner as discussed in the ASCERT “Codeine Awareness and Brief Interventions for Pharmacists” training.

The HSC leaflet “[Taking care with medicines used to relieve pain](#)” can be provided to initiate conversations with clients (Appendix 2).

The Pharmacist should also consider the following points for initial discussion with the client;

- The use of codeine combination products – indication, efficacy, side effects, dosing and tolerance, etc.
- Risk and signs of dependence (note warnings on the pack and PIL)
- Prescribed medication – interactions, similar products, etc.
- Available alternatives such as paracetamol or ibuprofen as standalone products and non-pharmacological methods for managing pain
- Risks associated with excessive paracetamol or ibuprofen use (including effects on the liver, kidneys, gastrointestinal system) when using products combined with codeine

The Risk Assessment Tool outlined below should be used by the **Pharmacist** to further establish the likelihood of codeine dependency and to identify the potential next steps for the client (i.e. Brief Intervention, referral, signposting).

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<sup>5</sup> Adapted from (Foley et al. 2015, Van Hout et al. 2017, Independent Expert Working Group [IEWG] 2017)

## RISK ASSESSMENT TOOL FOR OTC CODEINE DEPENDENCE

Patient Ref No:		Date:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>	
Age:	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-49 <input type="checkbox"/>	50-64 <input type="checkbox"/>	65 or older <input type="checkbox"/>
Pharmacist Completing Form:			Intervention Refused:		Yes <input type="checkbox"/> No <input type="checkbox"/>

**PATIENT INTERVENTION OFFERED BUT REFUSED, SKIP TO "OUTCOMES" BELOW**

<b>1a</b>	<b>How often do you take over-the-counter (OTC) Codeine?</b> (Choose one of the following)	
	Every Day <input type="checkbox"/> Most Days <input type="checkbox"/>	<b>Proceed to question 1b</b>
	Once a Week or more <input type="checkbox"/> About once a Month <input type="checkbox"/> Every few Months <input type="checkbox"/> Once or Twice a Year <input type="checkbox"/>	<b>Proceed to question 2</b>
<b>1b</b>	<b>How long have you been taking OTC Codeine with this frequency?</b>	
	Last Week <input type="checkbox"/> Last Four Weeks <input type="checkbox"/>	<b>1 Point</b> <input type="checkbox"/>
	Last Year <input type="checkbox"/> Longer than One Year <input type="checkbox"/> Longer than Three Years <input type="checkbox"/>	<b>2 Points</b> <input type="checkbox"/>
<b>2</b>	<b>What was the main reason OTC Codeine was taken on the last occasion it was used?</b> (Choose one of the following)	
	Headache <input type="checkbox"/> Back Pain <input type="checkbox"/> Dental Pain <input type="checkbox"/> Migraine <input type="checkbox"/> Period Pain <input type="checkbox"/> Any other Physical Pain <input type="checkbox"/>	<b>0 Points</b> <input type="checkbox"/>
	To relax <input type="checkbox"/> To feel better <input type="checkbox"/> To sleep <input type="checkbox"/> Other (please specify) _____	<b>1 Point</b> <input type="checkbox"/>
<b>3</b>	<b>In the last 12 months, how difficult did you find it to stop or go without OTC Codeine?</b> (Choose one of the following)	
	Not difficult <input type="checkbox"/> Quite Difficult <input type="checkbox"/> Very Difficult <input type="checkbox"/> Impossible <input type="checkbox"/>	
	<b>0 Points</b> <b>1 Point</b> <b>1 Point</b> <b>1 Point</b>	

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## RISK ASSESSMENT TOOL FOR OTC CODEINE DEPENDENCE

<b>Codeine Dependency Scale (CDS)</b>		<a href="https://www.sciencedirect.com/science/article/pii/S1551741123004692">https://www.sciencedirect.com/science/article/pii/S1551741123004692</a>
<b>Total Points:</b>	≥ 2 indicates patient may be at risk	
<b>Additional Risk Questions</b>		
What product are you taking and how many tablets do you take each day?		
<b>Information (maximum OTC doses):</b>		
Ibuprofen: 1200 mg/day = 6 Nurofen Plus® (76.8 mg codeine) // Paracetamol: 4 mg/day = 8 Co-codamol 8/500 (64 mg codeine)		
<b>Have you had any unpleasant effects from taking the tablets? e.g.</b>		(tick all that apply)
Nausea and vomiting <input type="checkbox"/>	Stomach pain <input type="checkbox"/>	Tired/sleepy <input type="checkbox"/> Tinnitus <input type="checkbox"/>
Difficulty breathing or changes in heart rate <input type="checkbox"/>	Headaches <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
<b>OUTCOMES</b>		Please tick or give more detail
Brief intervention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Product taken and daily dose		
Leaflets provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signposted to	Emergency Dept <input type="checkbox"/>	GP <input type="checkbox"/>
Referral to	Community Addiction Service <input type="checkbox"/>	
Any other comments e.g., why intervention was refused		

