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Dispensing behaviour in relation to opioid-containing antitussives: a survey among community pharmacists

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Summary

BACKGROUND: Opioid-containing antitussives are used to symptomatically treat dry coughs but are also consumed recreationally as euphoriant drugs, especially by teenagers and young adults. To curb misuse, in 2019 opioid-containing antitussives in Switzerland were relisted from over-the-counter to requiring a physician's prescription or direct dispensing by a pharmacist.

AIM: This study aimed to elucidate how this regulatory change impacted the dispensing behaviour of practicing community pharmacists in Switzerland in relation to opioid-containing antitussives.

METHODS: We conducted a cross-sectional survey. The survey consisted of 24 questions and was distributed online via national and cantonal pharmacists' associations' mailing lists to community pharmacists in German, French and Italian. The survey was analysed descriptively. No outcomes for hypothesis testing were specified.

RESULTS: Our survey was completed by 405 practicing community pharmacists. Most pharmacists reported that the upregulation of opioid-containing antitussives to prescription products led to less frequent (85.8%) and more cautious (74.3%) dispensing. The misuse potential was considered the most important deciding factor when dispensing opioid-containing antitussives. Despite being widely considered as effective (78.4%), opioid-containing antitussives were reported to be used mainly as second and third choice for dry cough, with the most popular first-line choice being butamirate-containing antitussives (43.0%). Notably, French-speaking participants showed the most restrictive attitude towards opioid-containing antitussives, with 49.6% reporting not dispensing them at all.

CONCLUSIONS: Most pharmacists perceived a change in dispensing patterns after the upregulation, with the new dispensing competencies being rated as beneficial by some and as burdensome by others. There were regional differences in attitudes towards opioid-containing antitussives which seemed to be influenced by neighbouring countries.

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Introduction

Robo-dosing, skittling, tussing – these are all colloquial terms that describe the misuse of dextromethorphan-containing antitussives [1, 2]. Codeine, dextromethorphan, and derivatives of and combination products containing these active ingredients (hereinafter opioid-containing antitussives) are used to treat dry coughs occurring mainly as a symptom of upper respiratory tract infections. Despite their mechanistic differences – dextromethorphan binds mainly to NMDA receptors – both codeine and dextromethorphan act centrally and, at high doses, can elicit euphoria, sedation and dissociation, making them prone to non-medical use [3, 4]. While the misuse of opioid-containing cough medications is a phenomenon that had already been documented in the 90s, it still poses an issue today, particularly among teenagers [3-5]. A 2018 survey among Swiss adolescents revealed that 12.7% of under 20 year olds had misused codeine in the past year. A later hair analysis suggested that this survey likely underestimates codeine use [6, 7].

Both acute respiratory infections and influenza-like illnesses commonly present with cough and are among the leading causes of outpatient consultations in primary care. During the 2023/24 season in Switzerland, over 12,000 cases were reported through a surveillance system. This equates to an estimated 585,000 consultations with a physician when extrapolated to the national

population of around 8.9 million [8, 9]. Given the high prevalence of cough-related symptoms in the community, pharmacies are accustomed to demand for symptomatic relief, particularly antitussive medications. This makes misuse a frequent consideration in decision-making. One public health intervention to better distinguish between requests for symptomatic relief and misuse is the reclassification of opioid-containing cough medications as prescription-only [10].

In 2019, the Therapeutic Product ACT (TPA) in Switzerland was updated to this effect, restricting the dispensing of opioid-containing antitussives to mitigate the risk of misuse. As a result, opioid-containing antitussives are no longer available over-the-counter; rather, they require a physician prescription or a personal, documented consultation with a pharmacist [11].

The regulation change expanded the scope of pharmacist responsibility in consulting, prescribing and documenting. Therefore, we aimed to investigate how the upregulation of opioid-containing antitussives has impacted the treatment of dry, irritative cough in the community pharmacy from the pharmacist's perspective.

Methods

Questionnaire development and design

A cross-sectional survey was developed to enquire about community pharmacists' behaviour when dispensing opioid-containing antitussives. The topics explored were preferred choice of antitussive, demand and dispensing frequency, perception of effectiveness and misuse, and changes since and requirements of the new TPA. The questionnaire was piloted among a convenience sample of 14 community pharmacists, recruited from within our institute and via a professional association focused on pharmaceutical care (Pharmaceutical Care Network Switzerland).

After implementing their feedback, the finalised questionnaire consisted of 24 questions including dropdown questions, multiple-choice questions, Likert scale questions (5-point rating, verbal labels), matrix questions, dichotomous questions, demographic questions and one open-ended question for additional comments pertaining to the topic. The questionnaire was translated and consolidated from German to French and Italian by two bilingual pharmacists per language to ensure an accurate and precise translation in the context of pharmaceutical practice. The questionnaire can be found in table S1 in the appendix.

Target population and sampling

The target population was all practicing community pharmacists in Switzerland (estimated 6000 people, unpublished number by the Swiss Association of Pharmacists pharmaSuisse). The response rate was calculated as the percentage of the estimated total contacted (n_t = 6000) who stated that they met the eligibility criteria and gave informed consent. The completion rate was calculated as the percentage of the estimated total contacted (n_t = 6000) who reached the final question of the survey and completed at least 80% of all questions. Those contacted were eligible to participate if they self-identified as community pharmacists and gave informed consent for the use of their anonymised data.

Questionnaire administration

The cross-sectional survey was conducted online on the platform SelectSurvey.NET version 5 (ClassApps, Kansas City, MO, USA). It was distributed by pharmaSuisse through a link in their email newsletter and in their print magazine. Additionally, several cantonal pharmacists' associations (Aargau, Basel-Landschaft, Basel Stadt, Fribourg, Geneva, Lucerne, Schwyz, Thurgau, Ticino, Vaud, Zug) distributed the survey through their respective newsletters. The survey was accessible from 27 November 2023 to 26 March 2024. Multiple completions of the questionnaire were disabled in SelectSurvey. Unauthorised access to the survey was prevented by distributing it solely through professional pharmacist organisations.

Analysis

The survey was analysed descriptively. Likert scale and multiple-choice questions were analysed quantitatively. No outcomes for hypothesis testing were specified. We evaluated patterns of missing data and found that overall missingness was low (see table S2 in the appendix). For most questions, missingness was assumed to be completely at random. However, for certain sensitive questions, such as rating appearance as an influencing factor or disclosing the amount charged for

documentation, we suspect that missingness may be related to the respondents' reluctance to disclose information, suggesting missing answers were not random. To handle missing data, we used an available-case approach (i.e. pairwise deletion), calculating percentages based on the total number of responses available for each question. No adjustment was performed for non-representativeness of the sample. No sensitivity analyses were conducted. No protocol was preregistered due to the descriptive nature of the analysis.

A qualitative thematic approach was used for the one open-ended question. Two researchers collaboratively assigned inductive themes to each answer; multiple themes per answer were possible.

We analysed the full sample and stratified the answers by respondent language. The analysis was conducted in R [12] (version 4.2.3) and RStudio [13] (2022.07.2) using the packages *ggplot2* [14], *tidyverse* [15] and *plotly* [16]. The manuscript was prepared in accordance with the Checklist for Reporting Of Survey Studies (CROSS) [17].

Ethical approval

The survey received ethics approval from the ETH institutional ethics committee in October 2023 (EK-2023-N-255). The survey was filled in anonymously, and respondents consented to the data collection in the first question of the survey.

Data sharing

The study participants did not give consent for their non-aggregated data to be shared publicly, so due to the sensitive nature of the research, supporting data is not available. The full aggregated dataset can be found in table S1 in the appendix. The code used for the analysis is available from the corresponding author upon reasonable request.

Results

Participants

The survey was answered by 496 community pharmacists, which corresponds to a response rate of 8.3%. We excluded participants who did not reach the final question of the questionnaire (n = 88) and participants who answered less than 80% of the questions (n = 3). Our final sample included 405 participants, corresponding to a completion rate of 6.8%. The inclusion and exclusion procedure is visualised in a flowchart in figure S1 in the appendix. The mean missingness per question was 0.5% (SD: 0.7%); missingness per question is shown in table S2 in the appendix.

Table 1 shows that participating pharmacists were approximately equally distributed in the age categories 25–34, 35–44, 45–54 and 55–64 years. Three quarters of participants were female (n = 305) and one quarter was male (n = 99). Participants had a median working experience as a pharmacist of 17 years. The majority of participants, 88.4% (n = 358), had practiced as a pharmacist prior to 2019 and thus prior to the upregulation of opioid-containing antitussives to prescription medications.

Table 1: Characteristics of survey respondents stratified by language.

	All		**German**		**French**		**Italian**	
n	**405**		**242**		**133**		**30**	
Age, n (%)								
18–24	1	(0.2%)	0	(0.0%)	1	(0.8%)	0	(0.0%)
25–34	94	(23.2%)	67	(27.7%)	22	(16.5%)	5	(16.7%)
35–44	105	(25.9%)	58	(24.0%)	41	(30.8%)	6	(20.0%)
45–54	97	(24.0%)	49	(20.2%)	38	(28.6%)	10	(33.3%)
55–64	93	(23.0%)	62	(25.6%)	25	(18.8%)	6	(20.0%)
>64	15	(3.7%)	6	(2.5%)	6	(4.5%)	3	(10.0%)
Missing	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Sex, n (%)								
Female	305	(75.3%)	190	(78.5%)	102	(76.7%)	13	(43.3%)
Male	99	(24.4%)	52	(21.5%)	31	(23.3%)	16	(53.3%)
Prefer not to say	1	(0.3%)	0	(0.0%)	0	(0.0%)	1	(3.4%)
Missing	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
Urbanity of pharmacy, n (%)								
Rural	224	(55.3%)	115	(47.5%)	91	(68.4%)	18	(60.0%)
Urban	178	(44.0%)	125	(51.7%)	41	(30.8%)	12	(40.0%)
Missing	3	(0.7%)	2	(0.8%)	1	(0.8%)	0	(0.0%)
Physician self-dispensing* in practicing canton, n (%)								
Self-dispensing system	129	(31.9%)	122	(50.4%)	5	(3.8%)	2	(6.7%)
Mixed system	47	(11.6%)	32	(13.2%)	13	(9.8%)	2	(6.7%)
System w/o self-dispensing	227	(56.0%)	88	(36.4%)	113	(84.9%)	26	(86.6%)
Missing	2	(0.5%)	0	(0.0%)	2	(1.5%)	0	(0.0%)
Work experience as a community pharmacist in years								
Mean (SD)	18.6	(11.5)	17.7	(11.6)	20	(11.2)	20.3	(11.8)
Median [Range]	17	[1.00–49.0]	15	[1.00–42.0]	19	[1.00–49.0]	20	[2.00–46.0]
Missing, n (%)	8	(2.0%)	6	(2.5%)	2	(1.5%)	0	(0.0%)

* Physicians can operate their own dispensary

Dispensing frequency

Overall, 70.2% (n = 283) of participants stated that they dispense opioid-containing antitussives at least once a week or more frequently. Conversely, 50.4% (n = 66) of participants who responded to the survey in French stated that they dispense opioid-containing antitussives less than once a week. Additionally, 49.6% (n = 66) of French-speaking participants indicated that they do not dispense opioid-containing antitussives at all. Of the German- and Italian-speaking respondents, 4.1% (n = 10) and 13.3% (n = 4), respectively, indicated no dispensing of opioid-containing antitussives in general.

When asked about how the demand for opioid-containing antitussives had changed in the past five years, over half, 59.9% (n = 240), perceived the demand as decreasing slightly (38.9%, n = 156) or sharply (21.0%, n = 84). Another 30.8% (n = 123) reported that they had not perceived a change in demand. Only a minority, 9.3% (n = 37), reported a perceived increase in the demand for opioid-containing antitussives.

Of the pharmacists who had been practicing since before the update to the TPA (88.4%, n = 358), the majority, 85.8% and 74.3%, reported that they dispense opioid-containing antitussives less frequently and more cautiously, respectively, since the regulation change; see figure 1. This trend was especially visible among French-speaking respondents, of whom 59.7% indicated that they dispense opioid-containing antitussives a lot less frequently and 41.9% a lot more cautiously – both behavioural changes being more common than in their German- and Italian-speaking counterparts (table S1 in the appendix).

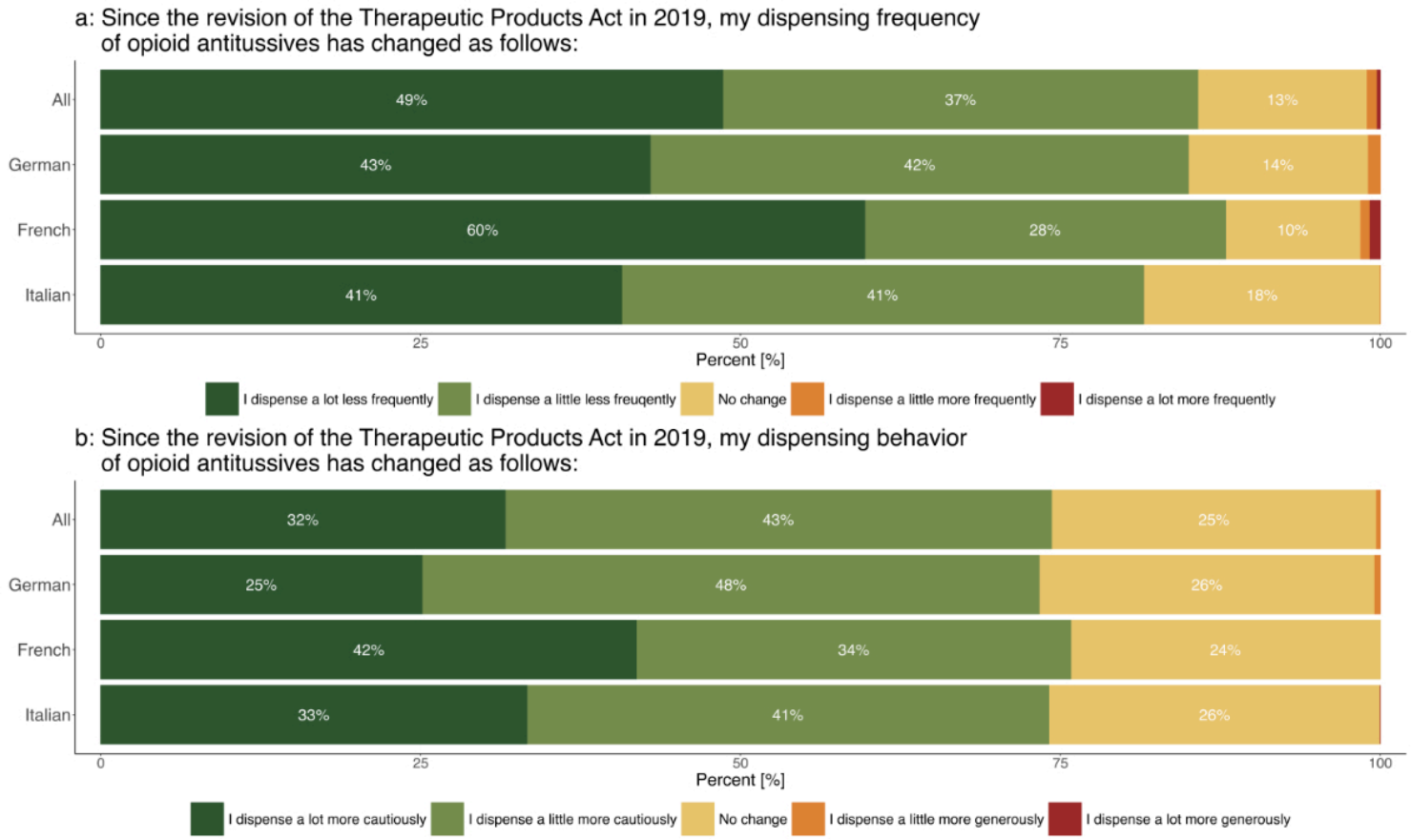


Figure 1: Community pharmacists' dispensing frequency and behaviour in relation to opioid-containing antitussives after the 2019 update to the Therapeutic Products Act.

