



EU Interreg IV B project noPILLS

Community engagement regarding pharmaceutical
substances in the environment
Outcomes of the noPILLS case study in **Scotland**

Paul Teedon, noPILLS partner Glasgow Caledonian University

Engagement activities

- Qualitative Interviews – 102 local residents
- Five localities rural / urban Scotland
- Subsequently 5 workshops one in each area
- Interviewees invited plus a friend – 50 attendees

Aims

Interviews to establish:

- Attitudes and behaviours around medicine use, storage and disposal

Workshops to establish:

- Attitudes and understandings around medicine use / disposal: risk - safety
- Awareness of related environmental issues
- Solution definition and 'responsibilities'



Thematic patterns

- Complex relationships with medicine use – from strong sense of caution through to very relaxed approaches
- A varied response to ‘knowing’ about side effects – including previous experience and desire to know more
- An often stated view individuals wanted to reduce use and / or dependence (eg lifestyle changes) - *‘Do we take too many...’*
- Varying attitudes / relationships with professionals
- Sources of knowledge / information – need greater understanding
- Storage and disposal – familiar and not so

Attitudes to use

Caution

- *“I still am a bit wary about drugs of any kind...”*
- *“...horrendous violent nightmares ...”*

Relaxed

- *“... six in twenty four hours, [but] sometimes I would take eight.”*
- *“...you get it over the counter it can't do any damage can it? Maybe I'm wrong! Maybe they're not telling us!”*



Side-effects knowledge

- Concerns about both long and short term impacts – particularly if have complex health issues or if caring for someone else, notably children
- Concerns emerging from (bad) experiences eg tolerating the “pain” rather than be “a zombie”
- Degree of ambivalence and fear – sometimes results in avoidance / desire not to know:
- *“...quite frankly it frightened me”*

'Overuse' and reductions

- Reluctance to visit doctors, not to waste time with 'trivial' complaints
- View amongst some (sometimes strongly held) that body can (and should?) be left to its own devices – responsibility as important
- *"...I just think the more stuff that you are putting into your body; that's not natural."*
- *"I have been trying to stay away from taking painkillers ..."*

Information sources

- Importance of experience of other family members and friends – eg for specific medications and more generally.
 - Negative impacts making others wary.
- *“I do a bit of research and look it up. ... I just want to be sure.”*
- *“...somewhere deep down I really would like to know what I am taking...”*

Professional advice

- Central role of the GP – but often last resort
- Issues of (dis)trust, ambivalence and sympathy
- *“...she’s been very, very attentive...”*
- *“I have ... a high level of trust...”*
- *“My GP is rotten, he never explains anything, he is awful...”*
- *“... don’t read it, it just doesn’t happen...”*

Attitudes - Summary

- Genuine apparent desire to reduce use – though often seen to be ‘other people’
- Mixed views on information eg PILs often read thoroughly but equally for some just ignored and thrown away unread
- GP only one of many sources of information and advice and may only be the last resort

Storage

- Patterns appear to be dominated by convenience eg if to be taken after food – located in kitchen / under the bed
- But also safety (from children) major consideration, but also from theft



Disposal – into water

Various practices (no consistent view):

- Water disposal ensures tablets “melt away” similarly for liquids:

“Most people with common sense would put them down the sink or the toilet. You would not actually put them into a bin

So why would you not put them in a bin?

Because it is not right ... If they are dissolving in water that is them away.”



Disposal – other approaches

- Bin disposal seen as unsafe frowned upon – accessible – need to deter “bin-rakers”
- *“..For obvious reasons I wouldn't put it in the bin...”*
- There was (some) awareness of ‘take back’
- But often lack of clarity about scheme: what can be returned – and why. Eg only returning those still within expiry date, or to ‘prove’ not used / not working
- Limited (unprompted) recognition of environmental impact: *“female hormones ... going into the water system”*

Policy pointers - strategic

Engagement with a broader range of stakeholders potentially :

- To consider alternative appropriate therapy agenda – including that around prescribing
- To address [inappropriate] self medication and some ‘casual’ attitudes to medicine use
- To determine those best able to intervene – and appropriate points in use-storage-disposal



Policy pointers - Information

If aim is to change behaviours:

- Build on apparent goodwill at key points
- Information– needs nuanced response to address ambivalence and other barriers
- More work may be needed on most effective / credible information routes as current sources vary
- Highly specific information needed on appropriate storage, disposal of medicines



Thank you

Paul Teedon

paul.teedon@gcu.ac.uk

