The PSSA Strategic Plan accepted by our members must be implemented so that we can properly plan for the future of community pharmacy. When developing the plan, possible actions for CPS were identified. These now need to be implemented.

Goals that affect CPS

Please look at these goals and give us feedback on what you believe we should be doing to achieve them.

- **Resource centre** – It is of vital importance that information should be received from members and be used for the improvement of CPS services and products. In particular, collation of information is imperative to negotiate with medical aids and government for the betterment of the profession. Through the collaboration with ICPA, we are privileged to have access to the IMS.

- **Products and services** – Lists of products and services are available through the office. CPS would like to expand these products and services. Branches have also taken ownership of certain services. The Pretoria Branch is actively involved and driving the DrugWise programme. This programme is available to all the branches for distribution to their members. Members need to take ownership of this programme and get involved in their communities. The Cape Western Province Branch has taken ownership of Legal Services providing labour advice to members, with Gerald Jacobs as the advisor. They also make the Daily Drug Use book available to the profession.

- **Communication** – This is always critically important. The need exists to extend communication to the younger members via facebook and other digital media, which are extensively used by young people. The electronic newsletters and the Journal are still very important as liaison tools with the membership and should be maintained. The PSSA database is used for delivery of communication to our membership.

- **Coordination of activities** – While branch activities should be implemented nationally where possible, it is also important to collaborate with other organisations that are involved in improving opportunities for community pharmacy. ICPA is an example, and we believe that by working together, it should be possible to get the outcomes we desire, and to be able to influence negotiations with the strategic partners. CPS also pledges support to other sectors of the PSSA to achieve our goals.

- **Unity of purpose** – It is important that all sectors and branches share a common vision. Liaison and interaction with sectors and branches is therefore actively pursued.

- **Trusted voice of the profession** – CPS, as the representative of community pharmacists who are custodians of medicine, strives to be the trusted voice of the profession to the public and the government.

- **Building bridges** – CPS not only interacts with South African role players but is active internationally via its links with Pharminterkom and FIP. We share information and projects to be used as widely as possible.

- **Guidance** – CPS is happy to guide pharmacists to meet the high standards of practice required in order to ensure that the needs of the patients are met.

- **Pharmacy human resources** – The executive personnel and representatives of branches living in areas where there are pharmacy schools at universities must get involved at open days and ceremonies, such as award ceremonies or oath taking, to engage with students and personnel and promote community pharmacy at an early stage of the students’ professional lives.

Exco meeting

In May, CPS held an executive committee meeting, and its AGM. The elections of the committee were conducted during the AGM and the status quo of the presidential committee remained the same. I was privileged to be re-elected for another term of office as the president and Christine Venter as the Vice President. Pep Manolas was elected for the 27th term as the Honorary Secretary and Danie Brink re-elected as the Honorary Treasurer. We have worked well as a team in the previous term and I am sure that the outcomes will be achieved in this term as well.

The Julius Israelson Award was awarded to our Past President Wim Grobbelaar. He is really a worthy recipient of the award for the contribution and the exemplary service he renders to his community.

Projects of the CPS

The Codeine Care Project is very important for community pharmacy and will be launched at the SAPC Conference. Pharmacists need to take control of this project to prove to the powers that be that pharmacists can still control this important molecule that has been elevated to higher schedules in most other countries worldwide.
and was lost as a pharmacy-prescribed medicine, as we have lost ephedrine and pseudo-ephedrine in SA. Some important role players have supported us on this project, including the MCC, SMASA and some of the bigger manufacturers.

Another project of importance is the Drug Wise Campaign, also to be launched in June. The project was initiated by the Pretoria Branch and we commend them for this.

Pharmacovigilance is also an important issue that will be encouraged in conjunction with other sectors to report adverse drug reactions.

**Dispensing fee update**

The dispensing fee update was explained to the CPS executive committee by the PSSA Director, Ivan Kotzé. The fee was reviewed and adjusted by the DoH, but needs more comment and testing. The biggest obstacle currently is that medical aids do not reimburse pharmacies at the legislated fee. Constant negotiations are ongoing and pressure is applied on several fronts.

**The roles of CPS and ICPA**

The working agendas of CPS and ICPA are quite different. CPS handles the political issues and ICPA the business issues, but in some cases the projects and agendas overlap, although often with different outcomes for each organisation. Collaboration needs to take place and an amicable working relationship strengthened to the benefit of pharmacy.

To promote the community pharmacy sector one needs to realise that the needs of members will always be different and CPS represents members in all spheres of community pharmacy in the retail arena, e.g. members working in the corporate and independent sectors, as well as pharmacists in some hospital environments.

**PCDT**

Primary Care Drug Therapy is also important and we need to ensure that pharmacy is ready and able to get involved in NHI, rendering a service to the nation, delivering a pharmaceutical service to the total population of South Africa.

**Conclusion**

Our journey through life takes you on many roads. Some of them you take willingly, but others you are forced to take. This is also true in our profession, but we would try to smooth the journey on your behalf as members of the Society.

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**Codeine care:**

**mitigating abuse and misuse**

A method to accurately screen and control the sale of codeine-containing products in South Africa at pharmacy level

Pharmacists are the custodians of medicine, and not merely traders in potentially harmful goods. However, the nature of the profession suggests that there is always risk involved in the treatment of patients or consumers with medication. It is the pharmacist’s responsibility to see that he or she applies his or her thorough knowledge to weigh up the risk and benefit ratio of each individual treatment regimen for each patient or consumer, and to advise them accordingly.

In the case of medicine that is available in a pharmacy without a prescription from an authorised prescriber, the onus rests almost entirely on the shoulders of the pharmacist to ensure that the patient or consumer is given the correct advice, and that the most suitable medication is recommended for the particular ailment from which he or she suffers.

