# Article information:

Identification of factors influencing tampering of codeine-containing medicines in England: a qualitative study | Harm Reduction Journal | Full Text  
<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00408-w>

# Article summary:

1. Tampering of codeine-containing medicines (CCM) presents challenges to regulation and public health.

2. Cold water extraction (CWE) is a common method used to separate codeine from compounded analgesics found in CCM, but it poses risks such as consuming unknown doses of paracetamol if not done correctly.

3. Factors influencing the utilization of CWE include drug market supply, availability of detailed information on the internet about CWE, and restrictions on codeine sourcing in pharmacies.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Identification of factors influencing tampering of codeine-containing medicines in England: a qualitative study" explores the factors that influence individuals to use cold water extraction (CWE) to separate codeine from compounded analgesics found in codeine-containing medicines (CCM). The study uses qualitative data analysis and identifies two groups of participants: those who use CCM and those who use CCM and heroin. The article highlights the risks associated with CWE, including consumption of unknown doses of paracetamol if the CWE techniques are not used correctly.

The article provides a comprehensive overview of the issue, highlighting the potential harms associated with tampering with psychoactive medicines. However, there are some limitations to the study that should be considered. Firstly, the sample size is relatively small, with only 14 participants reporting tampering of psychoactive medicines. This may limit the generalizability of the findings. Additionally, all participants were recruited from one addiction treatment service and an online survey, which may introduce selection bias.

Another potential limitation is that the study does not explore counterarguments or alternative perspectives on CWE. For example, some individuals may argue that CWE is a harm reduction strategy that allows them to avoid consuming excessive amounts of paracetamol or ibuprofen while still obtaining pain relief from codeine. The article also does not provide evidence for some claims made, such as reports of harm following intravenous injection of crushed oxycodone and morphine tablets.

Furthermore, while the article notes some risks associated with CWE, it does not provide a comprehensive overview of all potential harms. For example, there is a risk that individuals may become dependent on codeine obtained through CWE or develop other health problems related to long-term opioid use.

Overall, while this article provides valuable insights into factors influencing tampering of CCM in England and highlights some potential risks associated with CWE, it is important to consider its limitations and potential biases when interpreting the findings.

# Topics for further research:

* Long-term health effects of opioid use
* Harm reduction strategies for opioid use
* Risks associated with intravenous injection of crushed tablets
* Alternatives to codeine-containing medicines for pain relief
* Prevalence of opioid addiction in England
* Effectiveness of addiction treatment services in England

# Report location:

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