Choice of antitussive: decision trajectories

Figure 2 illustrates the participants' first, second and third choices of antitussive agents for clients presenting with a dry, irritative cough. We found that as a first choice, 43.0% of participants selected antitussives containing butamirate, followed by phytotherapeutic preparations (24.7%) and antitussives containing morclofone (17.0%). As a second choice, butamirate was selected by 25.3% of participants, followed by dextromethorphan (23.1%) and morclofone (19.9%). As a third choice, dextromethorphan was selected most frequently (29.1%), followed by codeine (26.3%) and phytotherapeutic preparations (15.3%). Participants choosing phytotherapeutic antitussives as a first choice predominantly opt for butamirate (55.0%) or morclofone (21.0%) as a second choice, while 32.2% of participants who indicated butamirate as a first choice opted for dextromethorphan or morclofone as a second choice. Detailed trajectories are tabulated in table S3 in the appendix.

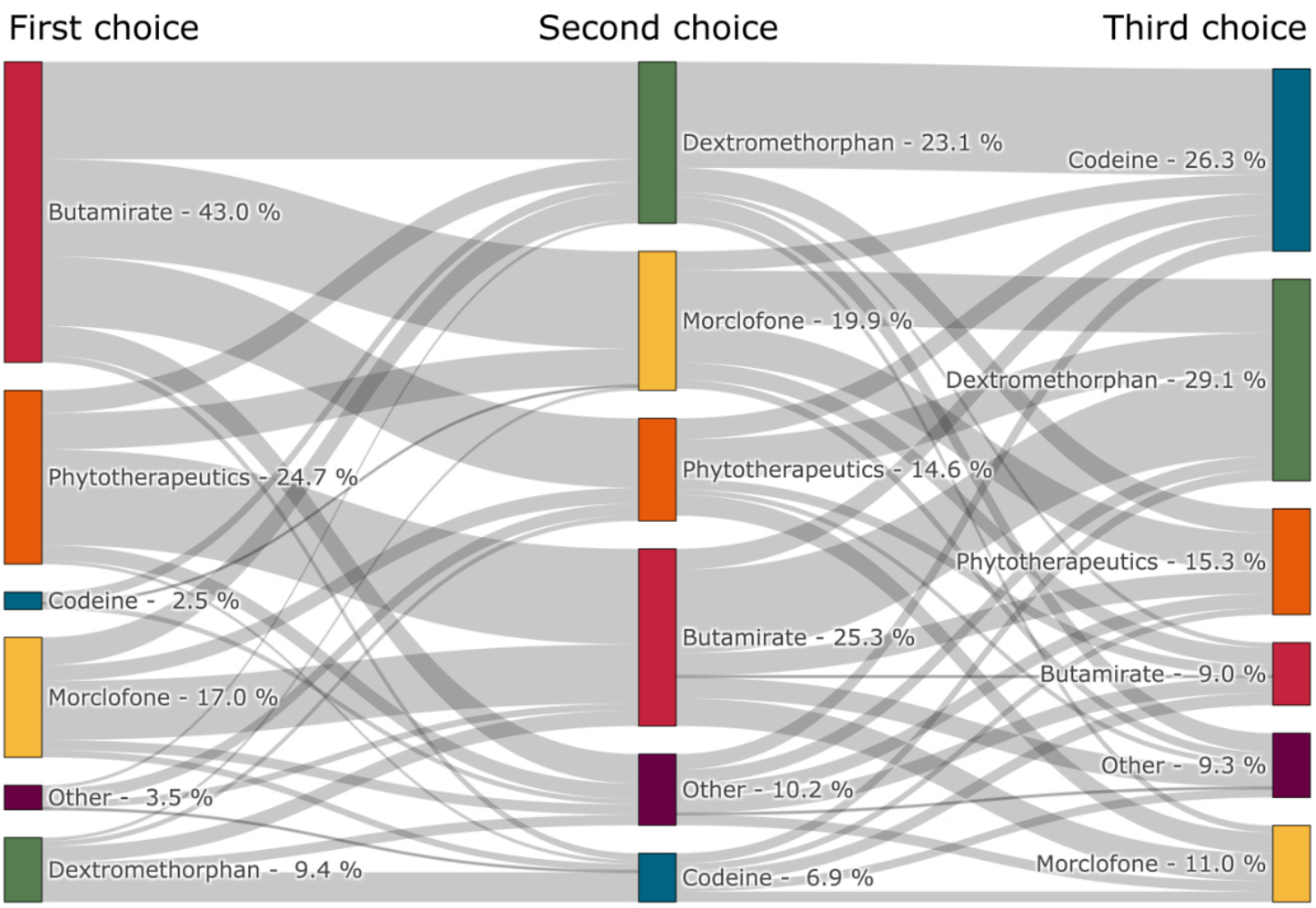


Figure 2: Sankey diagram showing the treatment trajectory of the surveyed community pharmacists, i.e. it depicts the distribution of first, second and third choices of antitussive among our survey participants (corresponding to the three nodes). The flow between nodes indicates the trajectory made by participants, the width representing the proportion of participants selecting each antitussive at each level.

When asked about their beliefs on the effectiveness of opioid-containing antitussives, 78.4% (n = 315) of participants agreed (38.1%, n = 153) or strongly agreed (40.3%, n = 162) that opioid-containing antitussives are effective in the treatment of a dry cough (figure 3). Of the Italian-speaking respondents, 86.7% agreed (46.7%, n = 14) or strongly agreed (40.0%, n = 12) with the statement. Overall, 67.5% (n = 270) of participants believe that opioid-containing antitussives are more effective than other antitussives in treating a dry cough.

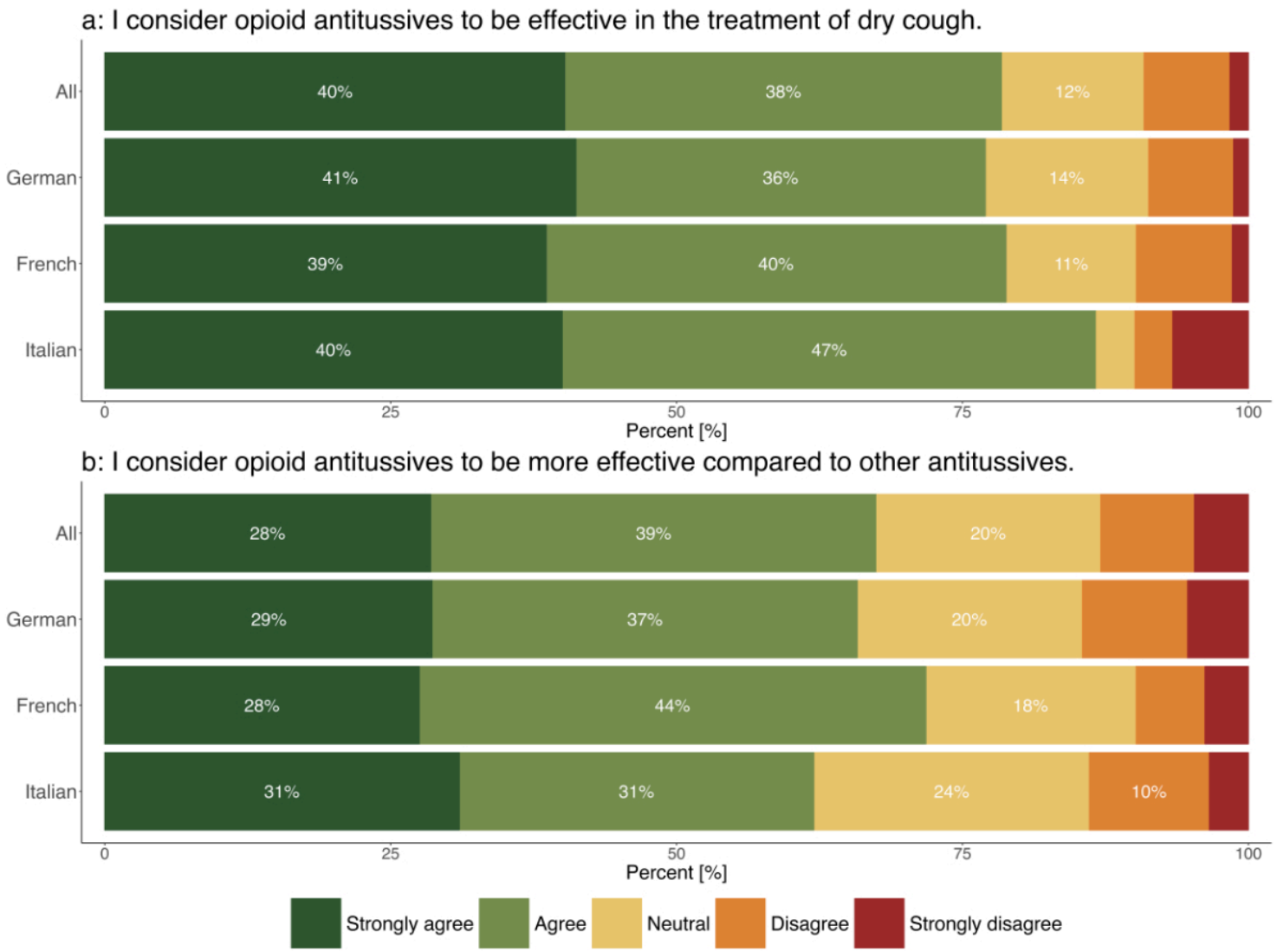


Figure 3: Community pharmacists' perception of effectiveness of opioid-containing antitussives.

Factors influencing the dispensing of opioid-containing antitussives

The responses to questions regarding the factors influencing the decision to dispense opioid-containing antitussives are shown in figure 4. The respondent pharmacists stated that the strongest influencing factor was the misuse potential of opioid-containing antitussives, rated to have a strong or very strong influence on the dispensing decision by 90.6%, followed by the customer's appearance, rated to have a strong or very strong influence by 72.8%. The newly necessary consultation and documentation time was perceived as the least important influencing factor with 63.0% (n = 241) of participants reporting that this has no (n = 101, 26.4%) or low (n = 140, 36.6%) influence on the decision for or against an opioid-containing antitussive.

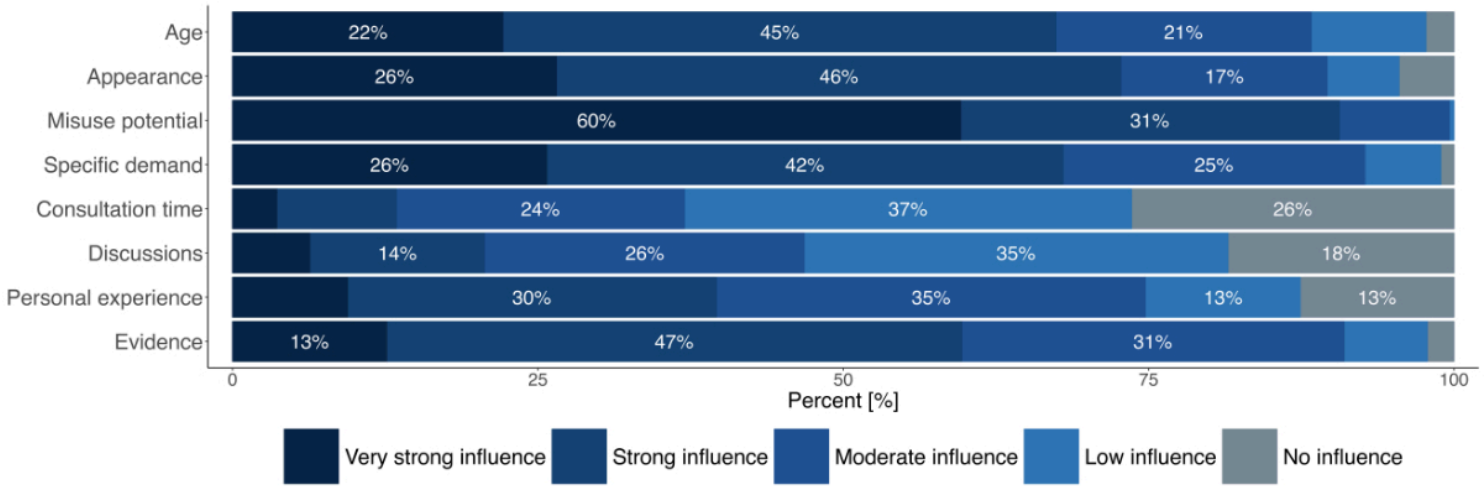


Figure 4: Factors influencing the decision for or against dispensing an opioid-containing antitussive.

Participants were asked to indicate in what percentage of cases they suspect misuse when a customer specifically asks for an opioid-containing antitussive (table S2 in the appendix). Overall, 60.5% of participants (n = 245) indicated that they suspect misuse in more than 20% of cases. This proportion differed between respondents of different languages. Among the German- and French-speaking respondents, 59.9% (n = 145) and 66.2% (n = 88), respectively, suspect misuse in more than 20% of cases. Of the Italian-speaking respondents, 40.0% (n = 12) suspected misuse in more than 20% of cases.