The FRAMES approach to Brief Intervention is advised for this pilot service and the ASCERT “Codeine Awareness and Brief Interventions for Pharmacists” training covers all of the steps in further detail. The components of the FRAMES approach include:



**Components of Brief Interventions:**  
**FRAMES**

- **F**eedback about personal risks, harms, or consequences associated with substance use
- **R**esponsibility and personal control over use
- **A**dvice they can choose (or not) to take
- **M**enu of options for alternative ways to address substance use/harms
- **E**mpathy for the individual and situation
- **S**elf-efficacy in mind when working with them → enhanced belief in ability to change

Appropriate clients should be considered for referral to CAS based on the ‘referral criteria’ set out in the referral section of this document and the information provided on support available through CAS in the “*The Northern Trust CAS patient information leaflet on services provided by the team*” (Appendix 3). N.B. Clients not registered with a GP in the Northern Trust area can be signposted to their own GP/other relevant service. This can be recorded in the ‘any other comments’ section of the Risk Assessment Tool.

The Risk Assessment and Brief Intervention should be carried out in a quiet area of the pharmacy where privacy can be maintained (e.g. the consultation area of the pharmacy), as described in the “Premises requirements” section of this document.

**Each completed Risk Assessment Tool will be considered a record of both the Brief Intervention and Referral to CAS (If applicable). They will be used for monitoring and remuneration processes (See Remuneration section below).**

### **Client Information**

The pharmacy should ensure the client is fully informed about the service by using the Client Information Sheet provided (Appendix 4).

## SIGNPOSTING AND REFERRAL

In instances where high risk misuse of OTC codeine combination products is identified by the Pharmacist and following a discussion outlining the seriousness of the risks, the client should be signposted/referred to the most appropriate option or their choice of option;

- Signposting to the Emergency Department - If more than the maximum daily dose of paracetamol has been taken by the client and/or red flag symptoms have been identified
  - The Phone First service should be used for signposting individuals to the Emergency Department as appropriate and where available.
- Signposting to their GP for relevant investigations (e.g. U&Es, LFTs) - If high doses of paracetamol or ibuprofen have been taken by the client and/or clients are not registered with a GP in the Northern Trust area
- Signposting to (self-referral) [Steps to Change — Links Counselling Service](#) as appropriate
  - Accessible service which is available for anyone living within the Northern and Southern Trust areas (*Alternatives are ASCERT in the Western Trust area or Inspire in the Belfast and South Eastern Trust areas*). *Relevant details are included in the Steps to Change Substance Use Service Information leaflet.*
  - Could also be considered for clients who are waiting for a referral to CAS to be accepted (as outlined below) or as an alternative where the client does not provide consent to participate in a referral to CAS
  - A Steps to Change Substance Use Service information leaflet should be provided where possible
- Referral to the Northern Community Addiction Service
  - The Northern Trust CAS patient information leaflet on services provided by the team can also be used to prompt discussions and brief interventions with members of the public on options available for support (Appendix 3).
  - Signposting to other services does not rule out referral to the Community addiction Service

### **Referral Criteria for the Community Addiction Service:**

The Northern Health and Social Care Trust Community Addiction Service will accept referrals from Community Pharmacy for adults over the age of 18 years who are;

1. Registered with a GP practice in the Northern Trust area
2. Presenting with misuse of OTC codeine products (As outlined in the **Making a referral to the Community Addiction Service** section below).

### **Urgent Referral:**

In order to ensure clients can be appropriately triaged the following information, if known, should be flagged on the referral form for individuals;

- **Who are pregnant**
- **Who are also injecting drugs**
- **Who are using over 240mg codeine equivalent daily**
- **With acute mental health disorders**
- **Who are experiencing significant physical health impairments associated with their substance use**
- **Whose substance use presents significant risk to a child or young person**

### **Making a Referral to the Community Addiction Service**

Community Pharmacists can make a referral directly to the Community Addiction Service for individuals with prolonged, excessive use of OTC codeine combination products or a score of  $\geq 2$  on the CDS.

If the client meets the necessary criteria, the Pharmacist should offer the option of referral to CAS. A completed referral form (Appendix 5) should be sent to [enquiries.cas@northerntrust.hscni.net](mailto:enquiries.cas@northerntrust.hscni.net). Consent to participate must be obtained in order to complete a referral – See “*Client consent*” section below.

The Community Pharmacist should include as much clinical information in the referral form (as practically possible) regarding the client’s presentation, level and duration of use, and any other risks that may have been identified/assessed.

Please note that the referral form is used by other Healthcare Professionals and the Community and Voluntary sector. It is acknowledged that Community Pharmacists will not have access to all of the information requested on the form. Required information is:

- Patient details including their most recent contact details
- Referrer details
- Substances of misuse, including level and duration of use
- Any criteria that would flag an urgent referral if known (see above)

Upon making a referral to CAS, the Pharmacist should inform the client that counselling and support is also available from [Steps to Change — Links Counselling Service](#) via a self-referral process. The Pharmacist should explain the Links Counselling Service self-referral process and provide the client with a Steps to Change Substance Use Service information leaflet.

