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Original Research

Prescription drug abuse communication: A qualitative analysis of prescriber and pharmacist perceptions and behaviors

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Abstract

Background: Interpersonal communication is inherent in a majority of strategies seeking to engage prescriber and pharmacist health care professionals (HCPs) in the reduction and prevention of prescription drug abuse (PDA). However, research on HCP PDA communication behavioral engagement and factors that influence it is limited.

Objectives: This study quantitatively examined communication behaviors and trait-level communication metrics, and qualitatively described prescription drug abuse-related communication perceptions and behaviors among primary care prescribers and community pharmacists.

Methods: Five focus groups ($N = 35$) were conducted within the Appalachian Research Network (AppNET), a rural primary care practice-based research network (PBRN) in South Central Appalachia between February and October, 2014. Focus groups were structured around the administration of three previously validated trait-level communication survey instruments, and one instrument developed by the investigators to gauge HCP prescription drug abuse communication engagement and perceived communication importance. Using a grounded theory approach, focus group themes were inductively derived and coded independently by study investigators. Member-checking interviews were conducted to validate derived themes.

Results: Respondents' trait-level communication self-perceptions indicated low communication apprehension, high self-perceived communication competence, and average willingness to communicate as compared to instrument specific criteria and norms. Significant variation in HCP communication behavior engagement was noted specific to PDA. Two overarching themes were noted for HCP-patient

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communication: 1) influencers of HCP communication and prescribing/dispensing behaviors, and 2) communication behaviors. Multiple sub-themes were identified within each theme. Similarities were noted in perceptions and behaviors across both prescribers and pharmacists.

Conclusions: Despite the perceived importance of engaging in PDA communication, HCPs reported that prescription drug abuse communication is uncomfortable, variable, multifactorial, and often avoided. The themes that emerged from this analysis support the utility of communication science and health behavior theories to better understand and improve PDA communication behaviors of both prescribers and pharmacists, and thereby improve engagement in PDA prevention and treatment.

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Keywords: Communication; Prescriber; Pharmacist; Prescription drug abuse; Qualitative

Introduction

Prescription drug abuse, considered the United State's (US) fastest growing drug problem, has been associated with significant morbidity and mortality in recent decades.^{1,2} Deaths related to prescription opioid analgesic (POA) overdoses have quadrupled in the US since 1999.² Since 2009, the number of POAs dispensed by US retail pharmacies has consistently exceeded 200 million.³ POA abuse and addiction are potential adverse effects associated with prescription opioids, and are noted public health concerns in the US.

Specific to health care providers, national and state-level efforts to reduce prescription drug abuse and the ramifications thereof have included increased education about appropriate POA prescribing and dispensing, increased sharing and use of data between state prescription drug monitoring programs, increased emphasis on appropriate and timely medication disposal, increased screening for drug abuse, and increased access to addiction treatment.^{1,4} Many of the aforementioned efforts have been targeted at front-line health care providers such as POA prescribers and community pharmacists. Significant research has been conducted to examine prescribers' and pharmacists' perceptions and behaviors related to prescription drug monitoring programs^{5–12} and general attitudes toward prescription drug abuse and interventions that could mitigate it.^{13–18} Overall, research suggests providers perceive prescription drug abuse to be a problem in their practice settings and communities^{16,17,19}; moreover, providers express support for interventions that could reduce prescription drug abuse.^{10,13–15,20}

Interpersonal communication is inherent in a majority of strategies seeking to engage health

care professionals in the reduction and prevention of prescription drug abuse. However, research exploring provider communication behaviors specific to prescription drug abuse is limited.^{20–22} To better understand behavioral engagement in prescription drug abuse-related communication, the research team performed five focus groups with prescribers and pharmacists in South Central Appalachia who were actively engaged in POA prescribing and dispensing. One goal of the focus groups was to inform adaptation of McCroskey et al's trait-level communication apprehension,²³ self-perceived communication competence,²⁴ and willingness to communicate²⁵ assessments to situational prescription drug abuse-specific communication and evaluate behavioral engagement across multiple situations (see details below). The objectives of this manuscript are: 1) to quantitatively describe communication behaviors and trait-level communication metrics in our study sample; and 2) to qualitatively describe prescription drug abuse-related communication perceptions and behaviors of prescribers and pharmacists with patients.

Methods

Participants and focus groups

Employing a qualitative study design, the investigators conducted five focus groups within the Appalachian Research Network (AppNET), a rural primary care practice-based research network (PBRN) in South Central Appalachia, between February and October, 2014.^{26,27} Focus groups consisted of two prescriber-specific groups, two pharmacist-specific groups, and one interprofessional (prescribers and pharmacists) group. The location of each focus group varied. Two were

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