Further topics

We received 97 free-text comments of which 28 were excluded from analysis as they contained no information beyond that provided in other answers (n = 13), were general feedback on the questionnaire (n = 12) or were only a request for the survey results (n = 3). Sixty-nine comments were analysed qualitatively. We identified 15 different topics which are shown in table S4 in the appendix.

The most frequently raised topic was basing recommendations of antitussives on the individual consultation and anamnesis of the customer (n = 21):

"I find the documentation important to know more (anamnesis) and, if possible, to dispense a codeine-containing preparation if I feel it is necessary!" (comment 39, GER)

"Codeine cough suppressants have their uses. Depending on the nature of the request and the patient's history, we consult." (comment 45, FR)

Some of these comments also reported difficulties with consulting on antitussives due to a lack of evidence:

"What I find difficult is that the evidence base for antitussives is rather sparse, making consultations for dry coughs difficult. I therefore often fall back on my own or my team's experience. If there was more clarity here, then counselling would be easier." (comment 20, GER)

Several commenters perceived the upregulation of opioid-containing antitussives as a hurdle to treating customers with dry coughs, or as an incentive for customers to seek prescriptions from general practitioners (n = 15):

"It is a disadvantage because many pharmacies say that [opioid-containing antitussive] is only available on [physician's] prescription because they shy away from the effort. This means that people have to go to the doctor, which in turn drives up the costs." (comment 13, GER)

"It's very difficult to get the customer to understand the extra cost and time involved in dispensing a B+ drug [the B+ list defines prescription drugs that can be dispensed by pharmacists, e.g. opioid-containing antitussives]. So, they prefer to call the doctor and ask for a prescription!

Prescriptions are often written by the secretary and validated in a hurry by the doctor... the list [B+ list] was our reason for giving advice and now the very essence of our work has been taken away from us!" (comment 52, FR)

Other commenters perceived the new regulation as a gain of competencies (n = 8) and/or as an effective measure to prevent the misuse of opioid-containing antitussives (n = 5):

"I think this change in the law is one of the best things that has happened in recent years. [...] Likewise, the obligation to document/the possibility of documentation, this is a wonderful thing and recognises the competence of us pharmacists and will certainly relieve the burden on primary care providers in the long term." (comment 21, GER)

On the one hand, it was stated that the new regulation increasingly led to discussions with dissatisfied customers:

"Some customers vehemently demand that they be dispensed [an opioid-containing antitussive] and 'doubt' the decision-making authority of the pharmacist, who may also refuse to dispense the medicine, e.g. because they suspect misuse." (comment 10, GER)

On the other hand, some pharmacists reported that discussions with customers could be avoided due to the prescription requirement:

"I think many healthcare professionals use the 'prescription-only' argument to recommend a better alternative (e.g. phytotherapy). This makes it easier to convince patients to use an alternative product." (comment 3, GER)

All comments and their assigned topics can be found in table S5 in the appendix.

Discussion

We surveyed community pharmacists on their attitudes and dispensing behaviour in relation to opioid-containing antitussives, with the recent upregulation of these products being a key consideration. Most pharmacists reported that the upregulation of opioid-containing antitussives to prescription products led to them dispensing these drugs less frequently and more cautiously. Their misuse potential was considered the most important factor in deciding for or against dispensing opioid-containing antitussives. Opioid antitussives were reported to be used mainly as second and third choice for dry cough.

Of the surveyed pharmacists, 59.9% perceived the demand for opioid-containing antitussives as decreasing in the past five years and 85.8% reported that they personally dispense opioid-containing antitussives less frequently since their upregulation in 2019. This result would indicate that the revision of the Therapeutic Products Act is having one of its desired effects. Our research group has performed an analysis of antitussives sales data to investigate whether the actual sales trends reflect this perception [18]. While there was a sharp decline in opioid-containing antitussives sales during the COVID-19 pandemic, the sales recovered until the end of data collection in 2022. At a substance level, antitussives containing codeine are dispensed less frequently than before the 2019 TPA revision; however, the sales of antitussives containing dextromethorphan seem to not have been impacted. There therefore seems to be a discrepancy between the trends in dispensing frequency perceived by pharmacists and the sales data. There are several possible reasons for this. First, pharmacists' perception of the sales of antitussives might have been impacted by the drastic changes during the COVID-19 pandemic, leading to recall bias. Second, it is possible that the dispensing of opioid-containing antitussives in the pharmacy and particularly direct dispensing by pharmacists has decreased since the upregulation of these products. Some pharmacists who replied to our survey indeed reported that customers now prefer to obtain a prescription for opioid-containing antitussives from their general practitioner as this allows them to circumvent the fee usually imposed for documentation of the dispensing of opioid-containing antitussives when dispensed on a pharmacist's prescription. Alternatively, in cantons where this is possible, physicians might dispense opioid-containing antitussives directly to their patients. It is thus possible that overall, the sales of opioid-containing antitussives have not decreased while pharmacists have sold fewer opioid-containing antitussives under their own responsibility. With regards to misuse, a large cohort study conducted among young adults in Zurich found that codeine misuse had decreased only slightly in 2022 compared to 2018 (10.9% vs 12.7% 12-month prevalence in 2022 vs 2018) [19]. While this might imply that pharmacists' perception of decreasing dispensing is

inaccurate, it might also support the theory that customers have other routes of obtaining opioid-containing antitussives, whether via physician's prescriptions / self-dispensing or via illicit online purchases.

We found that French-speaking participants consistently indicated a lower frequency and higher caution when dispensing opioid-containing antitussives compared to German- and Italian-speaking participants. Notably, 49.6% of French-speaking participants indicated that they generally do not dispense opioid-containing antitussives. The more restrictive attitude towards opioid-containing antitussives in the French-speaking part of Switzerland might be due to the proximity to France where in 2017 the health minister signed a decree for immediate restriction of opioid-containing antitussives to prescription-only [20]. This decree was issued as a response to rising concerns of the misuse of opioid-containing antitussives in France including two deaths in 2017. Contrarily, German- and Italian-speaking participants seemed less restrictive, with 4.1% and 13.4% of participants indicating that they generally do not dispense opioid-containing antitussives. In the respective neighbouring countries, Germany and Italy, dextromethorphan is available over the counter [21], while codeine and codeine derivatives are available only on prescription [22, 23]. Therefore, we suspect that dextromethorphan-containing antitussives might be perceived as less risky compared to codeine-containing antitussives, which could lead to the discrepancy in the regulatory status of dextromethorphan between the different countries bordering Switzerland. Other factors contributing to regional differences in pharmaceutical practice in Switzerland arise from the federalistic nature of the Swiss political system, where healthcare is, for the most part, governed at the cantonal (state) level. While expanding the competences of pharmacists is a national effort, the federalistic healthcare system can lead to notable regional differences in medical and pharmaceutical practice, and, consequently, in the attitudes and opinions of healthcare professionals [24]. Examples of such differences are whether physicians are allowed to operate their own dispensary (in the German-speaking region they usually are, while they are not in the French- and Italian-speaking region), differing densities of and primary care services offered by pharmacies, and the implementation of regional projects, e.g. to improve interprofessional collaboration in healthcare or to address concerns of a specific demographic such as older adults or pregnant people.

We enquired about the first, second and third choices of survey participants to treat a dry cough and found that participants usually opted for non-opioid products with butamirate (43.0%), phytotherapeutics (24.7%) or morclofone (17.0%). Opioid-containing antitussives were popular primarily as a third choice (dextromethorphan 29.1%, codeine 26.3%). There seemed to be a trend of "escalating" the treatment from phytotherapeutic preparations to butamirate or morclofone to opioid-containing antitussives. This likely reflects pharmacists perceiving opioid-containing antitussives as riskier but also more effective than phytotherapeutics and butamirate or morclofone. Our study found that 78.4% of participants considered opioid-containing antitussives to be effective in the treatment of a dry cough and 67.5% considered them more effective than other antitussives. Remarkably, the evidence base for the efficacy of antitussives is disputed at best and lacking at worst [25-27]. Among the opioid-containing antitussives, there is no convincing evidence of efficacy for codeine, while the efficacy of dextromethorphan is supported by a few studies showing a minor clinical effect [26-28]. Generally, the studies examining the efficacy of antitussives are dated and of low quality, which makes it hard to build a case for or against the use of antitussive drugs in current evidence-based medicine [29]. As a result, treatment guidelines are cautious in recommending antitussives [28, 30], leaving pharmacists to largely rely on historical evidence or personal experience to treat dry cough, resulting in a wide range of treatment options, as evidenced by our findings on treatment trajectories. Future research might explore customers' educational needs in more depth, investigate facilitators and barriers to pharmacist-led evidence-based consultations and dispensing for cough, or delve into differences between dispensing practices of individual substances in a category of drugs.

The free-text comments from pharmacists on the topic of opioid-containing antitussives revealed that the views on the usefulness and the implementation of the upregulation of opioid-containing antitussives are very diverse. While some pharmacists view the upregulation as an effective means to curb misuse and as a gain of competencies, others felt the effort to dispense opioid-containing antitussives was disproportionate. However, respondents in our survey (63.0%, n = 241) still reported that the obligation to document the dispensing was not an important influencing factor in their decision-making. An important factor reported by pharmacists on hurdles for the customers was financing of the dispensing. Seventy-eight percent of respondents of our survey reported that their pharmacy charges for the effort of consulting and documenting. As this fee is paid directly by

the customer at the point of sale and is not reimbursed by insurance, there can be a lack of understanding on the customer side. These objections to pharmacists' dispensing of prescription medications are not specific to opioid-containing antitussives – similar concerns regarding effort and reimbursement were raised by pharmacists in a survey on the dispensing of medications on list B+ published in 2021 [31]. Dismantling these barriers to pharmacist-led dispensing of prescription medications is important to achieve the aim of satisfactory treatment while relieving the burden on the primary care system. This might be achieved with more guidance and education for pharmacists, other pharmacy employees and customers.

Our study has notable strengths, including the large sample size and the generalisability across Swiss pharmacists. The limitations of our survey are inherent to qualitative research in general or surveys in specific. First, the population of participants is self-selected. We therefore cannot eliminate the possibility that participants have a stronger interest in antitussives, medication misuse and/or regulation changes compared to non-respondents. However, given that in terms of characteristics our population was representative of the Swiss pharmacist population [32], we achieved a response rate comparable to other online surveys among pharmacists [33-36], and given the variety of opinions received in the free-text comment of the survey, we assume that our survey population included a broad and representative spectrum of pharmacists. Due to the lack of more detailed information on the demographics of Swiss pharmacists we were, however, unable to adjust our analysis for non-representativeness. Additionally, despite distributing the survey solely through professional associations, a residual risk of non-(community) pharmacists participating in the survey remains due to a lack of additional verification, which we omitted to protect the anonymity of the respondents. Second, survey research can be subject to various responding biases. For example, recall bias could affect the accuracy of the responses regarding time trends, and pharmacists might tend to avoid answers which could negatively reflect on their individual behaviour or their profession as a whole (social desirability bias). We aimed to limit the questionnaire to neutral questions, operating under the assumptions that our respondents are compliant with the regulatory requirements (e.g. documentation), and instead tried to focus on individual perception, decision-making and attitudes. Third, our study did not distinguish between dextromethorphan-containing antitussives and (dihydro)codeine-containing antitussives despite differing mechanisms of action. We subsumed all these under the term "opioid-containing antitussives" as they were subject to the same regulatory change in Switzerland. It is to be noted, however, that dextromethorphan differs from codeine in its regulatory status in other countries (e.g. Germany and Italy), and that some pharmacists in Switzerland might also consider their risk of misuse to be different, leading to different dispensing behaviours. Future research could investigate whether these substances are perceived and handled differently by healthcare professionals. Lastly, our study population only included pharmacists from Switzerland and investigated a regulatory framework specific to the Swiss drug market. This limited the comparability to the published literature and might affect the generalisability to other settings. However, due to Switzerland's central position in Europe, neighbouring countries can have a significant impact on attitudes and behaviours of Swiss pharmacists, as evidenced by the differences we found in the different language regions. Therefore, our results may be applicable for neighbouring countries, too. Additionally, the exploration of one regulatory framework's impact on the behaviour of pharmacists, while not directly applicable to other frameworks, can be informative in the planning of future regulatory changes both in and outside of Switzerland.

Our survey investigated the dispensing behaviour of community pharmacists in Switzerland in relation to opioid-containing antitussives in light of their regulatory reclassification from over-the-counter to prescription medications. The participating pharmacists reported dispensing more cautiously and less frequently than before the reclassification in 2019. Additionally, we found that French-speaking participants were most restrictive in their dispensing, with half of them indicating that they generally do not dispense opioid-containing antitussives. Pharmacists appeared to consider opioid-containing antitussives to be an effective treatment for dry cough; however, they tended to choose dextromethorphan or codeine as a second- or third-line treatment only, favouring butamirate, phytotherapeutics or morclofone as a first-line choice. Pharmacists reported that they base their choice of antitussive on each client's symptoms and characteristics. Lastly, pharmacists' opinions on the upregulation of opioid-containing antitussives and the benefits and drawbacks resulting from this change were complex and varied.

This study highlights that Swiss community pharmacists hold important gatekeeping responsibilities in balancing access to cough treatments with efforts to prevent misuse of opioid-containing antitussives. Continued emphasis on evidence-based recommendations and clear communication with customers about treatment and reimbursement options could further support community pharmacists in implementing their new competences.

Data sharing statement

The study participants did not give consent for their non-aggregated data to be shared publicly, so due to the sensitive nature of the research, supporting data is not available. The full aggregated dataset can be found in table S1 in the appendix. The code used for the analysis is available from the corresponding author upon reasonable request.

Notes

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Potential competing interests

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Appendix

Full questionnaire and answers

Table S 1 Full questionnaire with answers stratified by language. n is the number of respondents in each language. n_a is the number of respondents who gave a specific answer. n_q is the number of respondents to a specific question. If n_q is not equal to n, there is missingness in the responses (see Supplement Table S1) or the question is displayed conditionally on the answer to another question. Items have been translated to English from the German version of the questionnaire by the authors.

