

Exploring the strengths and experiences of people using opiate dependence treatment using photovoice: a qualitative study

Idin Panahi¹, Emily Cooper², Emma Kill², Timothy Piatkowski^{2,3}, Geoff Davey⁴, Jessie Edwards⁵, Geoffrey Spurling^{6,7}

¹School of Public Health, The University of Queensland, Brisbane, Australia; ²Queensland Injectors Voice for Advocacy and Action (QuIVAA), Brisbane, Australia; ³School of Applied Psychology, Griffith University, Queensland, Australia; ⁴Queensland Injectors Health Network, Brisbane, Australia; ⁵Discipline of General Practice, University of Adelaide, Adelaide, Australia; ⁶General Practice Clinical Unit, The University of Queensland, Brisbane, Australia; ⁷Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Brisbane, Australia

Introduction

The strengths of people who use drugs are often absent in the discussion of opioid dependence treatment (ODT) in Australia, with descriptions of stigmatising experiences being more common. Given the impact of stigma on the experiences of people who use drugs, methods that empower and amplify their voices, such as 'photovoice', offer a valuable approach to reshaping narratives and fostering a more inclusive and supportive environment in ODT. This study aims to understand the strengths and experiences of people engaging with ODT in general practice and community pharmacies through photovoice methodology.



Figure 1: "Sacred Space"

A special location containing mementos of events which were only possible due to ODT:

Vicki: "All these items sort of reflect the most important aspects of my own journey through life, and how methadone has helped me in these moments, and enabled me to be there. All these moments was when I was on methadone or suboxone...that provided me an opportunity for education, provided me an opportunity to discover my own spiritual self and awareness."

Methods

We used photovoice to explore ODT prescribing and dispensing within the real-life contexts of people engaging with ODT. Participants took photographs over a two-week period, and provided their photos to researchers with lived-experience of ODT. The researchers processed the photographs and then met the participants to elucidate the meaning of the photographs through qualitative interviews. Analysis adopted a reflexive thematic approach and strengths-based approach, with an emphasis on the assets used by individuals to strengthen health and wellbeing.



Figure 2: "Don't let the view fool you"

An idyllic view obscuring the challenges of accessing ODT in regional communities.

Sophie: "...It's really tough up here... Access to opioid treatment here is scarce and stigma runs deep... There's only 5 private prescribers in the entire region. The view doesn't show the judgment, the gatekeeping, or the hoops that people have to jump through to stay well... Carrying the weight of discrimination, even in places that look like paradise."

"...We're not just addicts, we're human, you know? And we've got feelings... They just look at us as though we want to get high... We just want to feel comfortable and function, that's right." - Samantha



Figure 3: "Trapped"

The struggle of having to experience stigma for accessing ODT:

Samantha: "Trapped" is about feeling stuck facing the stigma of being on the program, from healthcare, family, and community, but also knowing you need it to function.

Results

A total of 20 people with lived experience of ODT completed the photovoice data collection. Key strengths identified included support and connection with family, the stability provided by being on ODT, and being more able to align with their authentic self. Stigma enacted by health services, the police, and the broader community were identified as barriers to accessing ODT. In some instances, participants reported more experiences of stigma while on ODT than they had prior to treatment. The structure of ODT prescribing was also described as a deterrent, with strict requirements stripping away patient autonomy.

Conclusion

There is limited qualitative evidence documenting the experience of people who access ODT in primary care settings in Australia, and limited evidence related to the strengths of the people who are accessing this treatment. Although this study has presented several examples of the varied and inspiring strength of people who access ODT, there are still a variety of barriers which may deter people who use drugs from treatment, chief among these being stigma enacted by health services. The findings of this study will help in the development of strengths-based approaches to health service delivery and develop strategies to reduce stigma towards people who use drugs.