When a pharmacist dispenses potentially addictive or harmful medication, such as products containing codeine, the responsibility that he or she carries increases dramatically. The keeping of a Schedule 2 record is compulsory for all pharmacists in South Africa.

However, it is limited in the extent to which it curbs the potential abuse and misuse of certain drugs. Therefore, it appears to be a somewhat futile exercise.

The recorded information is only useful for repeat sales of a product in that particular pharmacy. Other pharmacies throughout South Africa do not benefit in any manner or form from the information, nor do the authorities ever use the collected information. The entire process is circumvented when individuals who are addicted to these products or substances supply false information to the pharmacist and carry out “pharmacy hopping”. In this way, they obtain their “stash” of medication from different pharmacies, and each pharmacist is unaware of previous or future purchases elsewhere.

Therefore, identification of codeine misuse, abuse and addiction relies almost entirely on serendipity, as there is no effective
communication structure between the authorities and the medicine suppliers.

Even in the event of a pharmacist establishing the addiction or dependence of an individual, little can be achieved in the form of intervention, other than refusal of a sale. Unfortunately, the individual subsequently obtains the product from another pharmacy, or from a variety of pharmacies, in order to satisfy his or her need. The misuse of these products is an important consideration.

It has been observed that upscheduling of medication does little to stop the abuse or misuse of drugs from occurring, as was evident from the upscheduling of d-norpseudoephedrine in an attempt to prevent the manufacture of “tik” (crystal methamphetamine), and abuse of the drug itself. This upscheduling has taken away effective management of obesity, with which South Africa is admittedly burdened, by responsible self-medication, while doing little or nothing to prevent the manufacture of “tik” and the abuse thereof.

The upscheduling of codeine-containing products that are available for sale in a pharmacy for the treatment of minor ailments may well be seen as a possible next step in the regulation of substance abuse and misuse. It is suggested that this step could take place solely because of the perceived dependence-producing potential of the drug. If this were to occur, millions of people in South Africa would be deprived of a useful self-medication option with which to treat minor ailments because of the social problems of a minority group. These individuals would be forced to seek help from their doctors and would further burden an already overburdened healthcare system. In addition, they would need to pay the doctor’s consultation fee in order to obtain a prescription for a codeine-containing product that is currently available as an over-the-counter product.

The South African Community Pharmacist Sector (CPS) of the Pharmaceutical Society of South Africa (PSSA) has a plan to illustrate the effective control that pharmacists can implement in order to eliminate, or at least dramatically decrease, the abuse and misuse of codeine.

It should be noted that additional substances with similar abuse potential could be controlled in the same fashion. This current project should be viewed as a pilot with which to monitor the use of other substances.

And so the Codeine Care Project is born!

**Introduction to the Codeine Care Project**

The Codeine Care Project will be launched at the 1st National Pharmacy Conference, being held at Sun City this month.

The aim of the project is to instil a culture of responsible medicine use among the public and medicine providers (pharmacists, doctors, clinics, nurses and other healthcare professionals). Potential abusers should be identified, screened, consulted and referred for treatment. Intervention by the South African Police and social welfare organisations might be necessary when a crime is suspected for the treatment and rehabilitation of abusers of such drugs.

The Codeine Care Project will allow pharmacists to use two-dimensional (2-D) barcodes on packs in order to conduct patient usage checks via an ordinary mobile phone, scanning kiosk, or through a webpage on their existing dispensing system. All three vehicles (mobile phone, kiosk and computer) can be used interchangeably, or just one or two of the three can be utilised. It would be entirely up to the pharmacist or pharmacy concerned.

It is envisioned that The Codeine Care Project will be a shared project between various role players, namely pharmacies (independents and corporates), the pharmaceutical manufacturing industry, various professional and industry bodies [CPS, PSSA, Self-Medication Manufacturers’ Association of South Africa (SMASA) and Drug Wise] and the regulators. Information will be generated to assist in decision-making with regard to the dispensing and sale of codeine-containing products, as well as to identify the misuse pattern and the potential for abuse.

The TrustaTAG™ compliance and counterfeit detection system will be used to help pharmacists to monitor the sale of codeine-containing products. This is a product of TrustaTAG Systems and forms a patented system that provides unique 2-D TAGs printed on packs (primary and secondary), or cartons or strip packs, which enable consumers to use their own mobile phones to simply scan a TAG on a product, carton or strip pack, and then receive detailed, enhanced, legally compliant, pre-approved information on the specific product in question, in this case the patient information leaflet. This initiative is being rolled-out across the pharmaceutical sector to provide patient information leaflets of medicines electronically (via a mobile phone) to the healthcare professional and to the patient or consumer. In addition, it covers other items, including food, beverages and electrical equipment.

Manufacturers of codeine-containing products in South Africa have agreed to fund the initial customisation of the existing systems as part of their social responsibility programmes. These include Adcock Ingram, Aspen Pharmacare and SMASA, on behalf of its smaller member companies. The ongoing maintenance of the system will be largely self-funding through various sponsorship drives. There is the possibility that manufacturers will have to pay a levy, based on their market share. Payment for the kiosk scanner build will be sought from other codeine manufacturers who did not contribute to the initial build. Johnson & Johnson Consumer and Watson Pharmaceuticals have already contributed. This too will be a once-off expense.

**Conclusion**

There is considerable interest in this project from many stakeholders, including the Alcohol and Drug Abuse Research Unit, South African Medical Research Council and the Department of Psychiatry, Stellenbosch University. In order for the project to work, all involved pharmacists must be dedicated and diligent.