

# FROM OVER-THE-COUNTER TO OPIOID DEPENDENCE: IDENTIFYING AND TREATING NUROFEN PLUS ADDICTION

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## AIMS

1. To investigate the harms associated with combined codeine and non-steroidal anti-inflammatory drugs (NSAID) misuse
2. To improve awareness of combined codeine and NSAID misuse, its complications and options for treatment in the community.
3. To improve access to opioid substitution therapy (OST) for combined codeine and NSAID misuse and assess its effectiveness.

## BACKGROUND

- Combined codeine and NSAID products are readily available in the form of “Nurofen Plus” and can be bought over the counter (OTC) in pharmacies as a dual action analgesic.
- Each tablet contains 200mg of ibuprofen and 12.8mg of codeine, the highest opioid dose available to buy OTC without a prescription.
- Sales have been increased by 35% in the past 5 years in Northern Ireland with over 10.4million tablets sold in pharmacies during 2024.
- Awareness of the harms of excessive use of NSAIDs are typically poorly known, both by the general population and healthcare professionals.
- Prolonged NSAID misuse can cause medical complications including gastrointestinal (GI) damage with ulceration, bleeding and perforation, kidney damage, blood clotting disorders and increased risk of cardiovascular events.

## METHODS

1. BHSCT GI team identified patients with Nurofen Plus addiction using blood test patterns and urine drug testing. They assessed harm by tracking patient interventions, outcomes and bed days. A new pathway was created to refer patients directly from GI to Addictions Psychiatry.
2. Within the BHSCT Addictions team, patients with Nurofen Plus addiction were followed up to assess treatment outcomes
3. The Public Health Agency was involved in the education of healthcare professionals and the general population using posters and leaflets in community pharmacies

## RESULTS

### Gastroenterology (sample of 16 patients)

- 62.5% female with a median age of 40 years.
- Harms: 94% duodenal ulceration and 38% gastric outlet obstruction. 100% of patients required at least 2 endoscopies with a median of 6. 50% needed surgery with 63% of these having bowel/stomach resections
- Hospital admissions ranged from 1-26 and this equated to bed days ranging from 3-1088.
- None were on treatment with opioid substitution therapy (OST).
- On follow up 9 years later, 7 patients had died at a median age of 39 years.

Mortality without OST treatment



Stability with OST treatment



### Addictions (cohort of 34 patients)

- 53% were female with an average age was 45years.
- Average use of 52 Nurofen Plus tablets per day (range of 16-128).
- 76% began using Nurofen Plus for analgesia including injuries, headaches, dental pain, fractures and postpartum pain. 12% reported initial use was as coping mechanism for emotional distress.
- 60% of patients were using purely Nurofen Plus, while 40% were polysubstance users.
- Total of 111 admissions and 480 bed days prior to treatment, this decreased to 5 admissions and 19 bed days post treatment.
- All patients were commenced on OST - 50% oral medication (Espranor, Subutex, Methadone) and 50% long-acting injection (Buvidal).
- 94% of patient were stable on treatment (presenting well and not intoxicated, no overdoses, clear urine drug screen free, psychosocial improvement, stable physical health and decreased OST supervision).
- 4 patients were directly referred from the GI team and they had highest number of bed days and admissions in the cohort.
- There was a 40% overlap with mental health conditions including PTSD, deliberate self-harm and ADHD.

## CONCLUSION

- This project highlights the harms and treatment of Nurofen Plus addiction
- The data was presented to the UK’s Chief Medical Officers in January 2026 to elevate the problem’s profile and request support for increased regulations around combined ibuprofen and codeine products.
- PhD funding has been secured to continue research into this issue.
- Collaboration with the Controlled Drug Reconciliation Program (CDRP)
- Direct referral pathway between community pharmacies and addiction services to be scoped in 2026.

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