

Unintended consequences of opioid-related policies for people who take opioids

“Like being put on an ice floe and shoved away”

ODPRN

ONTARIO DRUG POLICY
RESEARCH NETWORK

Background

Why is this important?

- Opioid-related harm continues to increase in North America, representing 1 in 6 deaths among Ontario residents aged 25 to 34¹.
- In response, several initiatives have been implemented, including delisting high-strength opioids from the public drug benefit plan, prescription monitoring programs and opioid prescribing guidelines.
- Yet, little is known about how people who take opioids have experienced the effects of policy change.

What were we investigating?

- The perspectives of people who take or have taken opioids on the impacts of policies intended to promote appropriate opioid prescribing and prevent opioid-related overdose and death.



Study Details

How was the study conducted?

- We held eight focus groups among a total of 48 adults aged 18 years and older across Ontario, Canada who had experience taking opioids. Separate focus groups were held for participants who primarily self-identified as 1) taking opioids for chronic pain or 2) taking opioids for other reasons.
- Focus groups were audio recorded, transcribed, and analyzed by members of the research team. We drew upon theoretical frameworks of stigma when interpreting participant accounts.

For more information

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 International Journal of Drug Policy, 2019.

Key Points

- 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.

What did we find?

- 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.

Recommendations

Policymakers

- 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

- 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.

Patients

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