

Canadian prescription opioids users experience gaps in access to care

June 1 2021



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Stigma and high care needs can present barriers to the provision of high-quality primary care for people with opioid use disorder (OUD) and those prescribed opioids for chronic pain. A study published in *PLOS*

Medicine by Tara Gomes at the Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Canada and colleagues suggests that people treated for an opioid use disorder were less likely to find a new primary care provider (PCP) within one year of termination of enrollment with the previous physician.

People with [substance use disorders](#) often have complex medical needs, requiring regular access to [primary care physicians](#). However, some physicians may be less willing to treat these patients due to stigma, high health care needs, or discomfort prescribing opioids. To assess differences in access to primary care, researchers conducted a [retrospective cohort study](#), analyzing records of 154,790 Ontario residents who lost their enrolment with a primary care physician between 2016 and 2017. They assigned individuals to one of three groups based on their history of opioid use: no opioid use, opioid pain therapy, and opioid agonist therapy (for OUD). The authors then analyzed the number of people from each group who had found a primary care provider within a year.

The researchers found that people receiving opioid agonist therapy were 45% less likely to secure another primary care physician in the next year compared to opioid-unexposed individuals. The study was limited in that the authors were unable to identify people with OUD if they were not in treatment and could not identify people who received care from walk-in clinics. However, the research is an important step in identifying inequities in access to primary care and management of complex chronic conditions.

According to the authors, "Ongoing efforts are needed to address stigma and discrimination faced by people who use opioids within the health care system, and to facilitate access to high quality, consistent primary care services for chronic pain patients and those with OUD."

Dr. Gomes also notes, "There are considerable barriers to accessing [primary care](#) among people who use opioids, and this is most apparent among people who are being treated for an [opioid use disorder](#). This highlights how financial disincentives within the healthcare system, and stigma and discrimination against people who use drugs introduce barriers to high quality care."

More information: Tara Gomes et al, Inequities in access to primary care among opioid recipients in Ontario, Canada: A population-based cohort study, *PLOS Medicine* (2021). [DOI: 10.1371/journal.pmed.1003631](#)

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