	ALL		GERMAN		FRENCH		ITALIAN	
Answer	**n_a**	**%**	**n_a**	**%**	**n_a**	**%**	**n_a**	**%**
Which antitussive do you prefer to dispense for dry irritating cough? Select your first, second and third choice from the respective drop-down menus.								
My first choice is:								
	n_q = 405		n_q = 242		n_q = 133		n_q = 30	
Butamirate	174	43.0	110	45.5	51	38.3	13	43.4
Codeine	10	2.5	8	3.3	1	0.8	1	3.3
Dextromethorphan	38	9.4	25	10.3	10	7.5	3	10.0
Dihydrocodeine	1	0.3	1	0.4	0	0.0	0	0.0
Complementary medicine	7	1.7	3	1.2	4	3.0	0	0.0
Morclofone	69	17.0	37	15.3	27	20.3	5	16.7
Noscapine	5	1.2	4	1.7	0	0.0	1	3.3
Oxomemazine	1	0.2	0	0.0	1	0.8	0	0.0
Phytotherapeutics	100	24.7	54	22.3	39	29.3	7	23.3
My second choice is:								
	n_q = 403		n_q = 241		n_q = 132		n_q = 30	
Butamirate	102	25.3	53	22.0	43	32.6	6	20.0
Codeine	28	7.0	22	9.1	3	2.3	3	10.0
Dextromethorphan	93	23.1	61	25.3	25	18.9	7	23.3
Dihydrocodeine	7	1.7	6	2.5	0	0.0	1	3.4
Complementary medicine	10	2.5	8	3.3	2	1.5	0	0.0
Morclofone	80	19.9	39	16.2	30	22.7	11	36.7
Noscapine	21	5.2	16	6.7	4	3.0	1	3.3
Oxomemazine	3	0.7	0	0.0	3	2.3	0	0.0
Phytotherapeutics	59	14.6	36	14.9	22	16.7	1	3.3
My third choice is:								
	n_q = 399		n_q = 241		n_q = 129		n_q = 29	
Butamirate	36	9.0	21	8.7	13	10.1	2	6.9
Codeine	105	26.3	70	29.0	27	20.9	8	27.6
Dextromethorphan	116	29.1	74	30.7	34	26.4	8	27.6
Dihydrocodeine	7	1.8	4	1.7	1	0.8	2	6.9
Complementary medicine	13	3.3	5	2.1	7	5.4	1	3.5
Morclofone	44	10.9	27	11.2	15	11.6	2	6.9
Noscapine	13	3.3	6	2.5	6	4.7	1	3.4
Oxomemazine	4	1.0	1	0.4	3	2.3	0	0.0
Phytotherapeutics	61	15.3	33	13.7	23	17.8	5	17.2
How would you describe the trend in demand for opioid antitussives within the last five years in your pharmacy?								

	n_q = 400		n_q = 239		n_q = 133		n_q = 28	
Demand decreased sharply	84	21.0	43	18.0	37	27.8	4	14.3
Demand decreased slightly	156	38.9	103	43.1	40	30.1	13	46.4
Demand remained stable	123	30.8	73	30.5	41	30.8	9	32.2
Demand increased slightly	26	6.5	17	7.1	9	6.8	0	0.0
Demand increased sharply	11	2.8	3	1.3	6	4.5	2	7.1
Based on a 100% workload, how often have you dispensed an opioid antitussive in the past month within your own dispensing authority?								
	n_q = 403		n_q = 242		n_q = 131		n_q = 30	
Multiple times a day	31	7.7	21	8.7	9	6.9	1	3.2
Once a day	36	8.9	28	11.6	6	4.6	2	6.7
Multiple times a week	131	32.5	90	37.2	30	22.8	11	36.7
Once a week	85	21.1	54	22.3	20	15.3	11	36.7
Less than once a week	120	29.8	49	20.2	66	50.4	5	16.7
Please indicate how much the following statements apply to you:								
I consider opioid antitussives to be effective in the treatment of dry cough.								
	n_q = 402		n_q = 240		n_q = 132		n_q = 30	
Strongly disagree	7	1.7	3	1.3	2	1.5	2	6.7
Disagree	30	7.5	18	7.5	11	8.3	1	3.3
Neutral	50	12.4	34	14.2	15	11.4	1	3.3
Agree	153	38.1	86	35.8	53	40.2	14	46.7
Strongly agree	162	40.3	99	41.2	51	38.6	12	40.0
I consider opioid antitussives to be more effective compared to other antitussives.								
	n_q = 400		n_q = 240		n_q = 131		n_q = 29	
Strongly disagree	19	4.8	13	5.4	5	3.8	1	3.5
Disagree	33	8.2	22	9.2	8	6.1	3	10.4
Neutral	78	19.5	47	19.6	24	18.3	7	24.1
Agree	156	39.0	89	37.1	58	44.3	9	31.0
Strongly agree	114	28.5	69	28.7	36	27.5	9	31.0
I am cautious about dispensing opioid antitussives.								
	n_q = 403		n_q = 241		n_q = 132		n_q = 30	
Strongly disagree	11	2.7	5	2.1	3	2.3	3	10.0
Disagree	33	8.2	20	8.3	6	4.5	7	23.4
Neutral	85	21.1	65	27.0	13	9.9	7	23.3
Agree	111	27.5	69	28.6	35	26.5	7	23.3
Strongly agree	163	40.5	82	34.0	75	56.8	6	20.0
How much does each of the following factors influence your decision to dispense or not dispense an opioid antitussive:								
Age of customer								
	n_q = 383		n_q = 238		n_q = 117		n_q = 28	
No influence	9	2.3	3	1.3	5	4.3	1	3.6
Low influence	36	9.4	19	8.0	14	12.0	3	10.7
Moderate influence	80	20.9	54	22.6	23	19.7	3	10.7
Strong influence	173	45.2	108	45.4	46	39.2	19	67.9
Very strong influence	85	22.2	54	22.7	29	24.8	2	7.1

Appearance of customer								
	n_q = 374		n_q = 235		n_q = 111		n_q = 28	
No influence	17	4.5	5	2.1	11	9.9	1	3.6
Low influence	22	5.9	11	4.7	7	6.3	4	14.3
Moderate influence	63	16.8	33	14.1	25	22.5	5	17.9
Strong influence	173	46.3	119	50.6	40	36.1	14	49.9
Very strong influence	99	26.5	67	28.5	28	25.2	4	14.3
Misuse potential of opioid-containing antitussives								
	n_q = 381		n_q = 236		n_q = 117		n_q = 28	
No influence	0	0.0	0	0.0	0	0.0	0	0.0
Low influence	1	0.3	1	0.4	0	0.0	0	0.0
Moderate influence	35	9.1	26	11.0	8	6.8	1	3.6
Strong influence	118	31.0	85	36.0	24	20.5	9	32.1
Very strong influence	227	59.6	124	52.6	85	72.7	18	64.3
Specific demand for an opioid-containing antitussive								
	n_q = 381		n_q = 236		n_q = 117		n_q = 28	
No influence	4	1.0	1	0.4	3	2.6	0	0.0
Low influence	24	6.3	16	6.8	6	5.1	2	7.1
Moderate influence	94	24.7	64	27.1	22	18.8	8	28.6
Strong influence	161	42.3	106	44.9	45	38.5	10	35.7
Very strong influence	98	25.7	49	20.8	41	35.0	8	28.6
Time required for documentation/consultation								
	n_q = 382		n_q = 237		n_q = 117		n_q = 28	
No influence	101	26.4	65	27.3	28	23.9	8	28.6
Low influence	140	36.6	103	43.5	28	23.9	9	32.1
Moderate influence	90	23.6	46	19.4	38	32.5	6	21.4
Strong influence	37	9.7	16	6.8	16	13.7	5	17.9
Very strong influence	14	3.7	7	3.0	7	6.0	0	0.0
Discussion with customers about the documentation obligation								
	n_q = 383		n_q = 238		n_q = 117		n_q = 28	
No influence	71	18.5	44	18.5	22	18.8	5	17.9
Low influence	133	34.7	88	37	34	29.1	11	39.3
Moderate influence	100	26.1	60	25.1	34	29.1	6	21.3
Strong influence	55	14.4	33	13.9	17	14.5	5	17.9
Very strong influence	24	6.3	13	5.5	10	8.5	1	3.6
Personal experience with opioid-containing antitussives								
	n_q = 381		n_q = 237		n_q = 116		n_q = 28	
No influence	48	12.6	28	11.7	18	15.5	2	7.1
Low influence	48	12.6	30	12.7	17	14.7	1	3.6
Moderate influence	134	35.2	77	32.5	42	36.2	15	53.6
Strong influence	115	30.2	80	33.8	27	23.3	8	28.6
Very strong influence	36	9.4	22	9.3	12	10.3	2	7.1

Evidence on the efficacy of opioid-containing antitussives								
	$n_q = 380$		$n_q = 235$		$n_q = 117$		$n_q = 28$	
No influence	8	2.1	5	2.1	3	2.6	0	0.0
Low influence	26	6.9	14	6.0	12	10.3	0	0.0
Moderate influence	119	31.3	76	32.3	34	29.1	9	32.1
Strong influence	179	47.1	113	48.1	51	43.6	15	53.6
Very strong influence	48	12.6	27	11.5	17	14.4	4	14.3
I generally do not dispense opioid-containing antitussives								
	$n_q = 405$		$n_q = 242$		$n_q = 133$		$n_q = 30$	
Applies to me	80	19.8	10	4.1	66	49.6	4	13.3
In what percentage of cases specifically asking for an opioid antitussive do you suspect misuse?								
	$n_q = 405$		$n_q = 242$		$n_q = 133$		$n_q = 30$	
0-20%	160	39.5	97	40.1	45	33.8	18	60.0
20-40%	132	32.6	80	33.1	47	35.3	5	16.7
40-60%	64	15.8	38	15.7	22	16.6	4	13.3
60-80%	41	10.1	24	9.9	14	10.5	3	10.0
80-100%	8	2.0	3	1.2	5	3.8	0	0.0
Do you feel the need for more guidance/information when dispensing opioid antitussives?								
	$n_q = 405$		$n_q = 242$		$n_q = 133$		$n_q = 30$	
I would like significantly more information	44	10.9	19	7.9	22	16.5	3	10.0
I would like a little more information	155	38.2	87	36.0	59	44.4	9	30.0
I have everything I need for consulting	206	50.9	136	56.1	52	39.1	18	60.0
What form of guidance/information would you like to see?								
	$n_q = 199$		$n_q = 106$		$n_q = 81$		$n_q = 12$	
Interactive training	91	45.7	47	44.3	37	45.7	7	58.3
Lecture	65	32.7	35	33.0	22	27.2	8	66.7
Flyer	77	38.7	41	38.7	33	40.7	3	25.0
Pop-up in checkout system	82	41.2	46	43.4	30	37.0	6	50.0
Did not say anything	1	0.5	1	0.9	0	0.0	0	0.0
I practiced as a pharmacist prior to 2019.								
	$n_q = 405$		$n_q = 242$		$n_q = 133$		$n_q = 30$	
True	358	88.4	207	85.5	124	93.2	27	90.0
False	47	11.6	35	14.5	9	6.8	3	10.0
Since the revision of the Therapeutic Products Act in 2019, my dispensing behavior of opioid antitussives has changed as follows:								
	$n_q = 358$		$n_q = 207$		$n_q = 124$		$n_q = 27$	
I dispense much more cautiously	113	31.6	52	25.1	52	41.9	9	33.3
I dispense a little more cautiously	153	42.7	100	48.3	42	33.9	11	40.8
No change	91	25.4	54	26.1	30	24.2	7	25.9
I dispense more generously	1	0.3	1	0.5	0	0.0	0	0.0
I dispense a lot more generously	0	0.0	0	0.0	0	0.0	0	0.0

Since the revision of the Therapeutic Products Act in 2019, my dispensing frequency of opioid antitussives has changed as follows:								
	n_q = 358		n_q = 207		n_q = 124		n_q = 27	
I dispense much less frequently	174	48.6	89	43.0	74	59.7	11	40.8
I dispense a little less frequently	133	37.2	87	42.0	35	28.2	11	40.7
I dispense with the same frequency	47	13.1	29	14.0	13	10.5	5	18.5
I dispense a little more frequently	3	0.8	2	1.0	1	0.8	0	0.0
I dispense a lot more frequently	1	0.3	0	0.0	1	0.8	0	0.0
How much do you agree with the following statements?								
Prescription/documentation requirements are a barrier to satisfactorily treating a dry cough.								
	n_q = 405		n_q = 242		n_q = 133		n_q = 30	
Strongly disagree	135	33.3	89	36.8	37	27.8	9	30.0
Disagree	110	27.2	62	25.6	42	31.6	6	20.0
Neutral	43	10.6	24	9.9	16	12.0	3	10.0
Agree	93	23.0	59	24.4	25	18.8	9	30.0
Strongly agree	24	5.9	8	3.3	13	9.8	3	10.0
Mandatory prescribing/documentation of opioid antitussives reduces misuse of opioid antitussives.								
	n_q = 405		n_q = 242		n_q = 133		n_q = 30	
Strongly disagree	17	4.2	11	4.6	6	4.4	0	0.0
Disagree	42	10.4	24	9.9	17	12.8	1	3.3
Neutral	49	12.1	23	9.5	17	12.8	9	30.0
Agree	207	51.1	132	54.5	63	47.4	12	40.0
Strongly agree	90	22.2	52	21.5	30	22.6	8	26.7
Is there a charge for the additional time and effort required to document the dispensing of opioid antitussives at your pharmacy?								
	n_q = 405		n_q = 242		n_q = 133		n_q = 30	
True	316	78.0	217	89.6	89	66.9	10	33.3
False	71	17.5	20	8.3	33	24.8	18	60.0
Prefer not to say	18	4.5	5	2.1	11	8.3	2	6.7
What is the amount your pharmacy charges for dispensing and documenting opioid antitussives?								
	n_q = 307		n_q = 210		n_q = 88		n_q = 9	
0.- to 2.95.- CHF	1	0.2	0	0.0	1	1.1	0	0.0
3.- to 4.95- CHF	27	8.8	20	9.5	6	6.8	1	11.1
5.- to 6.95.- CHF	37	12.1	22	10.5	11	12.5	4	44.5
7.- to 8.95.- CHF	175	57.0	120	57.1	53	60.2	2	22.2
9.- to 10.95.- CHF	45	14.7	36	17.2	7	8.0	2	22.2
More than 11.- CHF	15	4.9	7	3.3	8	9.1	0	0.0
Prefer not to say	7	2.3	5	2.4	2	2.3	0	0.0

