



Young people's use of medicines: Pharmaceuticalised governance and illness management within household and school settings



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ARTICLE INFO

Article history:

Received 14 April 2016

Received in revised form

21 July 2016

Accepted 25 July 2016

Available online 26 July 2016

Keywords:

Young people

Medicine

Pharmaceutical

Governance

School

Family

Presenteeism

Illness management

ABSTRACT

Recent decades have witnessed a significant rise in the use and 'misuse' of pharmaceutical medicines. Without significant behavioural change, the adverse health and environmental impacts resulting from medicine misuse will be most felt by today's young people. Yet despite real concerns surrounding pharmaceutical sustainability, insights into the ways that understandings of, and expectations to take medicines are communicated to, and taken up by young people remain limited. This paper draws on research focused around everyday home and school settings, to examine how understandings and norms relating to medicine use become embedded within the lives of young people. Between May 2014–January 2015, fifty students (aged 11–14) from one secondary school in England participated in focus groups and forty-three in interviews. Two focus groups were held with parents ($n = 10$). Findings demonstrate that attitudes towards medicine use were bound up with notions of parental responsibility, risk, peer governance and social acceptability, labour-related expectations, and processes of regulation within the school. Indeed, it was clear that medication use was often a compromised solution in response to wider structural pressures and demands and that such thinking was embedded at an early stage in the life course. The study found that few opportunities arose for open and informed discussion relating to responsible medicine use. Such circumstances demonstrate that any attempts to change medicine-related attitudes and behaviours should be considered within the wider social and structural contexts that govern their use.

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1. Introduction

Recent decades have witnessed a significant rise in the use of pharmaceutical medicines (Busfield, 2010; Thomas and Depledge, 2015) alongside claims that society is becoming increasingly 'medicalised' and 'pharmaceuticalised' (Abraham, 2010). Yet estimates suggest that half of all medicines are prescribed, dispensed or sold inappropriately, and that around half of all patients fail to take them as directed (Holloway, 2011). This medicine 'misuse' has significant adverse impacts for health, and for sustainability in terms of the on-going effectiveness of medicines (WHO, 2014) and the potential for adverse environmental outcomes when unused medicines are disposed of inappropriately (Thomas and Depledge, 2015). Understanding how medicine use can become more health promoting and sustainable is therefore of increasingly pressing concern.

In the long-term, it seems likely that without significant

behavioural change, the adverse health and environmental impacts of medicine misuse will be most felt by today's young people. Understanding how to effectively respond to alleviate this situation is vitally important, both to find ways of breaking an increasing dependence on pharmaceutical solutions for 'everyday life' (Williams et al., 2011: 716), and to avoid the potentially irreversible damage to medical opportunities that may result if intergenerational equity and sustainability in healthcare are overlooked.

Medical attitudes and responses to young people are often based on western psychological conceptualisations and discourse (Williams, 2000). However, such approaches tend to treat young people as autonomous individuals, with little recognition of the wider factors that influence self-care. Being able to identify ways of avoiding or combating the adverse outcomes of medicine misuse therefore requires that attention be given to the everyday relationships and encounters in which societal attitudes and expectations regarding medicine availability and use manifest and become embedded. This is particularly important given that children as young as six are thought to start to form opinions about medications that then persist into adulthood (De Maria et al., 2011).

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Whilst health behaviours and practices may appear as private individual matters, it is important to recognise that they are configured by a range of socio-cultural contexts (Morrow, 2010) which for many young people in the UK, are most frequently experienced via localised networks and forms of governance within home and school settings.

Drawing on research undertaken with young people (aged 11–14) and their parents, this paper provides insights into the social and cultural influences and mechanisms that shape young people's knowledge and attitudes towards the medical management of their health and wellbeing. The paper starts by providing an overview of what is known regarding young people's use of medicines, and calls for attention to be given to the more mundane, everyday spaces and circumstances in which medicine-related expectations and decision-making are made. The paper then examines the pressures facing young people, their parents and schools as they make decisions on medicine use, and examines the complex moral backdrop that guides decisions to use, or to resist such treatments.

2. Young people and medicine

The past two and a half decades have witnessed the emergence of a reframed sociology of childhood. Within this, childhood is now generally understood as a social construction, and children and young people as competent social actors, who not only shape their own experiences, but do so in ways that may be different to that of adults (James and Prout, 1997). Building on Mayall's (1998) call to develop a sociology of child health, a small, but growing number of studies have examined the agency of children and young people as they negotiate experiences of ill-health and health management, and have considered the extent to which the health condition concerned constitutes 'biographical disruption' (Bury, 1982) to the young person's identity and wellbeing. The majority of these studies have focused on the management of specific long-term conditions e.g. juvenile diabetes (Smith and Gray, 2009), and asthma (Gabe et al., 2002) in which medicine use plays a significant and sustained role within a young person's life, whilst more recent literature has also begun to examine the way that young people negotiate living with medical technology (see for example, Kirk, 2010).