- The client should be advised that this is an option they can progress while waiting for a referral to CAS to be accepted, or as an alternative if they do not wish to be referred to CAS

The Pharmacist should advise the client that they will either hear from CAS or from the Community Pharmacist (Where possible the same pharmacist should contact the client) within 7 working days and that they should contact the pharmacy if they have not been contacted after this time period.

The Pharmacist should also inform the client that CAS triage all referrals to identify the best treatment pathway and that CAS will contact them directly if they will be providing support.

### **Referral Returned from the Community Addiction Service following Triage**

CAS will triage all referrals from Community Pharmacy to consider which clients are eligible for support and further treatment. If CAS determine that the Links Counselling Service would be more appropriate for the needs of the client, CAS will send the referral back to Community Pharmacy within 7 working days via secure email. Community Pharmacy should therefore check the secure email regularly and remain vigilant for emails from CAS.

If CAS send the referral back to the Community Pharmacy the Pharmacist should contact the client directly as follows:

- The Pharmacist should attempt to contact the client twice (on two different occasions). The Pharmacist should not leave any details via voicemail unless to provide contact details of the pharmacy
- The Pharmacist should remind the client about the Steps to Change Links Counselling Service (which will have been discussed at the point of completing a referral to CAS) including the support they provide and how to complete a self-referral. The client should be advised that they will be contacted by the Links Counselling Service within 7 working days of completing a self-referral

The Pharmacist should make a record of signposting to the Links Counselling Service in the “comments” section of the client’s Risk Assessment Tool. If the pharmacist is unable to contact the client this should also be recorded in the comments section.

### **Further Advice**

Community Pharmacists can contact Ali Berry, Nurse Prescriber at the Community Addiction Service, on 02825317162 for advice on:

- Making a referral
- Management of individuals of concern. Please be mindful of confidentiality - without consent to participate, no identifiable information on service users should be shared

If a client refuses a referral the Community Pharmacist should provide a Brief Intervention, resources/leaflets and signposting to relevant services.

## TRAINING REQUIREMENTS

The Pharmacy Contractor must ensure that there are enough suitably trained staff to provide this service during the pharmacy's normal opening hours.

In order to be eligible to participate in the pilot, the Community Pharmacist **must** have completed the following and shared the key points from the training with all staff involved in providing the service;

- Attended the ASCERT “Codeine Awareness and Brief Interventions for Pharmacists” live training or watched the recording (A link to the recording of the training event will be available following the training) to include:
  - Brief Intervention, starting the conversation
  - NHSCT CAS – training on the type of services provided
- Pharmacists and Pharmacy staff should ensure they are familiar with the video and leaflets produced by DoH/SPPG for the OTC Misuse campaign:
  - A video is available at [Managing Your Pain Effectively Using “Over the Counter” Medicines | NI Formulary](#) and leaflet at [Medication for Pain – Patient Information Leaflets | NI Formulary](#)

Recommended training resources for Pharmacists includes;

- NICPLD recorded webinar “[Misuse of OTC Opioid Products – The Pharmacist Role](#)”
- NICPLD eLearning “[Brief interventions](#)”
- NICPLD recorded webinar “[Self-Management of Chronic Pain](#)”

The Community Pharmacy should maintain records of training and relevant CPD completed by staff delivering the service.

## PREMISES REQUIREMENTS

The service can be offered in any area of the pharmacy where patient confidentiality can be maintained. Pharmacies participating in the service must have a consultation area that meets the following requirements:

- The consultation area should be where both the patient and pharmacist can sit down together
- The client and pharmacist should be able to talk at normal speaking volumes without being overheard by another person (including pharmacy staff)
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy

The Community Pharmacy should consider storing OTC codeine combination products away from the view of the general public.

## PROMOTION OF THE SERVICE

Resources (poster and leaflets) to aid engagement with the public have been provided by DoH <https://niformulary.hscni.net/patient-area/pain-topics/review-copy-of-medication-for-pain-patient-information-leaflets/> and NHSCT (see below)

## STANDARD OPERATING PROCEDURE (SOP)

The Community Pharmacy must have a Standard Operating Procedure (SOP) in place to ensure safe and effective service provision.

## CLIENT CONSENT

The service provided is confidential. Any onward referral must be with the express permission of the individual and consent to participate will be noted in the Referral Form (Appendix 5).

A Privacy notice should be displayed (available on the [BSO Harm Reduction website](#)) and should be used to explain to the client how their personal data will be used. A copy should be supplied if requested.

