



Access denied: How policy constructions of harms and risk place opioid pharmacotherapy beyond the usual business of primary care

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Background

Three Australians die from overdoses related to opioids every day

Opioid pharmacotherapy (OP) is a proven effective opioid dependence treatment

National framework, state jurisdiction

GPs are positioned as a key delivery pathway for OP in the health system

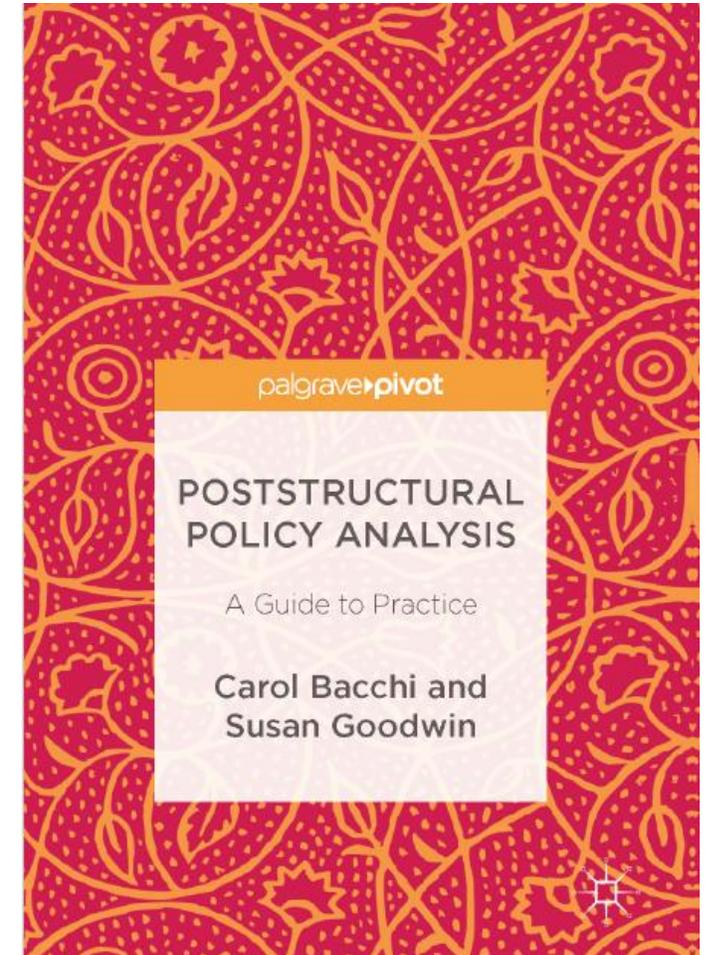
The system is 'fragile, knackered'

AIM: To describe how national and state policies govern opioid pharmacotherapy in primary care

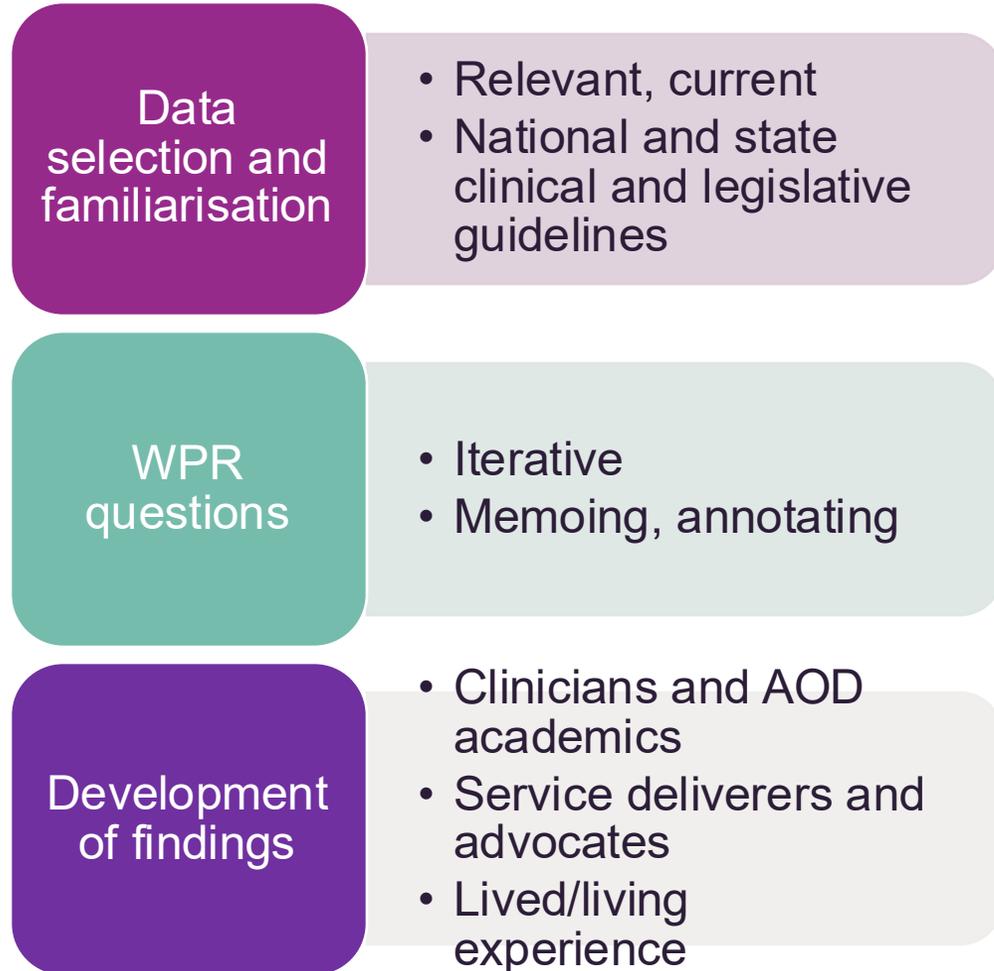
Method – What is the Problem Represented To Be? (WPR)

