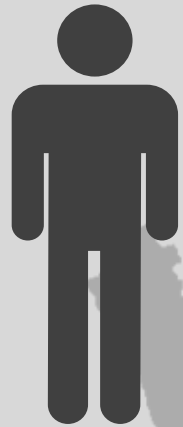


*'I was present but I was absent':*  
perceptions and experiences of the non-  
medical use of prescription or over the  
counter medication among  
working South African women

Jodilee Erasmus

# Prevalence of OTC/PRE admissions in SA



## Males 10-65+

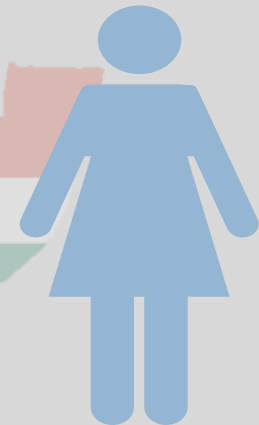
Primary: 114  
Secondary: 183  
Codeine: 415

1466

8.2%

## Females 10-65+

Primary: 388  
Secondary: 369  
Codeine: 709



Nationally in 2018, **17881** patients sought treatment substance use and misuse, and of the total sample seeking treatment 1466 required treatment for OTC/PRE substance related issues.

# Background

- The need for workplace substance use prevention programmes globally and in South Africa is driven by the growing problem of substance use and the associated burden on the health and welfare of employees, their families and organizations.
- Substance use, such as medication misuse, remains widespread and is a major cause of mortality and a risk factor for non-communicable diseases (NCDs).
- Not only those conditions traditionally associated with NCDs such as cardiovascular disease, cancer and cirrhosis, but also mental health problems and intentional and unintentional injuries.
- Over the last three decades, prevention efforts to reduce the adverse effects of substance use in workplace settings have become a priority for many organizations in South Africa.
- Coupled with this has been the increased focus on the importance of implementing and disseminating evidence-based interventions (EBIs).

# Background continued...

- There is a paucity in available data sources related to the precise prevalence of NMIU/OTCPRES.
- However, from what we know there is a public health imperative in South Africa to consider addressing the non-medically indicated use of over-the-counter and prescription medications among specifically formally employed women in a South Africa work settings.
- These need to hone in on enhancing awareness of risk and dependence, and the related harms from excessive or longterm use of combination products. This is particularly so for women, given that the National Institute on Drug Abuse, the United Nations Office on Drugs and Crime (UNODC) and other South African data sources reflect an increased concern for medication misuse by women.
- Providing a better understanding of the above-mentioned concerns (and contextual factors) surrounding the non-medically indicated use of over-the-counter and prescription medications among employed women is imperative.

This study describes perceptions and experiences of the NMIU/OTCPRES among employed women in two provinces in South Africa. This includes associated health and productivity impacts among women who are formally employed, perceived barriers to accessing help for substance abuse problems as well as potential approaches for intervention

## QUALITATIVE DATA COLLECTION PHASES

Interviews with 10 Human Resource Practitioners who work with Employee Wellness programmes

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graph TD; A[Phase 1: Interviews with 10 HR Practitioners] --> B[Phase 2: Interviews 20 employed women with a history of OTC/PRE misuse]; B --> C[Phase 3: Interviews with 20 employed women with no known history of OTC/PRE misuse];
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Interviews 20 employed women with a history of OTC/PRE misuse

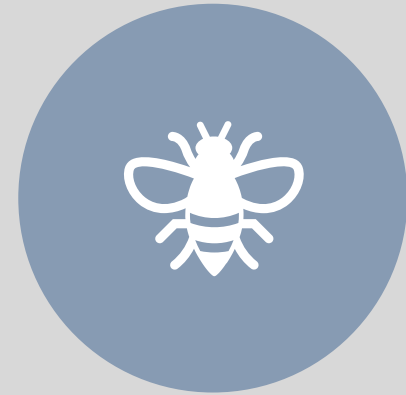
Interviews with 20 employed women with no known history of OTC/PRE misuse



STUDY DESIGN  
AND SETTING



POPULATION AND  
SAMPLING



DATA COLLECTION  
AND ANALYSIS


# Study design and setting

- The study followed an exploratory, descriptive and contextual design, comprising in-depth semi-structured interviews. Data for this study was collected between March to May 2019.
- Made use of COREQ qualitative checklist



# Population and sampling

- The population targeted for this study were either full- or part-time employed women
  - who have a history of NMIU/OTCPRES use
  - resides in the Western or Eastern Cape Provinces of South Africa.
  - 18-65
  - Participants were either in in-patient or out-patient treatment at the time of the study or had recently completed treatment for NMIU/OTCPRES.