## RECORD KEEPING AND TRANSFER OF RECORDS

The Community Pharmacy will complete all necessary records and collect data as agreed to enable monitoring and evaluation of the service. **NB Completed Risk Assessment Forms will be used for the purpose of monitoring and evaluation as well as for payment purposes.** SPPG would remind Community Pharmacies to review their information governance arrangements. As Data Controllers, Community Pharmacies must process data in line with data protection principles outlined in GDPR. Further guidance on this can be found on the ICO website at the following link: <https://ico.org.uk/for-organisations/>

Records, including referral forms and risk assessment forms, must be retained securely in line with the Department of Health Retention Policy identified in the document 'Good management, Good Records' which can be viewed at [Good Management, Good Records - Disposal Schedule | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/good-management-good-records-disposal-schedule) and outlines the requirements for retention and disposal of community pharmacy held records.

Pharmacists may need to share relevant information with other Healthcare Professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information. Any concerns in relation to use or management of CDs should be reported in the usual way via the CD reporting tool available here <https://www.cdreporting.co.uk/nhs/home>.

### **Secure Email and Data Retention**

When transferring referral forms containing patient information via email, it is essential that a secure email system is used to protect patient confidentiality and comply with data protection regulations, including the [HSCNI Data Retention Policy](#). The HSC email system (addresses ending in **hscni.net**) should be used for all such communications and therefore, appropriate pharmacy staff will require access to this when used.

Pharmacists are advised against using personal devices or external email systems for transferring referral forms, as these do not meet the necessary security privacy standards and Data Protection legislation. There is also an added issue that external or HSC firewalls may block or quarantine the message in transit.

Emails containing referral forms must only be used for the specific purpose of providing information to the Northern Trust CAS to facilitate patient access to the service and must not be repurposed for any other use. The CAS email address should be verified during an initial telephone call; the system should recognise if the address is valid via the HSC internal directory. There should be a system in place to deal with rejected, delayed or other "bounce-back" messages at the pharmacy end.

### **Data sharing Arrangements**

A data sharing agreement must be in place between each Community Pharmacy and the NHSC. A template is available on the [BSO Harm Reduction website](#).

## REMUNERATION

The payment for service delivery consists of the following components:

<b>Set-up fee</b>	£200
<b>Patient identification and Brief Intervention</b>	£20
<b>Referral to Community Addiction Service</b>	£10

**Completed Risk Assessment Tools will be used for remuneration purposes and should be submitted via [MS forms](#) in a timely manner to ensure prompt payment.** N.B. If a client has been referred to CAS, the Risk Assessment Tool will only be completed once the outcome of the referral has been determined (i.e. referral accepted by CAS or referral returned from CAS and the Community Pharmacy has followed up with the client).

## MONITORING AND EVALUATION

Monitoring and evaluation of the service will be carried out by the PHA. The risk assessment forms will be used for the purpose of monitoring and evaluation and Community Pharmacy will submit the information via MS Forms in a timely manner.

The Community Pharmacy contractor will be required to submit all records requested by SPPG in relation to the service within 14 days of receipt of the request.

In addition to the risk assessment forms, evaluation of the service will involve 3 further elements:

- **Client feedback** using the “*Client Feedback Questionnaire*” (Appendix 6). A pack of Client Feedback Questionnaires will be issued to all participating Community Pharmacies by PHA. Completed forms will be collected periodically, by the PHA, during the course of the pilot.
- **Interviews with a sample of pharmacists.** Interviews will take place over the summer to explore views and experiences of the service. Further information and invitations will be circulated in due course.
- **A survey of pharmacy staff** will be used to gather wider views and experiences. The survey will be circulated to participating pharmacies in August/Sept

A page containing information about the evaluation will be included in the packs sent out to Community Pharmacy.