Inclusion and exclusion of participants

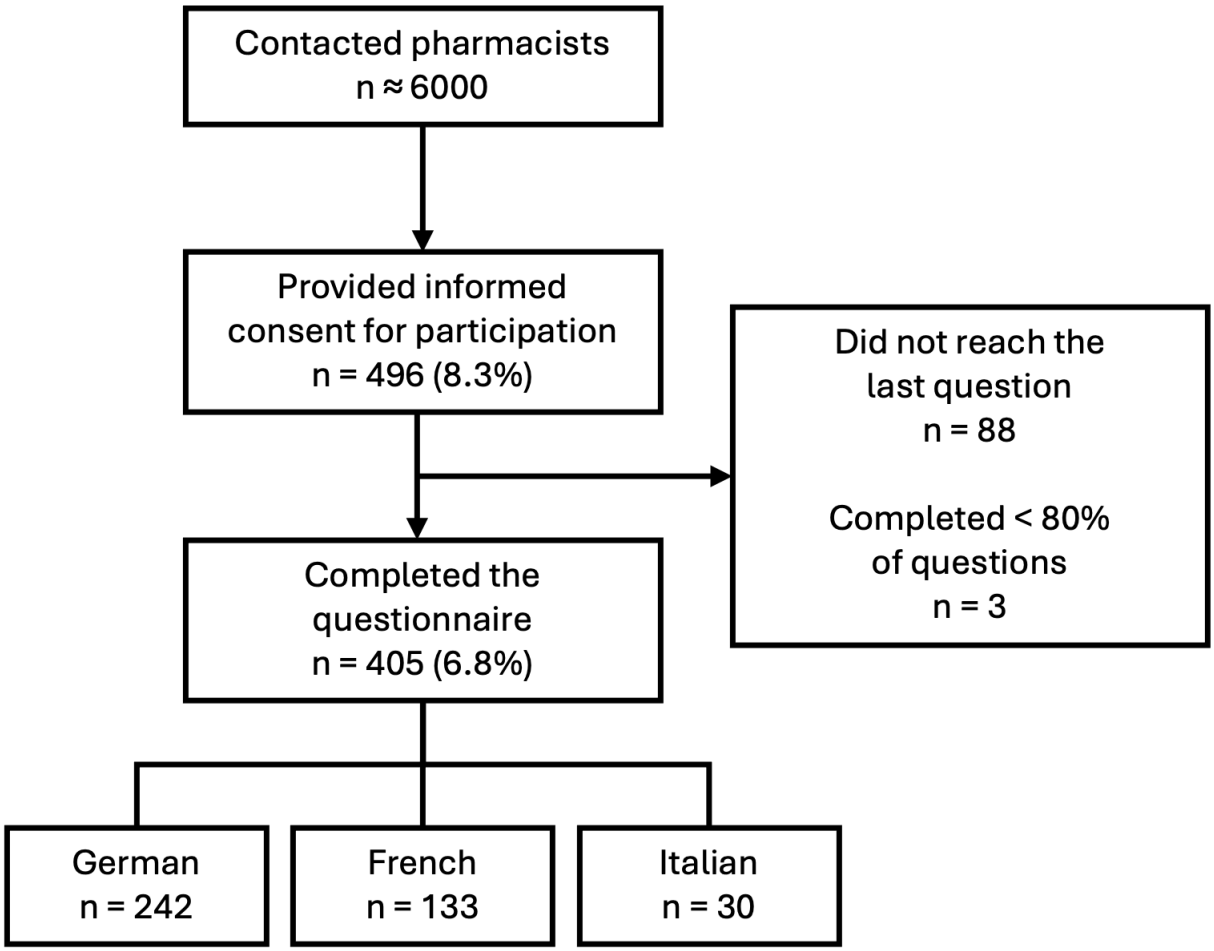


Figure S 1: Flowchart of inclusion and exclusion of survey participants.

Missingness

Table S 2 Missingness per question stratified by language. n_q is the number of participants who answered the question, n_t is the total number of participants who were eligible to answer the question (equal to total sample size n unless the question is shown conditionally on the answer to another question), m% is the percent of missingness for the question.

	ALL n = 405			GERMAN n = 242			FRENCH n = 133			ITALIAN n = 30		
Question	**n_q**	**n_t**	**m%**	**n_q**	**n_t**	**m%**	**n_q**	**n_t**	**m%**	**n_q**	**n_t**	**m%**
Which antitussive do you prefer to dispense for dry irritating cough? Select your first, second and third choice from the respective drop-down menus.												
First choice	405	405	0	242	242	0	133	133	0	30	30	0
Second choice	403	405	0.5	241	242	0.4	132	133	0.8	30	30	0
Third choice	399	405	1.5	241	242	0.4	129	133	3	29	30	3.3
How would you describe the trend in demand for opioid antitussives within the last five years in your pharmacy?												
	400	405	1.2	239	242	1.2	133	133	0	28	30	6.7
Based on a 100% workload, how often have you dispensed an opioid antitussive in the past month within your own dispensing authority?												
	403	405	0.5	242	242	0	131	133	1.5	30	30	0
Please indicate how much the following statements apply to you: I consider opioid antitussives to be effective in the treatment of dry cough.												
	402	405	0.7	240	242	0.8	132	133	0.8	30	30	0
I consider opioid antitussives to be more effective compared to other antitussives.												
	400	405	1.2	240	242	0.8	131	133	1.5	29	30	3.3
I am cautious about dispensing opioid antitussives.												
	403	405	0.5	241	242	0.4	132	133	0.8	30	30	0
How much does each of the following factors influence your decision to dispense or not dispense an opioid antitussive:												
Age	383	384	0.3	238	238	0	117	118	0.8	28	28	0
Appearance	374	384	2.6	235	238	1.3	111	118	5.9	28	28	0
Misuse	381	384	0.8	236	238	0.8	117	118	0.8	28	28	0
Demand	381	384	0.8	236	238	0.8	117	118	0.8	28	28	0
Documentation	382	384	0.5	237	238	0.4	117	118	0.8	28	28	0
Discussion	383	384	0.3	238	238	0	117	118	0.8	28	28	0
Personal experience	381	384	0.8	237	238	0.4	116	118	1.7	28	28	0
Evidence	380	384	1	235	238	1.3	117	118	0.8	28	28	0
I generally do not dispense opioid-containing antitussives												
	405	405	0	242	242	0	133	133	0	30	30	0
In what percentage of cases specifically asking for an opioid antitussive do you suspect misuse?												
Suspicion of misuse	405	405	0	242	242	0	133	133	0	30	30	0
Do you feel the need for more guidance/information when dispensing opioid antitussives?												
Further guidance	405	405	0	242	242	0	133	133	0	30	30	0
What form of guidance/information would you like to see?												
Interactive training	199	199	0	106	106	0	81	81	0	12	12	0
Lecture	199	199	0	106	106	0	81	81	0	12	12	0
Flyer	199	199	0	106	106	0	81	81	0	12	12	0
Pop-up at checkout	199	199	0	106	106	0	81	81	0	12	12	0
Other	199	199	0	106	106	0	81	81	0	12	12	0
I practiced as a pharmacist prior to 2019.												
	405	405	0	242	242	0	133	133	0	30	30	0

Since the revision of the Therapeutic Products Act in 2019, my dispensing frequency of opioid antitussives has changed as follows:											
358	358	0	207	207	0	124	124	0	27	27	0
Since the revision of the Therapeutic Products Act in 2019, my dispensing behavior of opioid antitussives has changed as follows:											
358	358	0	207	207	0	124	124	0	27	27	0
How much do you agree with the following statements? Prescription/documentation requirements are a barrier to satisfactorily treating a dry cough.											
405	405	0	242	242	0	133	133	0	30	30	0
Mandatory prescribing/documentation of opioid antitussives reduces misuse of opioid antitussives.											
405	405	0	242	242	0	133	133	0	30	30	0
Is there a charge for the additional time and effort required to document the dispensing of opioid antitussives at your pharmacy?											
405	405	0	242	242	0	133	133	0	30	30	0
What is the amount your pharmacy charges for dispensing and documenting opioid antitussives?											
307	316	2.8	210	217	3.2	88	89	1.1	9	10	10

Choice of antitussives: decision trajectories

Table S 3 Decision trajectories in antitussive treatment. The right column shows the first or second choice of antitussive (with total of respondents choosing it in parentheses) and the right column shows the proportion of participants who chose each respective antitussive as their next choice (i.e., second or third choice). n_a (and corresponding percentage) is the number of participants who chose each option of the total number n who answered the question.

First to second choice (n = 405)			
From	**To**	**n_a**	**%**
Butamirate (43.0%)	**Total**	174	100.0%
	Codeine	4	2.3%
	Dextromethorphan	56	32.2%
	Morclofone	56	32.2%
	Phytotherapeutics	40	23.0%
	Other	18	10.3%
	Dihydrocodeine	1	0.6%
	Complementary medicine	3	1.7%
	Noscapine	12	6.9%
	Oxomemazine	1	0.6%
	Unknown	1	0.6%
Codeine (2.5%)	**Total**	10	100.0%
	Dextromethorphan	6	60%
	Morclofone	1	10%
	Other	3	30%
	Dihydrocodeine	2	20%
	Noscapine	1	10%
Dextromethorphan (9.4%)	**Total**	38	100.0%
	Butamirate	9	23.7%
	Codeine	17	44.7%
	Morclofone	2	5.3%
	Phytotherapeutics	3	7.9%
	Other	7	18.4%
	Dihydrocodeine	3	7.9%
	Noscapine	2	5.3%
	Oxomemazine	1	2.6%
	Unknown	1	2.6%
Morclofone (17.0%)	**Total**	69	100.0%
	Butamirate	34	49.3%
	Codeine	4	5.8%
	Dextromethorphan	16	23.2%
	Phytotherapeutics	9	13.0%
	Other	6	8.7%
	Dihydrocodeine	1	1.4%
	Noscapine	4	5.8%
	Oxomemazine	1	1.4%
Phytotherapeutics (24.7%)	**Total**	100	100.0%
	Butamirate	55	55.0%
	Codeine	2	2.0%
	Dextromethorphan	13	13.0%
	Morclofone	21	21.0%
	Other	9	9.0%
	Complementary medicine	7	7.0%
	Noscapine	2	2.0%
Other: Dihydrocodeine (0.2%)	**Total**	1	100.0%
	Codeine	1	100.0%
Other: Complementary medicine (1.7%)	**Total**	7	100.0%
	Butamirate	2	28.6%
	Dextromethorphan	1	14.3%
	Phytotherapeutics	4	57.1%

Other: Noscapine (1.2%)	**Total**	5	100.0%
	Butamirate	2	40.0%
	Dextromethorphan	1	20.0%
	Phytotherapeutics	2	40.0%
Other: Oxomemazine (0.2%)	**Total**	1	100.0%
	Phytotherapeutics	1	100.0%

Second to third choice (n = 403)

From	To	n	%
Butamirate (25.3%)	Total	102	100.0%
	Butamirate	1	1.0%
	Codeine	12	11.8%
	Dextromethorphan	48	47.1%
	Morclofone	16	15.7%
	Phytotherapeutics	13	12.7%
	Other	12	11.8%
	Complementary medicine	6	5.9%
	Noscapine	4	3.9%
	Oxomemazine	2	2.0%
Codeine (6.9%)	**Total**	28	100.0%
	Butamirate	7	25.0%
	Dextromethorphan	6	21.4%
	Morclofone	6	21.4%
	Phytotherapeutics	4	14.3%
	Other	5	17.9%
	Dihydrocodeine	2	7.1%
	Noscapine	3	10.7%
Dextromethorphan (23.1%)	**Total**	93	100.0%
	Butamirate	3	3.2%
	Codeine	61	65.6%
	Morclofone	4	4.3%
	Phytotherapeutics	14	15.1%
	Other	10	100.0%
	Dihydrocodeine	4	4.3%
	Complementary medicine	3	3.2%
	Noscapine	3	3.2%
	Oxomemazine	1	1.1%
Morclofone (19.9%)	**Total**	80	100.0%
	Butamirate	10	12.5%
	Codeine	11	13.8%
	Dextromethorphan	31	38.8%
	Phytotherapeutics	22	27.5%
	Other	6	7.5%
	Dihydrocodeine	1	1.3%
	Noscapine	3	3.8%
	Oxomemazine	1	1.3%
	Unknown	1	1.3%
Phytotherapeutics (14.6%)	**Total**	59	100.0%
	Butamirate	6	10.2%
	Codeine	12	20.3%
	Dextromethorphan	23	39.0%
	Morclofone	12	20.3%
	Other	6	10.2%
	Complementary medicine	3	5.1%
	Unknown	3	5.1%
Other: Dihydrocodeine (1.7%)	**Total**	7	100.0%
	Butamirate	2	28.6%
	Codeine	2	28.6%
	Phytotherapeutics	3	42.9%

Other: Complementary medicine (2.5%)	**Total**	10	100.0%
	Butamirate	4	40.0%
	Codeine	2	20.0%
	Dextromethorphan	1	10.0%
	Morclofone	3	30.0%
Other: Noscapine (5.2%)	**Total**	21	100.0%
	Butamirate	3	14.3%
	Codeine	5	23.8%
	Dextromethorphan	7	33.3%
	Morclofone	3	14.3%
	Phytotherapeutics	3	14.3%
Other: Oxomemazine (0.7%)	**Total**	3	100.0%
	Phytotherapeutics	2	66.7%
	Other	1	33.3%
	Complementary medicine	1	33.3%
Other: Unknown (0.5%)	**Total**	2	100.0%
	Other	2	100.0%
	Unknown	2	100.0%

Comments

Table S 4 Quantitative results of the topical analysis on free-text comments: Number and percentage of comments which included any particular topic (multiple topics per comment possible). Total comments analysed n = 69.

Topic	**n**	**%**
Anamnesis/evidence-based decision making	21	30.4%
Revision: hurdle	15	21.7%
Discussion with customers	9	13.0%
Guidance	8	11.6%
Revision: gain of competencies	8	11.6%
No dispensing irrespective of revision	7	10.1%
Role of general practitioners	7	10.1%
Financing	5	7.2%
Misuse potential	5	7.2%
Revision: successful measure to avoid misuse	5	7.2%
B+ competences not used	4	5.8%
Role of pharmacy technicians	4	5.8%
Avoidance of documentation	4	5.8%
Withdrawal	2	2.9%
Availability / supply	1	1.4%

Table S 5 Answers to the open-ended question “Do you have anything else you would like to share with us?” in original language, with their English translation and inductively assigned themes.