Yet at the same time as children and young people are considered active and competent agents in the management of their health and wellbeing, public health discourse concerning young people in the UK continues to be dominated by notions of risk (Spencer, 2013), and it is still widely accepted mantra that young people and medicines should be kept firmly apart (see for example, GOSH, 2012). The lack of commercially available, age-appropriate licensed medicines for children and young people does indeed mean that medicine use comes with a heightened level of risk, with practitioners often prescribing a formulation of unknown efficacy and impact (Royal Pharmaceutical Society, 2014). This attention to risk is also observed in the surge in literature problematising young people's use of medicines by focusing on the intentional abuse of prescription drugs (e.g. Miech et al., 2013), and on the rise in use of pharmaceutical drugs to achieve what are essentially non-medical outcomes (see for example, McCabe et al., 2005 on use of Ritalin).

2.1. 'Everyday' encounters with medicine

The focus on young people's use of medicines for chronic conditions and the concern that surrounds what are perceived as risk taking behaviours perpetuate assumptions that medicine use is an 'unusual' and for most young people, an inherently 'undesirable' activity. Yet in an increasingly pharmaceuticalised world, neither

perspective fully accounts for the very real exposures that most generally healthy young people have to the expanding range of medicines now available within everyday encounters and environments. For many young people, such encounters take place through observing medicine use by other family members. A recent report from the UK for example (see Scholes et al., 2014), highlights the increasingly common use of pharmaceutical medicines across all (adult) age groups, and in so doing, highlights the growing likelihood that parents of today's teenagers will be using some form of medication. Children and young people qualify for free prescription medicines in the UK, yet they generally take far fewer medicines than adults (accounting for only 5% of all free prescriptions in the UK, *ibid*). However, studies have reported surprisingly high use of medications amongst young people to treat common ailments such as colds and low-level infections, and to help 'normalize' or augment their bodies (see Dengler and Roberts, 1996; Stoelben et al., 2000).

Gaining knowledge of the factors that influence young people's understandings and perspectives on pharmaceutical medicines, both in their own lives, and in the wider society in which they act, might therefore start to provide important insights into the mechanisms via which attitudes towards 'responsible' medicine use (see Holloway, 2011) and expectations to receive pharmaceutical treatment are generated, and to identify information and support that might be helpful to them as they learn to take charge of their own health and wellbeing. This is particularly important in light of data that suggest adherence to prescription medicine regimens is especially low amongst 11–19 year olds (Royal Pharmaceutical Society, 2014), that young people's knowledge of the ways that medicines work is poor (Hämeen-Anttila et al., 2006) and that autonomy of medicine use amongst young people is higher than many adults and health practitioners perceive (Sloand and Vessey, 2001). Whilst the evidence base is limited, relatively high levels of informal medicine sharing have also been reported amongst young people (Hämeen-Anttila and Bush, 2008), including use of prescription drugs (Daniel et al., 2003).

Perceived severity of illness and the perceived benefit of taking medicines impact on young people's medicine use (Hämeen-Anttila and Bush, 2008). Studies in the US suggest that young people who feel they have control over their health were less likely to take medicines than those who did not, and that parental (particularly mother's) use of medicines was a significant predictor of their immediate and longer-term expectations to use medicines (Bush and Iannotti, 1988). Similar findings in the UK suggest that social background influences the ways ill-health is conceptualized and experienced (Brannen et al., 1994), an issue that has been revisited in recent calls for research to explore the socio-cultural contexts of child health (Brady et al., 2015). Moving beyond individual health management to recognise the wider context in which decisions are made thus reiterates the importance of gaining in-depth understanding of the everyday settings within which young people's use of medications is governed, and the ways in which 'moral concerns relating to issues of responsibility, identity, stigma, agency and power' (Dew et al., 2015:272) play out in the lives of young people.

3. Methodology

The University of Exeter Medical School's Research Ethics Committee provided ethical approval for the research. Fieldwork was undertaken in one secondary school in the South West of England. The study focused on the experiences of 11–14 year olds (School Years 7–9) since it is generally accepted that early adolescence is a key period during which young people start to gain a level of independence in health-related decision-making. Additionally, because issues relating to medicine use are not a core

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