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A qualitative study of the general public and healthcare professionals to understand medication wastage related behaviours and potential reduction strategies

Lorna M. West* ¹, Lesley Diack¹, Maria Cordina², Derek Stewart¹

¹School of Pharmacy and Life Sciences, Robert Gordon University, Aberdeen, United Kingdom, ²Department of Clinical Pharmacology and Therapeutics, University of Malta, Msida, Malta

Background and objective: Medication wastage continues to compromise public health in terms of safety, the environment and the economy. There is a need to develop and implement wastage reduction strategies. Paying attention to behaviour change theories significantly impacts the positive implementation of evidence into healthcare practice. The Theoretical Domains Framework (TDF) provides a constructive conceptual basis for gauging implementation issues, designing interventions to enhance healthcare practice, and understanding behaviour-change processes. To understand medication wastage behaviours and explore potential wastage reduction strategies from the perspectives of the Maltese general public and healthcare professionals (HCPs).

Setting and method: A qualitative, phenomenological study of five (two public and three HCPs) focus groups of 11 pharmacists, 6 doctors and 6 members of the general public. Participants were purposively selected from those indicating willingness in a previous questionnaire research phase. The focus group topic guide was based upon the 14 TDF domains and key findings of the questionnaire phase of data collection. Focus groups of around 90 min were audio recorded and transcribed verbatim. The Framework Approach to data analysis was performed by two independent researchers, reaching consensus over the coding frame. Ethics approval was obtained.

Main outcome measures: Behaviours; potential strategies to reduce wastage. Results: Key behaviours identified as contributing to wastage aligned to several TDF domains. In terms of knowledge, there were key issues of lack of awareness of wasted resources, overstocking (both public and HCPs) and unsafe medication disposal. There were environmental constraints related to lack of resources and poor organisation. Social influences existed, particularly for HCPs around power dynamics and attitudes (e.g. influence of some consultant physicians), political pressure and pressure from patients. Behavioural regulation around medication wastage was another key TDF domain, described as the abuse of the free healthcare system, sub-optimal use of medication by patients and lack of review of prescribing patterns of doctors. Proposed strategies to reduce wastage included: education of HCPs and the general public, employing social media as a means of targeting; the introduction of a patient specific pharmaceutical identity card containing medication history to prevent re-dispensing; and setting up a healthcare intermediary independent body for Government subsidised medications to prevent abuse.

Conclusions: This study has employed a theoretical framework to identify key underlying medication wastage related behaviours (such as system, practitioner and patient effects) which require attention (e.g. lack of education and information, and political interference) as part of strategic development.

Disclosure of interest: None Declared.

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