Number	Language	Original	English	Themes
1	DE	Was sich echt verändert hat seit der Gesetzesänderung ist, dass wir mit den Kunden "diskutieren müssen" und am Ende weniger Zeit für die echte Beratung haben. Es gibt viele verärgte Kunden, weil sie ein jahrelang benutztes Präparat plötzlich nicht mehr ohne Verordnung beziehen können. Verärgert werden dabei v.a. ältere Personen und jene, bei denen das Missbrauchpotenzial am grössten ist, die kümmert es sowieso wenig und die reisen einfach von Apotheke zu Apotheke. Die Entscheidung, was jemand bekommt, sollte medizinisch erfolgen (Beachtung von IA und KI) und nicht aufgrund von einer Umlistung oder Ärger. Ich finde die Situation absolut unbefriedigend. Die Liste B+ ist für mich der grösste Schwachsinn, den die Behörden und PharmaSuisse machen konnten. Seit Jahren predigen wir "wer verschreibt, verkauft nicht und wer verkauft, verschreibt nicht" und nun beginnen wir selber zu verschreiben. Da sägen wir am Ast auf dem wir sitzen. Seit Jahren dürfen wir in begründeten Ausnahmefällen alles abgeben. Das habe ich schon immer gemacht und wenn es nicht passte oder bei Verdacht auf Missbrauch, habe ich auch schon früher kein Codein oder Dex abgegeben - Verschreibungspflicht hin oder her. Wir haben aufgrund unserer Ausbildung die Kompetenz, zu entscheiden, ob ein Opioid angebracht, problematisch oder kontraindiziert ist. Da brauchen wir keine Umlistung dafür, und schon gar nicht zusätzliche Ausbildungskurse, um diese "neue" Kompetenz zu erlangen.	What has really changed since the change in the law is that we have to “discuss” with customers and end up having less time for real counselling. There are a lot of angry customers because they suddenly can no longer obtain a product they have been using for years without a prescription. It is mainly older people who are annoyed and those with the greatest potential for misuse those don't care much anyway and simply travel from pharmacy to pharmacy. The decision as to what someone gets should be made medically (taking into account interactions and contraindications) and not on the basis of a relisting or annoyance. I find the situation completely unsatisfactory. For me, the B+ list is the most stupid thing the authorities and PharmaSuisse could have done. For years we have been preaching “Who prescribes doesn’t sell, and who sells doesn’t prescribe” and now we are starting to prescribe ourselves. We are sawing at the branch we are sitting on. For years we have been allowed to dispense everything in justified exceptional cases. I've always done that and if it wasn’t adequate or if I suspected misuse, I didn't dispense codeine or dex even before – prescription requirement or not. Because of our training, we have the competence to decide whether an opioid is appropriate, problematic or contraindicated. For that we don't need a revision, and we certainly don't need additional training courses to acquire this “new” competence.	Anamnesis/evidence-based decision making Discussion with customers Revision: hurdle
2	DE	Ich finde die Umteilung in der Liste B+ grundsätzlich als richtig. Leider viele Kunden holen jetzt lieber einen Rezept vom Arzt anstatt die Dokumentation zu bezahlen, was sich negativ auf die Gesundheitskosten auswirkt.	I think the relisting to List B+ is basically the right thing to do. Unfortunately, many customers now prefer to get a prescription from the physician instead of paying for the documentation, which has a negative impact on healthcare costs.	Financing Role of general practitioners
3	DE	Die Frage zur Abgabehäufigkeit bzgl. Missbrauchsreduktion halte ich für Bias gefährdet. Da ich denke, viele Fachpersonen benutzen das Argument "rezeptpflichtig" dafür, um eine bessere Alternative (z.B. Phytotherapie) zu empfehlen. Es wird dadurch einfacher, Patient:innen von einem	I consider the question about the frequency of dispensing with regard to reducing misuse to be at risk of bias. I think many healthcare professionals use the ‘prescription-only’ argument to recommend a better alternative (e.g. phytotherapy). This makes it easier to convince patients of an alternative	Anamnesis/evidence-based decision making Discussion with customers

		Alternativpräparat zu überzeugen. Da die Nachfrage nach opioidhaltigen Hustenpräparaten ohnehin stark abgenommen hat, bekommen die Kundenanfragen (die offensichtlich missbräuchlich sind) eine höhere Aufmerksamkeit. Dadurch verschiebt sich sicherlich auch der Missbrauch in andere Kanäle (online Käufe z.B.) oder auf andere Substanzen.	product. Since the demand for opioid-containing cough preparations has fallen sharply anyway, customer enquiries (which are obviously abusive) are receiving more attention. This will certainly also shift the misuse to other channels (online purchases, for example) or to other substances.	
4	DE	Kunden verstehen nicht, warum sie "ihr" bewährtes Medikament nur noch gegen Aufpreis/Dokumentation bekommen. Nach einigen Jahren wird das aber wohl kein Thema mehr sein (man wird vergessen haben, dass es dies mal ohne "Hürden" zu kaufen gab).	Customers don't understand why they can only get “their” tried and tested medicine for an extra charge/documentation. After a few years, however, this will probably no longer be an issue (people will have forgotten that this was once available to buy without “hurdles”).	Discussion with customers
5	DE	Bei mir selber wirkt Dextrometorphan kaum, weshalb ich auch noch zurückhaltend bin bei der Abgabe. Ich kenne aber einige KundInnen, die darauf schwören.	Dextrometorphan has hardly any effect on me, which is why I am still reluctant to dispense it. However, I know some customers who swear by it.	Anamnesis/evidence-based decision making
6	DE	Ich gebe seit langem nur noch retardiertes Dextromethorphan ab um Missbrauch zu verringern. Zudem in erster Linie Acetylcystein als Antioxidans (2x600mg off label) zur Entzündungshemmung. Nur wenn das nicht ausreichend ist, ein Antitussivum.	For a long time now, I have only been giving slow-release dextromethorphan to reduce misuse. In addition, primarily acetylcysteine as an antioxidant (2x600mg off label) to reduce inflammation. Only if that is not sufficient, an antitussive.	Anamnesis/evidence-based decision making
7	DE	Wir hatten schon vor 2019 die Abgabe von opioidhaltige Antitussiva streng reguliert	We had already strictly regulated the dispensing of opioid antitussives before 2019	No dispensing irrespective of revision
8	DE	Die Abgabe von Dextromethorphan sollte weniger aufwändig sein.	The dispensing of dextromethorphan should be less burdensome.	Revision: hurdle
9	DE	Wir haben die Apotheke am Bahnhof und haben uns deshalb gegen eine Angabe von Opioidhaltigen Arzneimitteln als B+/- entschieden, da es sonst immer wieder zu Diskussionen kommt. Es ist schwer für uns zu unterscheiden, wer das Medikament wirklich braucht und wann es missbraucht wird	We have the pharmacy at the train station and have therefore decided against dispensing opioid-containing medicines as B+/-, as otherwise there would always be discussions. It is difficult for us to differentiate between who really needs the medication and when it is being misused	Discussion with customers No dispensing irrespective of revision
10	DE	Problematisch finde ich die Formulierung, dass opioidhaltige Arzneimittel "in der Apotheke ohne ärztliche Verordnung" abgegeben werden können. Kunden fordern teilweise die Abgabe vehement und "bezweifeln" die Entscheidungskompetenz des Apothekers, der evtl. auch die Abgabe verweigert, da es z.B. Missbrauch vermutet .	I find the wording that opioid-containing medicines “can be dispensed in pharmacies without a physician's prescription” problematic. Some customers vehemently demand that they be dispensed and “doubt” the decision-making competence of the pharmacist, who may also refuse to dispense the medicine, e.g. because they suspect misuse.	Discussion with customers
11	DE	Die dauernde Missbrauchsdikussion bei Codein ist übertrieben. Das war in den letzten 15 Jahren im Alltag eigentlich kein Thema mehr (mit Ausnahme einer Welle von Makatussin Sirup, Dextromethorphan + xy, die	The constant discussion about codeine misuse is exaggerated. In the last 15 years, it has not really been an issue in everyday life (with the exception of a wave of Makatussin syrup, dextromethorphan + xy, the drops containing	Guidance Misuse potential

		codeinhaltigen Tropfen waren nie gefragt). Grund ist wohl, dass es seit Jahren kein Problem ist an „richtigen' Stoff zu gelangen - dazu brauchts heute kein Codein mehr. Zudem sind auch OAT recht schnell verfügbar. Ferner ist es doch paradox, dass bei der Ausbildung der Pharma-Assistentinnen und Apos in Ausbildung immer auf die grosse Gefahr von codeinhaltigen Hustentropfen, aber nie von Co-Dafagan hingewiesen wird. TDmax bei Co-Dafalgan 240mg Codein, entsprechend 25ml Resyl plus oder Makatusdin Tropfen. Bei Co-Dafalgan sehen wir eher Misbrauchssituationen wie auch bei weiteren Opiaten immer auf ärztliche Verordnung, die aber aus dem Ruder läuft…..	codeine were never in demand). The reason is probably that it has not been a problem to get hold of the "real" substance for years - codeine is no longer needed today. OATs are also available quite quickly. Furthermore, it is paradoxical that the great danger of codeine-containing cough drops is always emphasised in the training of pharmacy technicians and pharmacists in training, but never of Co-Dafalgan. TDmax for Co-Dafalgan 240mg codeine, corresponding to 25ml Resyl plus or Makatussin drops. With Co-Dafalgan we rather tend to see misuse situations, as with other opiates always on physician's prescription, which get out of hand.....	
12	DE	Ich bemühe mich mein Team zu motivieren, nach wie vor in sinnvollen Fällen Opioide abzugeben. Leider höre ich von vielen Apotheken, dass die generell ein Rezept verlangen. Das ist schade, denn unsere Kompetenzen müssen genutzt werden, damit wir noch mehr B+Medikamente zum Beraten erhalten.	I attempt to motivate my team to continue to dispense opioids in appropriate cases. Unfortunately, I hear from many pharmacies that they generally demand a physician's prescription. That's a shame, because our competence needs to be utilised so that we can obtain even more B+ medicines for consultation.	B+ competencies not used Revision: gain of competencies
13	DE	Es ist ein Nachteil, da viele Apotheken per se sagen, ein Resyl Plus gibt es nur noch gegen Rezept, weil sie den Aufwand scheuen. Somit müssen die Leute zum Arzt, was wiederum die Kosten in die Höhe treibt. Wir sind Fachpersonen und können kompetent entscheiden, wann so ein Präparat indiziert ist. Diejenigen, die es missbrauchen, gehen einfach in verschiedene Apotheken oder zu verschiedenen Ärzten. Sie finden immer einen Weg.	It is a disadvantage because many pharmacies say that Resyl Plus is only available on physician's prescription because they shy away from the effort. This means that people have to go to the physician, which in turn drives up the costs. We are medical personnel and can make competent decisions about when such a medicine is indicated. Those who misuse it simply go to different pharmacies or physicians. They always find a way.	B+ competencies not used Revision: hurdle Role of general practitioners
14	DE	Die Idiotie der Bürokraten hat voll zugeschlagen. Ich kann mir nicht vorstellen, dass diese Revision den Missbrauch von Codein/Dextromethorphan reduziert hat.	The idiocy of the bureaucrats has taken full effect. I can't imagine that this revision has reduced the misuse of codeine/dextromethorphan.	Revision: hurdle
15	DE	Gebe als Alternative oft Pertudoron ab, funktioniert gut	I often give Pertudoron as an alternative, works well	Anamnesis/evidence-based decision making
16	DE	Ich komme aus Deutschland und war, als ich vor 15 Jahren in die Schweiz kam, sehr erstaunt, dass man in der Schweiz offensichtlich nicht Husten darf, will oder möchte. Teilweise wurden wochenlang verschiedene Antitussiva angewendet und man beschwert sich, wenn der Husten länger als 1 Woche geht. Seit der Revision konnten wir dahingehend viel Aufklärungsarbeit	I come from Germany and when I came to Switzerland 15 years ago, I was very surprised that people in Switzerland are obviously not allowed, willing or wanting to cough. In some cases, various antitussives were used for weeks and people complained if the cough lasted longer than a week. Since the revision, we have been able to do a lot of educational work in this regard. In	Anamnesis/evidence-based decision making Revision: gain of competencies

		leisten. In meinen Augen gibt es kaum eine Indikation für Antitussiva. Auch Kinderspitäler lehnen inzwischen die Abgabe ab!	my opinion, there is hardly any indication for antitussives. Even paediatric hospitals now refuse to dispense them!	
17	DE	Bei einer allfälligen Kurzschulung würde ich auch die verschiedenen Stoffwechsel-Polymorphismen mit den entsprechenden Konsequenzen erwähnen.	In a future training I would also mention the various metabolic polymorphisms and their consequences.	Guidance
18	DE	Eine Apothekerin, die generell keine opioidhaltigen Antitussiva abgibt, würde ich nicht einstellen / entlassen. ApothekerInnen sollten im Rahmen ihrer Ausbildung Verantwortung übernehmen für Lösungen von Kundenproblemen.	I would not employ / fire a pharmacist who generally does not dispense opioid-containing antitussives. Pharmacists should take responsibility for solving customer problems in the scope of their training.	B+ competencies not used
19	DE	Die Revision des Heilmittelgesetzes hat geholfen Diskussionen bei einer Verweigerung der Abgabe zu kürzen. Denn die Produkte sind nicht "freiverkäuflich". Ein Polizist hat mir mal gezeigt, wie viele Makatussin Packungen sie kürzlich auf dem Schwarzmarkt beschlagnahmt haben. Ich habe irgendwie den Eindruck, dass diese vielleich auch von der Lieferkette abgezwackt werden und nicht nur durch die Abgabe in der Apotheke/beim Arzt auf den Schwarzmarkt gelangen.	The revision of the Therapeutic Products Act has helped to minimise discussions in the event of a refusal to dispense. Because the products are not «over-the-counter". A policeman once showed me how many packs of Makatussin they had recently confiscated on the black market. I somehow have the impression that these are perhaps also being diverted from the supply chain and not only reaching the black market through dispensing at pharmacies/physicians.	Discussion with customers Misuse potential
20	DE	Was ich schwierig finde ist, dass die Evidenzlage eher spärlich für Antitussiva ist und damit eine Beratung von trockenem Husten schwierig ist. Daher greife ich oft auf die Erfahrung von mir oder dem Team zurück. Wenn hier mehr Klarheit bestehen würde, dann wäre eine Beratung einfacher.	What I find difficult is that the evidence base for antitussives is rather sparse, making consultations for dry coughs difficult. I therefore often fall back on my own or my team's experience. If there was more clarity here, then counselling would be easier.	Anamnesis/evidence-based decision making Guidance
21	DE	Finde diese Gesetzesänderung etwas vom besten, das in den letzten Jahren passiert ist. Darauf habe ich 20 Jahre gewartet. Ebenso die Dokumentationspflicht/ Möglichkeit der Dokumentation, das ist eine wunderbare Sache und anerkennt die Kompetenz von uns Apothekerinnen und Apothekern und entlastet längerfristig mit Sicherheit die Grundversorger. Wichtig wäre, diese Dienstleistung von der KK vergütet zu bekommen.	I think this change in the law is one of the best things that has happened in recent years. I've been waiting 20 years for this. Likewise, the obligation to document/the possibility of documentation, this is a wonderful thing and recognises the competence of us pharmacists and will certainly relieve the burden on primary care providers in the long term. It would be important to have this service remunerated by the health insurance fund.	Revision: gain of competencies Financing
22	DE	Für mich hat sich nach dem Arzneimittelgesetz von 2019 nichts verändert. Ich habe bereits vorher die Abgabe z.T. verweigert. Ich finde die verschreibungspflichtige Abgabe eine weitere mühsame Angelegenheit, die Zeit und Arbeit brnötigt. Rezeptfälschungen werden nun auch von	Nothing has changed for me after the 2019 Medicines Act. I already occasionally refused dispensing before. I find prescription-only dispensing another tedious matter that takes time and work. Counterfeit prescriptions are now also being sent out for cough medicines containing codeine, so I don't see the point! The pharmacist is once again incapacitated!!!!	B+ competencies not used Revision: hurdle