- 
- 20 participants
  - 10 from treatment centres in the Western Cape Province
  - 10 from treatment centres in the Eastern Cape Province
  - All participants received an incentive voucher valued at ZAR 150 (approximately \$10) for their time and participation during the data collection process.





# Data collection and analysis

- Interviews provided an in-depth description of participants' history with over-the-counter and prescription medication, perceived impacts on their health, social, familial and occupational life, barriers to treatment and perceptions on workplace web-based preventative interventions
- Conducted by two researchers
- Interviews took place in a private room at each of the treatment centres and were audio-recorded and transcribed verbatim (Four participant interviews took place in clients' homes as they had just completed treatment their programme)
- Thematic analysis, making use two independent coders

# RESULTS

Age	Job	Management position	Years worked	Relationship status	Kids
54	Psychology carer	No	9 months	Divorced	None
48	Psychiatric recovery	Yes	20	Divorced	2
39	Finance	Yes	6	Married	2
30	Education	No	8	Engaged	None
49	HR	Yes	12	Single	3
34	Admin	No	11	single	None
47	Secretary	No	28	Married	2
46	Admin	No	6 months	Married	2
21	Baby sitting	No	4	Single	None
40	Bookkeeper	No	20	Married	2
22	Admin	No	6 months	Single	None
42	Needle work facilitator	No	2 months	Married	2
42	Recovery	Yes	25 years	Single	2
51	Psychiatry	Yes	12	Single	2
33	Admin	Yes	6	Single	0
35	Telecommunications	Yes	10	Divorced	2
46	Pottery	No	23	Divorced	2
27	Exam administrator	No	10	Single	0
46	Admin assistant	No	NA	Married	2

Description of sample

\*demographics of two participants missing

# Theme 1: Types of medications used

OTC/PRE meds	Number of women using	Examples of Medication/substances used*
Alcohol	8	Not specified
Illicit substances	5	Dagga, Crack/Cocaine Methamphetamine
Sleeping tablets	6	Not specified
Tranquilizers	5	Espiride
Anti-anxiety	9	Ativan, Rivotril, Xanax, urbanol
Codeine containing meds	12	Genpain, Myprodol, Morphine, Panamol, Adcodol, Mybulen, Cough mixture, allergex, Painstop, Stilpain, adco-sinus, sinu-tab, sinu-max
Non codeine containing meds	4	Grandpas
Decongestants	1	Ephedrine,
Slimming tablets	1	Phedra-cut
Anti-depressants	7	Wellbutrin, Nuzak
Stimulant	3	Ritalin
Muscle relaxant	2	Voltarens, Nurofens, moreflex

*\*not all women stipulated specific substances. Column represents only a few of the medications used*

## Theme 2: Challenging life experiences that underpin pathways to use

### 1. Medication use for coping with emotional distress

*Especially with the sleeping tablets... I just wanted the pain to go away. I wanted my mind to switch off. I just felt at one stage with the tablets, they helped me to deal, they actually made me dead inside if I can say that. Because I felt at that stage, nothing is working for me, so I have to take these tablets and yes... that and mixed with alcohol isn't a good thing'. Participant 11*

### 2. Medication use for easing physical issues

*'It was more an emotional thing, you know. So I think it tends to manifest itself physically, your emotions when you get your headaches so on and so forth and you're trying to numb the pain a little bit. So it's not just a physical pain that you're trying to ease, there's that emotional side of it as well'. Participant 5*

### 3. Medication use for coping in difficult work environments

*...my anxiety still is and was around not getting to everything I had to get to every day. So I went through a phase - sort of felt that the Ritalin made me more productive...that was how I felt at the time...then I started to become scared that if I didn't use that I wouldn't be able to perform at all. - Participant 2*

# Theme 3: Factors promoting misuse and escalation of use of OTC and prescription medication

## 1. Lack of understanding on risks promotes medication misuse

*'But back then it was terrible, I was taking like two, four times a day or something, more than what it says. So I was good at reading the leaflet but I still wouldn't follow the rules. I would do whatever I thought, which is dangerous'. Participant 2*

