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

Jessie Edwards[1], Idin Panahi[2], Tim Piatowski,[3,4] Emma Kill,[4] Geoff Davey,[5] Geoff Spurling[2]

[1] Discipline of General Practice, University of Adelaide
[2] General Practice Clinical Unit, University of Queensland
[3] School of Applied Psychology, Griffith University
[4] Queensland Injectors Voice for Advocacy and Action
[5] Queensland Injectors Health Network

Presenter's email: Geoff Spurling: g.spurling@uq.edu.au

Introduction: Opioid pharmacotherapy (OP) is highly cost-effective, halving mortality for people who use drugs. However, in 2022, fewer than 10% of Australian general practitioners (GPs) were authorised OP prescribers. The Australian National Drug Strategy (2017-2026) (NDS) prioritises improved access to OP under a harm minimisation approach, but OP is governed at both national and state levels by complex policy and regulatory frameworks that produce access barriers to OP in Australian primary care. This study aims to describe how primary care opioid pharmacotherapy is problematised in the NDS, Queensland, New South Wales (NSW), and Victorian state policies, and the discursive and subjective effects that are produced.

Methods: Relevant, current policy documents were collated and analysed using the 'What is the problem represented to be?' policy analysis method, drawing on Foucauldian theory to problematise the subjects and objects produced by policy texts. Reflexive annotation and memoing were used to collaboratively develop findings.

Key Findings: *Harms* and *risks* are the two core "problems" of OP constructed by the policies studied. Patients accessing OP are represented to be inherently chaotic and 'full of harm': harmful *towards* themselves and others, and harmed *by* drugs and disadvantage. OP patients are required to discipline themselves into non-risky, productive, socially responsible selves to receive access to less-burdensome prescription regimens. Throughout, OP drugs are produced as uniquely risky objects requiring a high level of GP and pharmacist oversight and control.

Discussions and Conclusions: OP policies address harm and risk through complex administrative and compliance requirements for GPs and patients, situating OP outside of the 'usual business' of primary care. These harms and risks are constructed and managed differently across states, resulting in unequal distribution of access and burdens.

Implications for Practice or Policy: Reorienting policy away from harm and risk, and towards access and integration within 'usual business', could improve access to OP in Australian primary care.

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