		codeinhaltigen Hustenmittel verschickt, da sehe ich den Sinn schon gar nicht ein!! Die Apothekerin wird ein weiteres Mal entmündigt!!!!		
23	DE	Bei mir ist die Dokumentation kaum ein Hindernis. Bei meinen Pharma-Assistentinnen hingegen schon. Es beeinflusst deren Entscheid zu weniger häufigen Abgaben von opioidhaltigen Antitussiva sehr stark.	Documentation is hardly an obstacle for me. For my pharmacy technicians, however, it is. It strongly influences their decision to dispense opioid antitussives less frequently.	Role of pharmacy technicians Avoidance of documentation
24	DE	Gerade im Selbstdispensationsgebiet empfinde ich die Nachfrage nach solchen Produkten viel höher ("ich bekomme es sonst immer bei meinem Arzt")	Especially in the self-dispensing area, I feel that the demand for such products is much higher (“I usually get it from my physician”)	Role of general practitioners
25	DE	Da Codein u.ä nur den Reiz unterdrücken, aber an Ursache nichts bewirken, kommen diese nur selten zum Einsatz. Richtige Anamnese und dann andere Therapievorschläge sind sinnvoller.Normale Patienten fühlen sich dann gut beraten, Süchtige vermeiden dann die Apotheke	Since codeine and similar drugs only suppress the cough stimulus, but do not have any effect on the cause, they are rarely used. It makes more sense to take a proper anamnesis and then suggest other therapies. Normal patients then feel well advised and addicts avoid the pharmacy	Anamnesis/evidence-based decision making
26	DE	Da die Pharmaassistentinnen häufig an der Front arbeiten, kommt es auch auf sie darauf an, ob die opioidhaltigen Sirupe empfohlen werden - und dies zu einer Dokumentation und Abgabe durch den Apotheker führt. Die Nachfrage der Kunden beeinflusst somit auch die Abgabehäufigkeit.	As the pharmacy technicians often work on the front line, it is also up to them whether the opioid-containing syrups are recommended - and whether this leads to documentation and dispensing by the pharmacist. Customer demand therefore also influences the frequency of dispensing.	Role of pharmacy technicians
27	DE	Ich finde es schade, dass viele Kolleginnen die Abgabe von liste B- /B+ nciht als Chance erkennen. Noch bedenklicher finde ich, dass an den Universitäten die Abgabe nicht als Kompetenzerweiterung, sondern eher als Hindernis betrachtet wird.	I think it's a shame that many colleagues don't recognise the dispensing from list B- /B+ as an opportunity. What I find even more worrying is that universities don't see the dispensing as an extension of competence, but rather as an obstacle.	Revision: hurdle Revision: gain of competencies
28	DE	Ältere Personen, die Codein schon seit jung kennen verlangen gezielt Codein. Und regen sich über die Gebühr auf. Die Süchtigen kommen nun mit einem Rezept vom Arzt und oft ist es noch ein Dauerrezept. Wir beschränken den Bezug trotzdem….. Das gibt die grössten Disskussionen.	Older people who have known codeine since they were young specifically demand codeine. And get upset about the charge. The addicts now come with a prescription from the physician and it is often a repeat prescription. We still limit the amount one can get, though..... That causes the biggest discussions.	Role of general practitioners Discussion with customers
29	DE	Seit Covid hat sie Problematik mit länger andauerndem, trockenen Husten verschärft. Neben der Inhalation von Corticoiden ist auch der Einsatz von Codein-Präparaten gestiegen. Wir empfehlen keine Codein-Präparate als First-Medikation, zuerst wird eine andere Therapie versucht.	Since Covid the problem of prolonged, dry coughs has worsened. In addition to the inhalation of corticoids, the use of codeine preparations has also increased. We do not recommend codeine preparations as first-line medication; another therapy is tried first.	Anamnesis/evidence-based decision making
30	DE	Das interaktionspotential, sowie Komorbiditäten haben ebenfalls einen grossen Einfluss auf die Abgabe von Opioid haltigen Antitussiva. Ich gebe es nur ab, wenn andere Antitussiva nicht ausreichen, oder der Kunde das Produkt bereits kennt und dieses verlangt.	The interaction potential and comorbidities also have a major influence on the dispensing of opioid-containing antitussives. I only dispense it if other antitussives are not sufficient or if the customer already knows the product and requests it.	Anamnesis/evidence-based decision making

31	DE	Die Evidenz bzgl Nutzen von Opioidhaltigen Antitussiva ist schlecht im Vergleich zum Missbrauchs-/UAW-Potential, deshalb gebe ich bevorzugt Phytotherapie oder Butamirat	The evidence regarding the benefit of opioid antitussives is poor compared to the risk of misuse / adverse effects, so I prefer to give phytotherapy or butamirate	Anamnesis/evidence-based decision making
32	DE	Finde richtig dass alle Codein/Dextromethorphan-Präparte in die Liste B+ umgeteilt wurden. Missbrauchskontrolle ist gegeben.	I find it appropriate that all codeine/dextromethorphan preparations have been reclassified as B+. Misuse control in place.	Revision: successful measure to avoid misuse
33	DE	Es braucht viel Schulung und Abbau von Hemmungen der Angestellen, um die Abgabe B- und B+ korrekt und zufriedenstellend für die Kunden umzusetzen. Eigentlich ein tolles Instrument, als Medizinalperson ernstgenommen zu werden! Für mich als Geschäftsleiterin finde ich es toll, dass die Pharma-Assistentinnen in diesen Prozess miteinbezogen sind und auch ihre Arbeit aufgewertet wird.	It takes a lot of training and a reduction in employees' inhibitions to implement the B- and B+ dispensing correctly and satisfactorily for customers. It's actually a great tool to be taken seriously as a healthcare professional! As a manager, I think it's great that the pharmacy technicians are involved in this process and that their work is also being given more value.	Guidance Revision: gain of competencies Role of pharmacy technicians
34	DE	Wir geben opioidhaltige Antitussiva unter dokumentierter Abgabe nur an Kunden ab, welche bereits in unserem System erfasst sind, bzw. die wir schon kennen/in gewissem Mass einschätzen können, vor allem wegen dem Missbrauchspotential.	We only dispense opioid antitussives under documented dispensing conditions to customers who are already registered in our system, or whom we already know/can assess to a certain extent, especially with regard to the potential for misuse.	Anamnesis/evidence-based decision making Misuse potential
35	DE	Ich bin froh, dass codeinhaltige Präparate rezeptpflichtig sind. Es macht es teilweise leichter, eine Abgabe zu verweigern. Wir lassen uns auch immer die Krankenkassenkarte zum Einlesen geben. Meistens ist dann die Hemmschwelle der Süchtigen etwas grösser.	I am glad that preparations containing codeine are only available on prescription. It sometimes makes it easier to refuse to dispense them. We also always ask for the health insurance card to be scanned. In most cases, the addict's inhibition threshold is then somewhat higher.	Revision: gain of competencies
36	DE	Bei uns gab es diverse Missbrauchsfälle im Zusammenhang mit Codein. Daher haben wir in unserem Betrieb die Regel erhalten, keine codeinhaltigen Hustenmittel ohne Rezept abzugeben.	We have had various cases of misuse in connection with codeine. As a result, we have made it a rule in our pharmacy not to dispense cough medicines containing codeine without a physician’s prescription.	Misuse potential No dispensing irrespective of revision
37	DE	Das Formular hat abgesehen des erhöhten Aufwandes meiner Meinung nach nicht viel zur Sicherheit beigetragen. Das Formular schreckt eher die seriösen Kunden ab, während die Missbraucher gerne den Zusatzbetrag bezahlen. Das Formular birgt sogar die Gefahr, dass man sich in einer falschen Sicherheit wiegt.	In my opinion, the form has not contributed much to security apart from the increased effort involved. The form tends to deter serious customers, while the misusers are happy to pay the extra amount. The form even harbours the danger that people are lulled into a false sense of security.	Revision: hurdle
38	DE	Aufgrund der Dokumentationsgebühren, erledigen sich viele Fälle aus finanziellen Gründen.	Due to the documentation fees, many cases resolve themselves for financial reasons.	Financing
39	DE	Ich finde die Dokumentation wichtig um auch mehr zu Wissen(Anamnese)und wenn möglich ein codein haltiges Praeparat abzugeben wenn ich es für notwendig empfinde!Einige Menschen hindert	I find the documentation important to know more (anamnesis) and if possible to dispense a codeine-containing preparation if I feel it is necessary! Some people are hindered by the additional costs but for many it is ok! On the other	Anamnesis/evidence-based decision making

		die Zusatzkosten aber fuer viele ist es ok!andere Zeits ist vielen auch bewusst das es nicht nur ein OTC Produkt ist ohne Konsequenzen!	hand, many are also aware that it is not just an OTC product without consequences!	Financing Revision: successful measure to avoid misuse
40	DE	Schade, dass wegen einigen Missbrauchsfällen die Abgabe viel aufwendiger wurde. Die Missbrauchsfälle wurden auch vor der Aufzeichnungspflicht gleich häufig gefischt.	It is a pity that the dispensing has become much more burdensome because of a few cases of misuse. The cases of misuse were also caught just as frequently before the recording obligation.	Revision: hurdle
41	FR	Le plus difficile est de convaincre l'équipe de ne pas refuser systématiquement un produit de liste B. Hier, un patient est venu et a demandé du Resyl Plus. Il en prend de temps en temps, mais pas très souvent; a priori pas d'abus. L'assistante lui a dit qu'il fallait une ordonnance et le patient est revenu ce matin avec une ordonnance. Pourtant nous essayons de driller l'équipe, mais les habitudes sont difficiles à changer : B=ordonnance.	The hardest part is convincing the team not to systematically refuse a B-list product. Yesterday, a patient came in and asked for Resyl Plus. He takes it from time to time, but not very often; a priori no misuse. The technician told him he needed a prescription and the patient came back this morning with one. We're trying to educate the team, but habits are hard to change: B=physician's prescription.	B+ competencies not used
42	DE	Früher hat man sehr oft codeinhaltige Hustenmittel ohne schlechtes Gewissen abgegeben. Heute schwingt bei jeder Abgabe ein ungutes Gefühl mit.	In the past, cough medicines containing codeine were often dispensed without a guilty conscience. Today, there is a bad feeling every time you dispense it.	Revision: hurdle
43	FR	J'etais suspicieux avant et tout autant maintenant, mais en cherchant à traiter mon patient dans les meilleures conditions et assurer les meilleurs résultats cliniques	I was suspicious before and I am just as suspicious now, but my aim is to treat my patient in the best possible conditions and ensure the best clinical outcome.	Anamnesis/evidence-based decision making
44	FR	la diabolisation du médicament s'oppose à la connaissance et à l'exercice éclairé et reconnu de notre métier. il faut savoir assumer et reconnaître ses limites et connaître sa patientèle	the demonisation of medicines is opposed to knowledge and to the informed and recognised practice of our profession. we have to be able to accept and recognise our limits and know our patients	Revision: hurdle
45	FR	Les antitussifs codéïnés ont leur utilité. Selon la nature de la demande, l'historique du patient, on avise. Beaucoup moins de demande depuis quelques années, surtout parce que les demandes bizarres et inappropriées sont traitées également par toute l'équipe, fermement, justement,	Codeine cough suppressants have their uses. Depending on the nature of the request and the patient's history, we consult. There have been far fewer requests in recent years, mainly because bizarre and inappropriate requests are dealt with by the whole team, and firmly so,	Anamnesis/evidence-based decision making Revision: successful measure to avoid misuse
46	FR	nous avons rarement des demandes précises de sirop opioïdes, les gens viennent chercher un sirop contre la toux, le choix de l'opioïde ou non vient plutôt de notre triage...	We rarely have specific requests for opioid syrups; people come in looking for a cough syrup, and the choice of opioid or not is made during our triage...	Anamnesis/evidence-based decision making
47	FR	Depuis le début de mon installation en tant que pharmacienne d'officine indépendante il y a plus de 28 ans, j'ai scrupuleusement évité de dispenser les dérivés d'opiacés parce qu'il n'y a pas d'avantages thérapeutiques et malheureusement beaucoup d'effets secondaires et d'interactions.	Since I started out as an independent community pharmacist over 28 years ago, I have scrupulously avoided dispensing opiate derivatives because there are no therapeutic benefits and unfortunately many side effects and interactions.	Anamnesis/evidence-based decision making No dispensing irrespective of revision