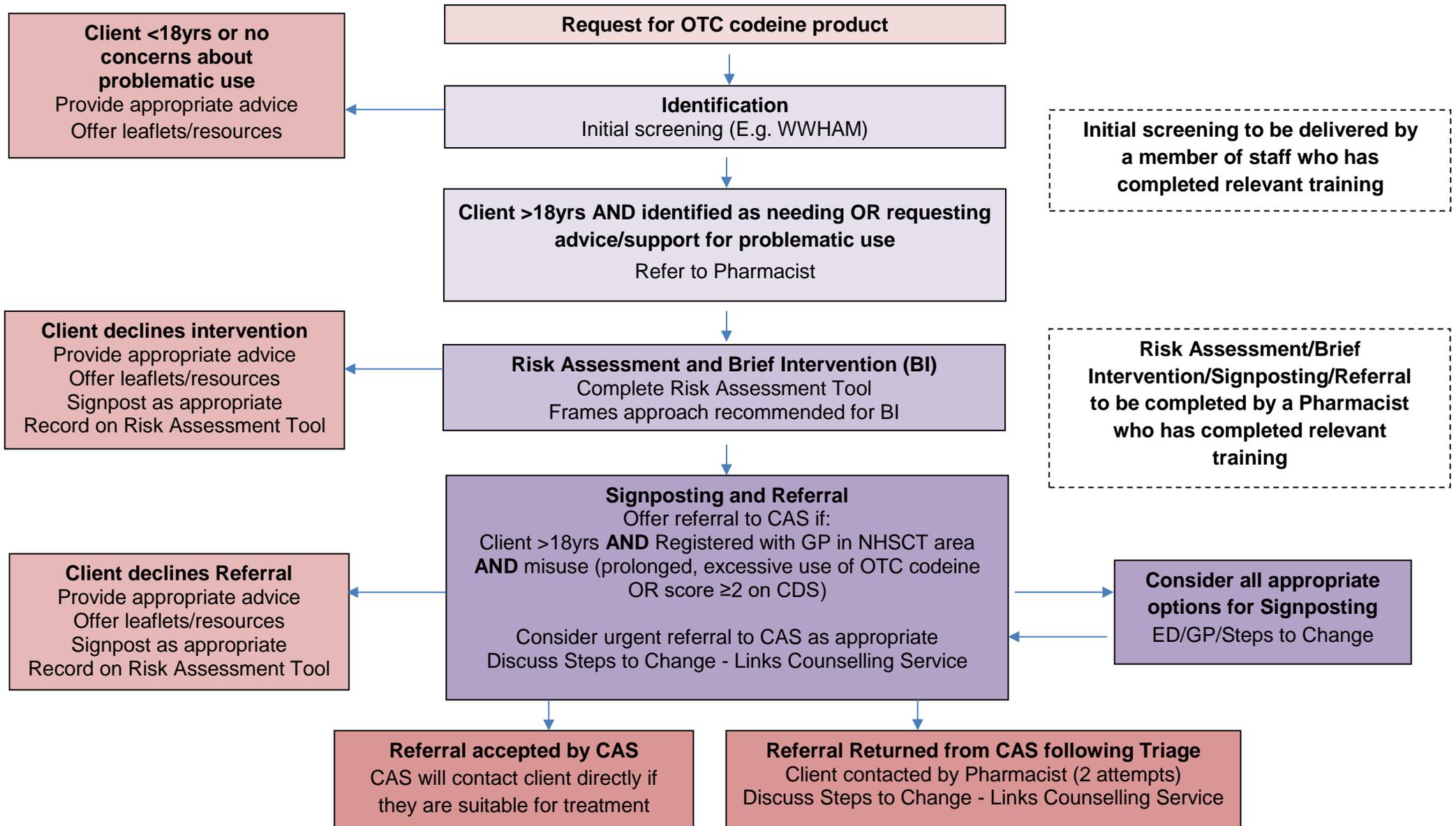
## INDEMNITY

The pharmacy contractor should ensure that there are appropriate indemnity arrangements in place to provide this service. This agreement does not abrogate the pharmacy or pharmacist from any of their professional duties or obligations, and the PHA or SPPG cannot be held liable for any action or inaction by a pharmacy or pharmacist under the auspices of this agreement that may lead to client harm.

## COMPLAINTS

The pharmacy should effectively manage any complaints in line with the Model Complaints Handling Procedure (MCHP).

**Appendix 1: OTC Codeine Pilot Flowchart**



## Appendix 2: HSC leaflet "Taking care with medicines used to relieve pain"



### Remember: Know, Check, Ask

**Know** that combination painkillers should only be used short-term, maximum of three days.

**Check** that you are using your combination painkillers the correct way.

**Ask** your health care professional if you are not sure.

Find out more about medicine safety at: <https://bit.ly/KCA-info> or scan the QR code



Scan me

# Taking care with medicines used to relieve pain

Are you aware of the risks associated with some common painkillers?

### Further information and support

- Speak to your local Community Pharmacist.
- Find details of other groups that can help you at [www.drugsandalcoholni.info](http://www.drugsandalcoholni.info)
- **Contact your local Drug and Alcohol Coordinating Teams at:**

Belfast Health and Social Care Trust	<a href="mailto:connections@bdactinfo">connections@bdactinfo</a>	028 9084 0555
Northern Health and Social Care Trust	<a href="mailto:connections@ndactinfo">connections@ndactinfo</a>	028 2568 9306 028 2568 9356
South Eastern Health and Social Care Trust	<a href="mailto:connections@sedactinfo">connections@sedactinfo</a>	0800 254 5123
Southern Health and Social Care Trust	<a href="mailto:connections@sdactinfo">connections@sdactinfo</a>	028 3832 2714
Western Health and Social Care Trust	<a href="mailto:connections@wdactinfo">connections@wdactinfo</a>	0800 254 5123



## Sometimes we need to buy medicines to treat pain

### What painkillers can be purchased in Community Pharmacies?

Paracetamol and ibuprofen are the most commonly used medicines to relieve mild or moderate pain e.g. headache, toothache or fever.

Stronger combination painkillers (can also be called pain relievers), which contain a mixture of paracetamol or ibuprofen along with codeine or dihydrocodeine, can sometimes be needed to treat more severe pain, for example, after an operation or injury.

### Taking medicines safely

Taking more than the recommended dose of any of these medicines can cause serious harm.