## 2. Health professionals are key enablers on the pathway to medication misuse

*And my pharmacist, I loved him at the time but I say he should be struck off. Legal dealer, so if I had to see him now, I don't think I'd be very friendly towards him, not that it's his fault but how many more people is he feeding drugs to? He is obviously making money for the pharmacy. In fact he also used to give me Tramacet which is a morphine-derivative painkiller. Yes and I got that as often as I wanted'. - Participant 7*

## 3. Secretive behaviour facilitates escalation of use

*'I think the problem is you become so reliant on it that you start justifying more, you justify when you're lying to the pharmacists, you justify why you're hiding things, so it just becomes a vicious cycle. The minute you start becoming dependent on something like this all that stuff goes out the window, you lie, you cheat, you steal if you have to, you do whatever you can just to make sure you got that stuff, otherwise you just can't cope. And I think that's a big thing that people don't realise'. Participant 3*

## Theme 4: Perceptions on negative effects of medication misuse

### 1. Physical health is compromised

*The memory loss was drastic. I found that's the hardest to deal with, was my memory loss which I think was the abuse of the sleeping tablets... I had 5 [car] accidents in this last year, so my judgement was completely out from the combination of everything. Although I never experienced a black-out, I'd often not remember the next day, like I forgot to collect my kids from school. I just didn't deliver my work on time. Patient 10*

### 2. Emotional wellbeing deteriorates

*I hated myself. I was so ashamed I used more...I really just think I wanted to die. I didn't see a way out. And I didn't know who I was anymore. The escalation and the self-hate- Participant 8*

### 3. Social interaction and relationships suffer

*'It was destructive in every area. It destroyed my relationships with my children... it disconnected me from my children. I was present but I was absent. I was too self-absorbed in my own stuff. They felt they couldn't approach me, it made them fearful of me because I'd become aggressive. I'd become confrontational, manipulative, abusive'. Participant 10*

## Theme 5: Perceptions on how to support women who misuse medication or who are at risk

1. Experiences with access to substance misuse treatment
2. Perceptions on priorities for supporting women at risk
3. Perceptions on web-based technology for prevention of medication misuse

*You know people are making self-awareness about substance abuse but there is no self-awareness about over the counter medication. That's the thing; like codeine is like heroin basically. Even Ritalin which is pharmaceutical cocaine, it has the same active ingredient. My brother is actually on Ritalin and he stopped taking it when I came out of rehab and he found it out because he was completely freaked out.*  
Participant 19

*I think whoever uses it will be - to be honest I battle a lot with face-to-face discussions, especially at the start of my treatment, whereas if it was online I would have put all the facts right there. It sort of brings safety and anonymity to it. And then I think it is so much more private because people don't want their families and their friends to know because you're scared of being judged' - Participant 2*

# Discussion

- This paper contributes to current research by describing the perceptions and experiences of employed South African women who have used either prescription or over-the-counter medications for non-medical purposes.
- Major themes emerging from our study refer to the experience of challenging life circumstances which underpin pathways to use and prescribing.
- Challenging life circumstances, particularly the experience of bio-psycho-social and occupational related distress have also been identified as facilitators to the non-medical use of medications.
- Perceptions of negative aspects of medication use as well as measures to support women also emerged as important findings that will help inform public health interventions that target employed women.



# Discussion continued...

- Furthermore, the experience of stress and anxiety associated with either work difficulties, balancing full time work or mothering/parenting responsibilities, underlying mental health issues and improving ability to function with these pressures are some of the reasons participants gravitated to the non-medical use of medicines.
- Over-prescribing practices for physical pain management are thought to exacerbate the problem requiring more vigilance on the part of the prescriber and pharmacist.
- Also emerging from these findings are women's perception on knowledge and awareness on the risks associated with the use of these medicines. An absence of knowledge and awareness was thought to be a conduit to misuse, with participants recommending interventions that support women at risk.
- While the recognition of the pleasurable effects of NMIU/OTCPRES medications were acknowledged and perceived helpfulness mentioned, participants highlighted an overall lack of awareness of forms of tolerance and harmful patterns of use although a minority were aware of the negative impacts.

# Study Limitations

- Study participants were drawn from privately funded treatment facilities, meaning that participants were from a sociodemographic group that is either medically insured (unlike the general population) or able to self-fund the treatment.
- Their experiences may therefore differ from those working in lower paid jobs or in the informal sector.
- Participants were English and Afrikaans speaking and their experiences and perceptions may differ from other language and cultural groups in South Africa.

# Thank you.

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