

ANNEXURE A

CODEINE CARE PROGRAM INFORMATION SHEET TO PATIENTS

What is Codeine Care?

Codeine Care is a program launched by the Community Pharmacist Sector of the Pharmaceutical Society of South Africa (CPS) which aims to ensure that patients use codeine products responsibly and safely and which empowers the pharmacist to make an informed decision which is in the interests of the patient around the dispensing and sale of a codeine containing product in schedules 1 – 6.

The program calculates the amount of codeine in the products purchased, and keeps a history of a patient obtaining codeine from participating pharmacies in the previous six months.

It is the duty of pharmacists in terms of their ethical rules to ensure that medicines are provided to patients in a manner that is safe. Pharmacists may, by law, refuse to provide medicines in circumstances of abuse or misuse. The program identifies use that could be abuse or misuse, and provides the pharmacist with information as to the specific circumstances that may require the medicine to be provided above what would be normal use.

Who can see my information on the program?

You will be asked for your identity number (ID number). This is all that is seen by the next pharmacist in terms of personal information. Your name is not entered into the system, nor your address or any other personal information. No matter which pharmacy you go to, in terms of the Codeine Care Project you will simply be asked for your ID number. Your ID number is used to create a unique number for you – but no person will be able to call up your information, or even if they were to call it up with your identity number – they would only see codeine purchase information: no name, no address, nor the identity number will appear on the screen. This means your information is de-identified by- and on the system.

In terms of the law a pharmacist is required to ask you for other information such as your name, address etc. This information is stored within the pharmacy records and not on the Codeine Care System.

Do I have to participate?

To participate in the program you would need to provide your written consent and your ID number (the pharmacist will ask to see identification).

By law you must provide certain information before you can get a schedule 2 to 6 medicine (products that contain codeine are schedule 2). You therefore must, by law, provide your name and address, the name of the product and the dosage and the date and who dispensed the medicine to you. So even if you choose to not participate in the Codeine Care program, you still have to provide this information to the pharmacist.

Who will see my information?

Only the codeine access history of the past 6 months will be visible to pharmacists to whom you provide your ID number.

Your personal data will never be used for any purpose other than ensuring you get the correct advice on the safe use of codeine.

The Codeine Care program links your pharmacy to other pharmacies, and also gives any pharmacist where you provide your identity number, with access to your codeine dispensing history.

CPS may bring together all the de-identified information on the database to inform regulators and others on the status of codeine dispensing from pharmacies. Your personal information will however never be shared with anyone, and it would not be possible to identify you, or other patients, from the information entered into the database.

What information of mine would be in the Codeine Care database?

- Your identity number or passport number, which is used by the program without anyone seeing it, to generate a unique number for you
- The Pharmacist's P number, i.e. the pharmacist's registration number at the South African Pharmacy Council
- The name of product and pack size, in which the system automatically confirms the amount of codeine in the product
- Your history of codeine purchases at participating pharmacies of up to a maximum of 6 months

What will happen if I have a codeine prescription or ask the pharmacist for codeine?

You will be informed of the Codeine Care Program, and asked to consent to participate.

If you agree, you will be asked to confirm your agreement in writing on a form provided at the pharmacy, or as part of the documents you normally sign when you obtain medicines. You will only be required to do this once. The system will record your consent so that other pharmacists can see you are willing to participate in the program.

If you decline to participate but still get a schedule 2 medicine, the pharmacist must still, in terms of the law record your name, address and the specific codeine product but only within the confines of his/ her own records. The fact that a person has declined to participate in the Codeine Care program will also be noted on the registry data base, but no details (i.e. your ID number or product details) will be entered.

What does it mean if I agree?

It means that you agree to your information being included in the database, and that other pharmacists would be able to see your codeine purchasing history for the previous 6 months. Your data will not be used for any other purposes than to allow the pharmacist to advise you, and for possible inclusion into aggregated, de-identified data pools.

This Project may in future be extended to include other substances and products, in that case you will be asked whether you would still like to continue on the program or be provided with the opportunity to opt out, in which case all your identity number will be removed from the system.

If you agree, please advise the pharmacist now. Your consent to be included in the Codeine Care Program will be indicated by signing the dispensing form the pharmacist will be printing out for you or another form designed specifically for this purpose. This consent will be valid at all participating pharmacies until you withdraw it in writing.