Combination painkillers that you buy from a pharmacy (or other online pharmacy retail outlet) should only be used short-term, for a maximum of three days.

The leaflet or box of the medicine will tell you how to take the medicine, and for safety reasons, you should not take more than the maximum recommended dose.

If you are in any doubt, or if your pain lasts for more than three days, ask your community pharmacist for advice.

Sometimes the pharmacist may provide you with less medicine than you have asked for, or refuse to sell you any.

This may be because they are concerned about your pain or how you are using the medicine. The Pharmacist will advise you what you should do next.

### Risks of combination painkillers

All medicines can cause side effects or have risks, especially if used for longer than they should be. Combination painkillers can be effective in treating short term pain, but if they are not taken safely, they can cause serious harm.

Here are some of the main things to be aware of:

- **Codeine or dihydrocodeine** – can cause stomach pain, nausea or constipation, but one of the main concerns when taking these without review is **addiction**.
- **Ibuprofen or aspirin** – can damage organs such as kidneys and may cause heart attacks, strokes or stomach problems.
- **Paracetamol** – can cause liver damage.

### Find out more information about:

Combined  
Ibuprofen and  
codeine

[https://bit.ly/  
IbuprofenCodeine](https://bit.ly/IbuprofenCodeine)



Scan me

### Addiction

It is possible to become addicted to combined ibuprofen/paracetamol and codeine painkillers. Some of the warning signs are:

- feeling that you need the medicine for longer periods and in higher doses than recommended;
- when stopping them, you feel unwell but you feel better when you start taking them again.

Addiction can cause long term problems for some patients, for example, with their personal life or work.

Please speak to your Community Pharmacist, General Practice Pharmacist or GP if you are worried that you may be getting addicted to these medicines, as they can provide advice.

### How to use medicines safely

[https://bit.ly/  
HowToUseMedicationsSafety](https://bit.ly/HowToUseMedicationsSafety)



Scan me



## Appendix 3: The Northern Trust CAS patient information leaflet on services provided by the team

**INVESTORS IN PEOPLE®**  
We invest in people Silver

**HSC** Northern Health  
and Social Care Trust

### Our Vision

We provide compassionate care  
with our community, in our community.

# Over-the-counter codeine

## Know the risks

If you would like to give feedback on  
any of our services please contact:  
**Email:** [user.feedback@northerntrust.hscni.net](mailto:user.feedback@northerntrust.hscni.net)  
**Telephone:** 028 9442 4655

 Northern Health and Social Care Trust

 @NHSCTrust

[www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)



You have been given this leaflet because you may be using more than the recommended amount of over-the-counter (OTC) codeine products.

Prolonged use of codeine can cause side effects, such as constipation, headaches, and dependence. Dependence on codeine can happen quickly, and we can build a tolerance to these medications, meaning that we require more over time to achieve the same effect. **This can happen without us even noticing it.**

Dependence is not the only thing to be worried about when we use too much OTC codeine. OTC codeine products can contain other medications, such as paracetamol or ibuprofen. Some people may feel the need to use higher than the recommended limits to achieve an effect from codeine, but do not realise that they are overdosing on paracetamol or ibuprofen. This can be very dangerous, and can cause damage to the **gastrointestinal syndrome, our livers, or our kidneys.**

If you think that you have been using too much OTC codeine, the Community Addiction Service can support you with this. This support can involve safe reduction plans, and in some cases, medication to substitute the codeine that you are taking.

The kinds of interventions available from the Community Addiction Service are as follows:

**Opioid substitution**

**Psychosocial support**

**Liaising with your GP**

**Inpatient treatment**

**Access to residential rehab**

**Psychology**

You can access support from our service by speaking with your pharmacist, your GP, or by contacting us on 02825317162. We will be happy to provide you with information when you call.



## Appendix 4: Client Information Sheet



### Managing Pain Safely New Local Pharmacy Pilot Important Info for YOU

A Pilot Service is available, from some Community Pharmacies located in the **East Antrim area**, to help people safely manage their use of **over-the-counter (OTC) pain relief medicine containing codeine**. The service is available to anyone aged over 18 years old, who presents to a participating pharmacy requesting to buy OTC codeine products, including those who are:

- Identified by the Pharmacy as needing advice or support with their use of OTC codeine products **OR**
- Seeking advice or support for better use of OTC codeine products

The use of codeine can cause side-effects, such as constipation, headaches, and dependence. This dependence on codeine can happen quickly. We can build up a tolerance to these medications, meaning that we require more of them over time, to achieve the same benefit/results. **This reliance can happen without us even noticing it.**

Other side-effects: OTC codeine combination products can contain other medications, such as paracetamol or ibuprofen. Some people may feel the need to use higher than the recommended dose limits to achieve an effect from codeine, but do not realise that they are actually overdosing on paracetamol or ibuprofen. This can be very dangerous, and can cause damage to the **gastrointestinal system, our livers, or our kidneys.**

#### Steps in this service

##### 1. Initial discussion

Pharmacy staff will ask you a number of questions following a request for an OTC codeine product to find out more about your condition, including the reason for your request. This is standard practice, in the Community Pharmacy setting, to ensure the medication is appropriate for your needs and safe to take based on your medical history.

