Antoniou T et al. “Like being put on an ice floe and shoved away”:
A qualitative study of the impacts of opioid-related policy changes on people who take opioids.

The introduction of opioid-related policies had unintended consequences for people who take opioids including:

- the label of “addict” becoming a dominant status, loss of autonomy, and re/producing vulnerabilities related to poverty and criminalization.
- This study demonstrates the importance of considering social context when policies are implemented.

On average, focus group participants were 53 years of age and 60% were female. Over half (58%) self-identified as currently taking opioids to manage chronic pain, and nearly two-thirds (65%) indicated that they were taking opioids for reasons other than pain. Among those taking opioids for reasons other than pain, approximately half (48%) described being first exposed to an opioid through a prescription from a physician to manage pain.

The findings demonstrate that opioid-related policies had several unintended consequences for people who take opioids, including:

- Worsening and/or creating stigma, particularly within the healthcare system
- A loss of input and autonomy as patients perceive themselves powerless when treatment decisions are made; participants suggested that integrating peer workers with similar life circumstances into their care may be one way to counter the powerlessness they were perceiving in their interactions with health care providers
- Producing and reproducing vulnerabilities in the health and safety of people who take opioids, such as a lack of access to alternative treatments because of unemployment or under-employment from under-treated pain, or being forced to access expensive opioids from risky illicit sources.

People with lived opioid experience should continue to be involved in all future opioid-related policy development and implementation in order to prevent negative unintended consequences.

Healthcare providers should undertake shared decision-making with their patients when decisions about taking opioids are made and should be mindful regarding language and practices that may propagate stigma.

Consider integrating peer workers into the care of people who take opioids.

Effort should be made to use judgement-free language such as “people who take drugs” instead of potentially harmful labels.