

Perceptions about prescription medication sharing among adults in Saudi Arabia: A qualitative study.

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Background

- Prescription medication sharing is a practice of medical and public health concern as it has been associated with numerous adverse health outcomes.¹
- Despite the risks associated with this behaviour, very little is known about prescription medication sharing in KSA.
- Successful interventions to change medicine sharing practice will require understanding of how, when and why medicines are shared. Thus, this study aims to fill some of the current gaps in knowledge in this area.^{1,2}

Aim

This study aimed at examining public perspectives regarding factors that influenced medication sharing practices.

Methods



- Qualitative study



- Eastern province-Saudi Arabia



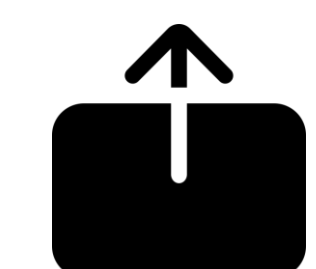
- 18 years and older, using prescribed medicines and were able to communicate in Arabic or English



- Snowball sample



- Face-to-face or telephone interviews



- Data collection was continued until data saturation was achieved



- Interviews were audiotaped, transcribed verbatim, translated and analysed using thematic approach and NVivo 10 software

Discussion and conclusion

- This study provided insights into factors that influenced prescription medication sharing among public in the Eastern Province of Saudi Arabia.
- An exploration of factors influencing medication sharing behaviour among study participants revealed many similarities with evidence from the International literature,¹ although some differences were also found which may appear to be specific to the Saudi population.
- Further research is warranted into development of successful approaches or interventions to reduce harm resulting from medication sharing behaviour.

References

1. Beyene KA, Sheridan J, Aspden T. Prescription Medication Sharing: A Systematic Review of the Literature. Am J Public Health. 2014; 104(4):e15–26.
2. Beyene K, Aspden T, Sheridan J. Prescription medicine sharing: exploring patients' beliefs and experiences. Journal of Pharmaceutical Policy and Practice. 2016; 9:23.

Results

GENDER	25%		75%		NATIONALITY		96.6%		3.3%		EDUCATION						
	MALE	FEMALE			SAUDI	NON-SAUDI			NO QUALIFICATION								
AGE	48.3%	16.6%	10%	15%	5%	3.3%	1.6%	MONTHLY INCOME		53.3%		18.3%		28.33%			
	18-24	25-34	35-44	45-54	55-64	65-74	75-84			<5000		<5000-10000		>10000			
GENERAL HEALTH	41.6%		45%		11.6%		1.6%		LIVING ARRANGEMENT			90%		5%		5%	
	VERY GOOD		GOOD		FAIRLY GOOD		BAD					WITH FAMILY/RELATIVE		WITH FRIENDS		ALONE	
EMPLOYMENT STATUS	43.3%		16.6%		11.6%		1.6%		18.3%		3.3%		5%		MEDICAL INSURANCE		
	STUDENT	UNEMPLOYED & NOT LOOKING FOR A JOB	UNEMPLOYED & LOOKING FOR A JOB	EMPLOYED AS A PART TIME WORKER	EMPLOYED AS A FULL TIME WORKER	SELF EMPLOYED	RETIRED							53.33%		46.66%	
														YES		NO	

Quotes	Codes	Code description	Sub-theme	Overarching theme
"I live in neighborhood that all my husband's family live in, we all live in the same neighborhood... my husband take hypertension medications... just yes, my sister in law wanted Amlor, and it is a hypertension medication, she needed it necessary, so she called and say bring me Amlor from your husband and I gave it to her." P6o	To help a friend or family	Sharing to help out others or to make someone feel better – caring relationship	Altruism	Factors influencing medicine
"I borrowed, Hydroxyurea it was I mean I don't have it was unavailable for a period from Qatif central hospital and I had to take it from my nephews because they described it to them." P11	Ran out	Ran out previously prescribed medicine		
"My mother and aunt both get prescribed Lyrica so they share it. The benefit is that Lyrica expensive, instead of going to the hospital and booking an appointment to get it prescribed so she will save time and money." P3o	cost	Sharing saves doctor's fee, prescription charges, or cost of un subsidized medicines	limited access to medicine/ health service	
"Metformin and the purpose is that the primary health care, my work ends at 2 afternoon and I usually get out to work at 6:30 in where primary health cares are not opened yet, I finish at 2 and I arrive there 2:30-2:45 in that case they don't allow me to come and they don't prescribe me medications so what should I do. My father has diabetes so we have the same medications that's why I take it from him." P36	Access	sharing when difficult to access medicines – for example prescription restriction and when pharmacy or doctors are inaccessible or where there is no nearby health facility, medications are unavailable, lack of health insurance or transportation or discontinuity of care, problems with waiting and appointment times, and after hours issue		
"I use asthma inhalers,... I was travelling and I didn't have asthma inhaler, my mother was carrying the inhaler with her, so I borrowed it from her, it was an emergency and it was easier than going to a clinic." P5o	travelling	sharing medicine during family trip, holiday or religious trips, or when traveling overseas		
"someone with me take same dose of gland as I take, she forgot today while we together, ok I mean I will give her same my dose I mean I will not prescribe for her or this... she said that she take same as my medication." P1o	forgetfulness	Someone forgets to carry around their own medicines		
"If I had an antibiotic, I tend not to complete the whole chores, because it cause diarrhea and nausea, as soon as I notice myself to be awake I stop it, so tablets will remain... my sister in law once wanted an antibiotic so I told her that I had this quantity if it is enough, and I gave her." P6o	leftover medicine	Having leftovers/unused medicines creates opportunity for sharing	leftover medicine	
"I don't need it, that I treated from this medicine and I will give it to them instead of what I get rid of it, yes leftover and I give them." P4	lack of information about safe disposal	Not knowing what to do with leftover or unused medicines		
"usually the doctor prescribe me 2-3 salbutamol inhalers so they get expired without being used so it's considered a huge waste on hospital so I might give it to someone who needs it." P33	Doctor over prescribe medicine	Doctors prescribe too many medications, without checking whether patients really need them or whether he/she run out of medications.		
"Yes easier because always with friend will not, you're not going to open up your feelings but once you get to the doctor you have to speak about your feelings when you speak about your feelings that take so much energy from you and it could be draining. if you with a friend it would be heey bro can I get some Adderall ? yeah sure go like there's a trust between them I don't have to say why do I need these medications but with a doctor i need to go through that process heey my day was that i spoke with this and I did this can I get my medicine now , that's exhausting." P38	Cultural influence	Cultural beliefs, family values and customs, and discussing sensitive issues (for example: depression, ADHD, Personality disorder) may influence medicine sharing.	Sociocultural factors	
"I took a medicine from my friend, a skin cream called Differin ... I was taking it not as a treatment, it was for daily using ... I told her that I follow some doctors on Instagram, and I told her that I knew how to use it, she told to take care because it may burns my face." P59	Ads/ Internet	TV ads or the Internet encourages self-diagnosis and sharing medicines.		
"My husband take hypertension medications, he is taking them from hospital, but they are trade, I mean they are a Saudi hypertension medicine, and he never get any benefit of them, and then they prescribed him Imported hypertension medication, so he is taking them from hospital and give it to people in financial need, poor people I mean ... so this is an advantage of lending and borrowing medication." P6o	Brands/country of origin of medications influence their quality and sharing practices	Sharing when certain brands of medications are perceived as having a better quality than others		



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