##### 2. Risk Assessment and Brief Intervention

If you request, or are identified by the pharmacy as needing advice/support on the use of OTC codeine, you will be offered a further assessment by the pharmacist. The Pharmacist will discuss your use of OTC codeine including reasons for taking it, how much you take and for how long, as well as any unpleasant effects you might be experiencing and you will receive a score relating to your risk of codeine dependence. The Pharmacist will then provide you with additional advice on options for further support, based on your answers/score.

They may also direct you to other available healthcare services such as Links Counselling Service, or offer you a referral to the Northern Trust Community Addiction Service (CAS).

### **3. Referral to the Community Addiction Service**

The Pharmacist may offer you this if:

- You are identified as being at increased risk of codeine dependence (a score of 2 or more) **OR**
- Your usage of OTC codeine products is in excess of what is recommended.

**You cannot be referred to the Northern Trust CAS unless you agree to this.** Your personal information (name, address, date of birth, and contact details) will only be shared, as part of the referral, if you give your consent. If you do NOT wish to be referred, the pharmacist can still give you some brief advice and leaflets/resources to read later, or other options for support.

If you are referred to the Northern Trust CAS by the Community Pharmacy, the Northern Trust CAS may think that further support from Links Counselling Service would be better for you. The Community Pharmacy will contact you to tell you how to get in touch with the Links Counselling Service.

### **4. Evaluation**

You will be asked to complete a short, written feedback questionnaire on your experience of this trial support service. The questionnaire is anonymous and does not include your details. You will not be contacted after completing the questionnaire. All of this project feedback will be shared with the Public Health Agency to help make the service better for future service users and carers, where appropriate.

### **Information for completing Referral Form to Addictions Services**

Please complete all parts of form as the information will be used to prioritise referrals. Insufficient information prevents triage decision being made.

#### **Physical health concerns**

Patients requiring immediate assessment of serious physical health problems should be referred to medical/emergency services.

#### **Mental health concerns**

Patients who are experiencing significant primary mental health difficulties co-existing with substance use should be referred to Crisis Resolution Teams or Sector Mental Health Teams, depending on the assessed level of risk.

#### **Recommended investigations in Primary Care**

Please forward copies of all investigations undertaken in the last 8 weeks. If appropriate, please check FBP, LFT's, U&E and arrange a urine drug screen.

If appropriate please offer testing for Hepatitis B, Hepatitis C, HIV and arrange for a course of Hepatitis B immunisation to be given to all intravenous drug users or anyone who has been exposed to blood borne viruses through other routes. (This includes individuals who are snorting Cocaine).

N.B. Please attach a list of all current prescription medication and any other relevant information.

Please send referrals to [enquiries.cas@northerntrust.hscni.net](mailto:enquiries.cas@northerntrust.hscni.net).

**Please note:** The referral form is used by other Healthcare Professionals and the Community and Voluntary sector. It is acknowledged that Community Pharmacists will not have access to all of the information requested on the form. Required information is:

- Patient details including their most recent contact details
- Referrer details
- Substances of misuse, including level and duration of use
- Any criteria that would flag an urgent referral if known



--

**Referral Form to Addictions Services**

**Date of Referral:**

**Client/Patient Details**

<b>Name</b>			
<b>DoB</b>		<b>Age</b>	
<b>H&amp;C No.</b>		<b>Sex</b>	<b>Male / Female</b>
<b>Address</b>			
		<b>Postcode</b>	
<b>Contact No.</b>	<b>Tel</b>		<b>Mobile</b>

**Referrer Details**

<b>Surgery/Service</b>			
<b>Name</b>			
<b>Designation</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Contact No.</b>	<b>Tel</b>		<b>Fax</b>

**Medical Details**

Investigation	Test results ( <i>tick</i> )		Test not completed	Date test completed
	enclosed	to follow		
<i>FBP</i>				/ /
<i>LFT</i>				/ /
<i>U&amp;E</i>				/ /
<i>Urine drug screen</i>				/ /
<i>Hepatitis B</i>				/ /
<i>Hepatitis C</i>				/ /
<i>HIV</i>				/ /
<b>Vaccination</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>NA (<i>tick</i>)</b>
<i>Hepatitis B</i>	/ /	/ /	/ /	
List of current medication attached ( <i>Please Circle</i> )				<b>Yes / No</b>

<b>Reason for referral (why now?):</b>	
<b>Details of previous treatment with Addictions Services/other agencies for substance dependence:</b>	
<b>Current forensic/legal issues:</b>	<b>YES / NO</b>
<i>Please Specify:</i>	
<b>Any supportive relationships with a partner and/or family</b>	<b>YES / NO</b>
<i>Please specify:</i>	