48	FR	Personnellement l'obligation de documentation est un frein pour moi. Je préfère délivrer un produit de la liste D qui m'épargne cette tâche fastidieuse	Personally, the obligation to provide documentation is an obstacle for me. I prefer to deliver a D-list product that spares me this tedious task.	Avoidance of documentation
49	FR	La catégorie B+ a perturbé la facturation aux assurances. Un dossier retourné par une assurance coûte 25Frs de travail. C'était mieux de ne rien changer. Pourquoi changer quand ça marche. Nous n'avons pas le temps de remplir une page A4 pour vendre un sirop à 8Frs50. La Tossamin était très bien, et il n'y avait pas d'abus..Le Toplexil marchait très bien, le fait de l'avoir mis en liste B, l'a fait disparaître du marché. On vend du Solmucal (anti-histaminique + mucolytique) C'est con d'avoir retiré les pastille avec 3mg de codeine, au pire le réglisse fait le même effet. Il y a trop de bureaucratie, on ne s'en sort plus. Comme dit Blocher, Les gens a Berne (pharmasuisse) ou les autorités cantonales, devrait travailler à 30% dans l'administration et venir se mettre au service de la population 70% du temps. On marcherait moins sur la tête. On arrête pas de parler de sécurité. La gestion du Covid a démontré le dysfonctionnement du système. La déontologie est d'appliquer les lois, on a ni averti des effets secondaires du vaccin, ni fait signé le consentement éclairé, ni fait le suivi des effets secondaires.... On a brûlé tout les feux rouges, on ferrait mieux de choisir un autre sujet que la liste B+. Je me passe bien des sirops à la codéine, on se sent infantilisé à remplir les formulaires des bureaucrates, on préfère vendre autre chose.	The B+ category has disrupted insurance billing. A file returned by an insurance company costs 25 francs in work. It was better not to change anything. Why change when it works? We don't have the time to fill an A4 page to sell a syrup at 8Frs50. Tossamin was very good, and there was no misuse... Toplexil worked very well, but the fact that it was put on the B list meant that it disappeared from the market. We sell Solmucal (anti-histamine + mucolytic). It's stupid to have withdrawn lozenges with 3mg of codeine; at worst, liquorice has the same effect. There's too much bureaucracy, we can't cope any more. As Blocher said, the people in Berne (pharmasuisse) or the cantonal authorities should work 30% in the administration and come and serve the population 70% of the time. They wouldn't be walking on our heads so much. We keep talking about safety. The management of Covid demonstrated the dysfunction of the system. The ethical thing to do is to apply the law, but we didn't warn people about the side effects of the vaccine, we didn't get them to sign an informed consent form, and we didn't follow up on the side effects.... We've run every red light, we'd be better off choosing a subject other than the B+ list. I don't need codeine syrups, we feel like we're being infantilised by filling in bureaucrats' forms, we'd rather sell something else.	Revision: hurdle
50	FR	Avant le changement nous avions énormément de demandes de Makatussin (en particulier) par des jeunes et nous refusions la remise sans ordonnance. Le fait qu'il soit passé en liste B - permet de refuser plus aisément une délivrance. Il me semble que d'après les nouvelles études/guide-lines, on a un bon effet antitussif de certaines préparations phyto c'est pourquoi je conseille plus facilement ce type de préparation ou alors le Butamirate si la personne souhaite un médicament "classique". Cela évite le risque de mésusage ou d'addiction et limite également les effets secondaires et les risques d'interactions. Je remets malgré tout du dextromethorphane, voire parfois de la codéine en sirop pour des patients qui avaient l'habitude de l'acheter sans ordonnance auparavant en cas de toux sèche et où j'ai pu définir	Before the change, we had a huge number of requests for Makatussin (in particular) from young people, and we were refusing to dispense it without a physician's prescription. The fact that it's now on the B list makes it easier to refuse dispensing. It seems to me that according to the new studies/guidelines, certain phyto preparations have a good cough suppressant effect, which is why I'm more likely to recommend this type of preparation or Butamirate if the person wants a 'classic' medicine. This avoids the risk of misuse or addiction and also limits side effects and the risk of interactions. Despite this, I still give dextromethorphan, and sometimes codeine syrup, to patients who used to buy it over the counter for dry coughs and where I was able to identify a low risk of potential misuse during the discussion (and often	Guidance No dispensing irrespective of revision Revision: gain of competencies

		un faible risque de potentiel d'abus lors de la discussion (et souvent patients connus). Je souhaiterais avoir une sorte de résumé de l'efficacité des différentes préparations antitussives (phyto vs dextromethorphane vs codéine) afin d'être plus au clair dans la balance bénéfice-risque et savoir à quel moment il est judicieux ou non de passer à la codéine en conseil documenté si les autres antitussifs, y-c le dextromethorphane ne sont pas suffisants.	know patients). I'd like to have some sort of summary of the effectiveness of the different cough suppressants (phyto vs dextromethorphan vs codeine) so that I can be clearer about the benefit-risk balance and know when it's a good idea to switch to codeine as documented advice if other cough suppressants, including dextromethorphan, aren't enough.	
51	FR	De moins en moins de demande spontanée, beaucoup de clients préfèrent demander une ordonnance renouvelable au médecin plutôt que de payer une taxe (« on paie déjà assez de primes de caisse maladie »). Mais depuis le passage en liste B+, on n'a plus aucun problème d'abus par les toxicomanes…	There is less and less spontaneous demand, with many customers preferring to ask the physician for a renewable prescription rather than pay a fee ('we already pay enough health insurance premiums'). But since the switch to the B+ list, we no longer have any problems with misuse by drug addicts...	Role of general practitioners Discussion with customers Revision: successful measure to avoid misuse
52	FR	Il est très difficile de faire passer au client le surcoût et le temps supplémentaire à la remise d'un médicament B+. Ils préfèrent alors appeler le médecin pour qu'il fasse une ordonnance! Ordonnance souvent faite par la secrétaire et validée à la va vite par le médecin… la liste c était notre raison de faire du conseil et on nous a retiré l'essence même de notre travail!!	It's very difficult to get the customer to understand the extra cost and time involved in dispensing a B+ drug. So they prefer to call the physician and ask for a prescription! Prescriptions are often written by the secretary and validated in a hurry by the physician... the list was our reason for giving advice and now the very essence of our work has been taken away from us!	Role of general practitioners Discussion with customers Revision: hurdle
53	DE	Bei uns ist ein grosses Hindernis nicht die Dokumentation sondern die Kostenpflicht dieser!	For us, a major obstacle is not the documentation but the obligation to pay for it!	Financing
54	FR	Je cherche à savoir si la toux sèche vient d'une irritation de la gorge et dans ce cas je traite l'inflammation de la gorge et ne propose pas d'antitussifs à action centrale, ce qui réduit beaucoup la délivrance de médicaments à action antitussive centrale.	I try to find out whether the dry cough is due to throat irritation, in which case I treat the throat inflammation and don't offer centrally-acting cough suppressants, which greatly reduces the need for centrally-acting cough suppressants.	Anamnesis/evidence-based decision making
55	FR	La loi ne doit pas supplanter les évidences médicales.	The law must not override medical evidence.	Revision: hurdle
56	FR	Le fait que la remise doit être faite par un pharmacien, limite fortement la remise car manque de temps et de disponibilité. Il faudrait que les assistants soient suffisamment formés pour gérer ce type de cas (formation continue et complémentaire)	The fact that dispensing has to be done by a pharmacist severely limits dispensing because of a lack of time and availability. Pharmacy technicians need to be sufficiently trained to deal with this type of case (ongoing and additional training).	Guidance Revision: hurdle
57	FR	Les généralistes devraient arrêter de prescrire autant d'antitussifs opioides. Les patients les considèrent comme première choix sans avoir bien present les risque liés aux interactions et au profil métabolique personnel	GPs should stop prescribing so many opioid cough suppressants. Patients see them as their first choice without fully understanding the risks associated with interactions and personal metabolic profiles.	Role of general practitioners
58	FR	La dispensation sous notre propre responsabilité (listeB+ à élargir) est une valorisation de nos compétences, auprès de notre patientèle qui vient nous	Dispensing under our own responsibility (list B+ to be extended) is a way of promoting our skills to our patients, who come to see us because they trust	Revision: gain of competencies

		consulter car nous font confiance pour nos connaissances approfondies tant des médicaments que de leurs dossiers, ainsi que pour notre sérieux en tant que professionnel et partenaire dans le système de santé.	us for our in-depth knowledge of both medicines and their medical records, as well as for our reliability as a professional and partner in the healthcare system.	
59	FR	Certains sirops et gouttes à base de dextromethorphane et codeine ont été en rupture pendant des périodes plus ou moins longues. Cela a également contribué à choisir des alternatifs disponibles	Some dextromethorphan- and codeine-based syrups and drops have been out of stock for varying periods of time. This has also contributed to the choice of alternatives available	Availability / supply
60	FR	Ce n'est pas le changement de la loi en 2019 et l'obligation de documentation qui influencent ma décision de remise d'antitussifs opioïdes (ou tout autre traitement), mais les recommandations cliniques en vigueur. Voici quelques unes des recommandations que je suis dans ma pratique dans le cadre de la remise des antitussifs: https://www.paediatrieschweiz.ch/fr/choosingwisely/ https://doi.org/10.1002/14651858.CD006088.pub4 https://www.imail-offizin.ch/storage/1d576cf43024dc874d5475fbc53584f0.pdf	It is not the change in the law in 2019 and the requirement for documentation that influences my decision to dispense opioid cough suppressants (or any other treatment), but current clinical recommendations. Here are some of the recommendations I follow in my practice when dispensing cough suppressants: https://www.paediatrieschweiz.ch/fr/choosingwisely/ https://doi.org/10.1002/14651858.CD006088.pub4 https://www.imail-offizin.ch/storage/1d576cf43024dc874d5475fbc53584f0.pdf	Anamnesis/evidence-based decision making
61	FR	Des informations sur la délivrance de sirops opioïdes dans des contextes de sevrage (il existe déjà un protocole à Genève de switch pour un sevrage avec des comprimés), mais il y a un demande de certains médecins (...). Plus d'information pour gérer ces cas d'abus, sans simplement refuser le médicament.	Information on dispensing opioid syrups in withdrawal situations (there is already a switch protocol in Geneva for withdrawal with tablets), but some physicians are asking for this (...). More information is needed on how to manage these cases of misuse, without simply refusing the medicine.	Guidance Withdrawal
62	DE	Viel stärkeren Einfluss auf die Abgabe von B+-Präparaten haben die Fachfrauen/Fachmänner Apotheke. Sie wählen deutlich häufiger Präparate, die sie nicht dokumentieren müssen und wofür sie nicht extra "zum Apotheker" gehen müssen. => Dieser Aspekt fehlt leider völlig in der Studie. Jedoch ist es sicher so, dass Teams, bei denen der Apotheker/die Apothekerin Hemmungen hat, auch Hemmungen haben Liste B+-Präparate abzugeben. Es sind hier also 2 Aspekte, die sich zusammen vermischen. Wenn das Team schon blockt, dann sinkt die Abgabe akut. Das sieht man an den sehr hohen Verkaufszahlen von Nitux und den Butamirat-Präparaten. Ausserdem erscheint es schon sehr sinnlos, dass z.B. Vicks Medinight als Kombipräparat mit Schlafmittel freiverkäuflich ist inkl. Drogerie, aber ein reines Dextrometorphan Präparat dokumentiert werden muss. Wir verlangen "nur" bei Ex-Liste C keine zusätzlichen Abgaben, für alle anderen Präparate "Liste B-" verlangen wir zusätzliche Abgaben für die Dokumentation.	Pharmacy technicians have a much stronger influence on the dispensing of B+ preparations. They are much more likely to choose preparations that they do not have to document and for which they do not have to “go to the pharmacist”. => Unfortunately, this aspect is completely missing from the study. However, it is certainly the case that teams where the pharmacist has inhibitions also have inhibitions about dispensing List B+ preparations. So there are two aspects here that mix together. If the team is already blocking, then dispensing drops sharply. This can be seen from the very high sales figures for Nitux and the butamirate preparations. In addition, it seems very pointless that Vicks Medinight, for example, is available over the counter, including in drugstores, as a combined preparation with sleeping medication but a pure dextrometorphan preparation has to be documented. We “only” require no additional fees for ex-list C, for all other preparations “list B-“ we require additional fees for the documentation.	Role of pharmacy technicians Avoidance of documentation

63	FR	Je ne remets JAMAIS de sirop opioïdes à la vente. Cependant je prends en charge les sevrages de Makatussin prescrits uniquement avec les médecins spécialisés et dont je connais.	I NEVER sell opioid syrups. However, I only take care of Makatussin withdrawals prescribed by specialist physicians whom I know.	Withdrawal
64	FR	Je remets plus volontiers des antitussifs opioides à moindre potentiel d'abus ne nécessitant pas de documentation, comme le butamirate ou la noscapine.	I'm more inclined to give opioid cough suppressants with a lower misuse potential that don't require documentation, such as butamirate or noscapine.	Misuse potential Avoidance of documentation
65	IT	Se un cliente, adulto o bambino, ha veramente la tosse, con le nuove regole non si riesce più a curarlo	If a customer, adult or child, really has a cough, with the new rules you can no longer treat it	Revision: hurdle
66	IT	Spesso la scelta di prodotto dipende anche dall'anamnesi effettuata e dalle informazioni ottenute dal cliente.	Often the choice of product also depends on the anamnesis taken and the information obtained from the customer.	Anamnesis/evidence-based decision making
67	IT	Fornire maggiore materiale informativo	Provide more information material	Guidance
68	DE	Die Einstufung als B+ war wirklich sinnvoll und eine Verbesserung zugunsten der Arzneimittelsicherheit	The classification as B+ was really appropriate and an improvement in favour of drug safety	Revision: successful measure to avoid misuse
69	DE	Schon seit langem sind wir strikt in der Bearbeitung von Reizhusten. Bei fehlender oder falscher Indikation wird die Abgabe auf andere Wirkstoffe geleitet oder verweigert. Darum ist unsere Apotheke kein Ort, wo versucht wird, opioidhaltige Hustenmittel zu anderen Zwecken zu erlangen. Zudem werden Eltern von Jugendlichen bei einem Bezug auf eine mögliche Problematik hingewiesen.	We have long been strict in the treatment of dry cough. In the absence of an indication or if the indication is incorrect, dispensing is directed to other active ingredients or refused. For this reason, our pharmacy is not a place where attempts are made to obtain opioid cough medicines for other purposes. In addition, parents of adolescents are made aware of a possible problem when making a purchase.	Anamnesis/evidence-based decision making No dispensing irrespective of revision