Policies contain implicit representations of a problem which the policy is constructed to solve. Policies govern (divide and classify, impose requirements on) objects, people, environments, and require people to align their thinking and action with the policy.

Problem representations are enabled by underlying and pre-existing logics, assumptions, knowledge/expertise, norms, socio-technical structures.



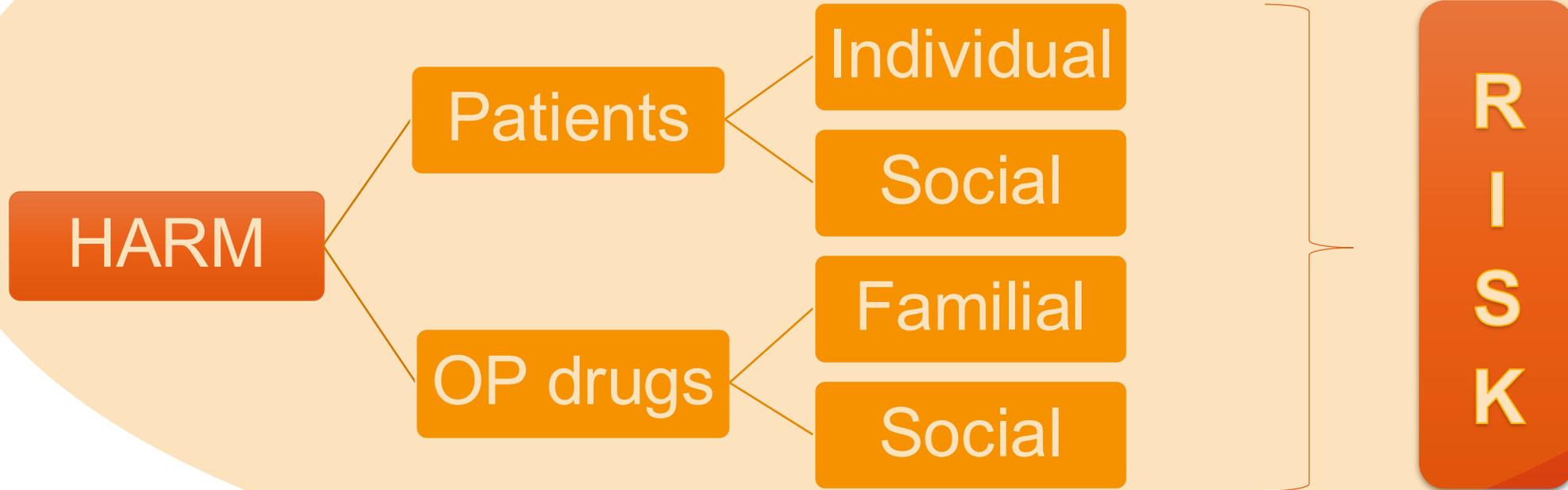
Methods cont.



- 1 What is the “problem” represented to be in opioid pharmacotherapy prescribing policies governing primary care in Australia?
- 2 What are the underlying norms, assumptions, and logics that enable these constructions of the “problem”?
- 3 How did these representations of the “problem” come about?
- 4 What is left unproblematic in this problem representation? Where are the silences and gaps?
- 5 What effects (discursive, subjectification, lived) are produced by this representation of the “problem”?
- 6 How has this “problem” representation been produced, replicated, disseminated? How can it be ruptured?
- 7 Apply this list to your own problem representation

Results

GOVERNANCE



Discussion – (Un)usual business in primary care

'Special characteristics' of OP

Patients

Chaotic, full of harm
Without strength

OP Drugs

Perpetuates stigma

GPs

Dangerous
Regulated

Essential

Untrusted

Primary Care characteristics

Chronic and holistic care

Familiar, community-based access

Specialist link

Take-away messages

If policy governing a service is mismatched to service delivery setting then there will be barriers to participation and access.

Material and systems effects – concentration of patients to fewer prescribers, increased stigma

Opportunities for change – new models and technologies could integrate OP within the ‘usual business’ of primary care



Thank you

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