**Substance Use Details**

<i>Substance</i>	<i>Tick</i>	<i>Weekly intake (incl. unit of measurement)</i>	<i>Frequency of use (daily/ weekly/binge)</i>	<i>Length of problem use (months/yrs)</i>	<i>Route of use (IV/oral/smokin g/ inhaling)</i>
Alcohol	✓	(units)			
Heroin					
Codeine Products					
Dihydrocodeine					
Methadone					
Buprenorphine					
Cannabis					

Benzodiazepine <i>Prescribed</i>					
Benzodiazepine <i>Non-prescribed</i>					
Amphetamines					
Cocaine/Crack					
Ecstasy					
Solvents					
Other (specify):					
<b>Alcohol use</b>					
Drinking to alleviate withdrawal symptoms (PLEASE CIRCLE):					<b>YES / NO</b>
History of seizures observed and medically verified (PLEASE CIRCLE):					<b>YES / NO</b>
History of DT's observed and medically verified (PLEASE CIRCLE):					<b>YES / NO</b>

**Risk factors suggesting priority for treatment** (Please tick all that apply)

- Pregnant or partner is pregnant
- Risk to children in the family home
- Domestic violence
- History of violence/harm to others
- Intravenous drug use
- Significant physical health problems (e.g. liver disease)
- Significant mental health problems (e.g. severe mental disorder).
- High-risk polysubstance misuse (concern of toxicity/chemical interactions)
- Evidence of self-harm/self-neglect
- Homeless or no fixed abode
- Risk of harm from others
- Other, please specify: \_\_\_\_\_

**If any of the above risk factors have been identified please elaborate and include details of how risk is being managed e.g. UNOCINI completed, Social Services involvement:**

Please tick to confirm patient has provided consent for referral to the Community Addiction Service

**The completed form should be sent to [enquiries.cas@northerntrust.hscni.net](mailto:enquiries.cas@northerntrust.hscni.net).**



## Customer feedback questionnaire: Evaluation of the OTC Codeine Referral Pilot

Thank you for participating in the Over the Counter (OTC) Codeine Referral pilot in your Community Pharmacy. By “**OTC Codeine**” we mean pain relief medicines containing codeine e.g. co-codamol, Solpadeine®, Nurofen Plus®, Paramol®, etc.

We are evaluating the OTC Codeine Referral pilot and would appreciate feedback on your experience today. **Completing this form is voluntary** and should only take a few minutes. Your feedback is important to us and will help inform decisions about the pilot.

**Your responses are anonymous, i.e. you are not required to give any personal details and cannot be identified or contacted after completing this form. Pharmacy staff will not see the form.**

Once you have completed the questionnaire, please fold over this form, place it in the attached envelop and seal it. Please hand this envelop back to pharmacy staff who will forward this to PHA Health Intelligence

**MANY THANKS FOR YOUR HELP**

**1. How would you describe your interactions today with pharmacy staff about your use of OTC codeine?**

Very helpful     
  Helpful     
  Neutral     
  Unhelpful     
  Unwanted

**2. Do you feel the information you received about your use of OTC codeine was relevant and useful?**

Yes, very much so     
  Yes, partly     
  No

**3. Has your awareness about the risks of using OTC codeine changed as a result of your interactions with pharmacy staff today?**

Yes, it has increased     
  No, it has stayed the same     
  I'm not sure

**4. How acceptable was each of the following for you? Please tick one box for each row.**

	Acceptable	Unsure	Not acceptable	Does not apply
Being approached by pharmacy staff about your use of OTC codeine products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing some questions about your use of OTC codeine products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving advice about OTC codeine and how to reduce your usage and manage your pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being offered a referral to the local Community Addiction Service if you are at higher risk or highest risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recording your personal details (e.g. name, gender) on a referral form

**5. Where did pharmacy staff talk to you about your use of OTC codeine products?** Please tick one option only.

- Quiet area near the counter       In consultation room       In both  
 Other, please say: \_\_\_\_\_

**6. How did you feel about the level of privacy given when talking about your use of OTC codeine products?** Please tick one option only.

- Comfortable       Not comfortable ▼       Unsure

Please say why:

**7. How would you rate the pharmacy staff that talked to you about your use of OTC codeine products?** Please tick one box for each row.

	A lot	A little	Not
Staff were friendly and made me feel comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were well informed and knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were respectful and did not judge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were well informed about available support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. After speaking with the pharmacist today, are you likely to think twice about using OTC codeine?**

- Yes, definitely       Yes, somewhat       No       I'm not sure

**9. After talking about your use of OTC codeine products with pharmacy staff, which of the following describes you best?** Please tick one option only.

- I'm planning to cut down on my own.       I'm **not** planning to cut down.  
 I'm planning to cut down but need help to do so.       I don't know.  
 I think I should cut down, but I'm not ready yet.

**10. Are you ...?** Please provide your gender and age group (in years).

**Gender:**  Male       Female       Other       Prefer not to say

**Age:**  18-24       25-34       35-49       50-64       65 or older