Journal of Law, Medicine & Ethics (2025), **53**, 4, 561–562
doi:10.1017/jme.2025.10184

CAMBRIDGE UNIVERSITY PRESS

Commentary

Framing, Narratives, and the Overdose Crisis

Itai Bavli

School of Population and Public Health, The University of British Columbia, British Columbia, Canada

Abstract

Narratives and frames have shaped the overdose crisis since its early stages. Efforts to control knowledge about the role of opioids in chronic pain have influenced clinical guidelines and prescribing behaviour. Dominant narratives shape policy by influencing how problems are defined, and which solutions are considered appropriate. A more nuanced understanding of how framing shapes interactions among stakeholders, including patients, clinicians, advocacy groups, industry, educators, and regulators, can clarify these dynamics. Engaging multiple perspectives, rather than relying on a single dominant narrative, offers a more effective path for addressing complex public health emergencies such as the overdose crisis.

Keywords: Chronic pain; Opioid epidemic; Overdose; Stigma; Canadian Pain Task Force; Addiction

In their recent article, Eisenkraft Klein et al.[1] offer an important perspective on how the overdose crisis has been framed in Canada, focusing on the role of the Canadian Pain Task Force (CPTF) in shaping both the problem definition and the proposed solutions. They found that the Task Force framed the crisis primarily around limited access to opioids, emphasizing the harms of illicit drug use while downplaying the role of over-prescribing, and highlighting factors such as a lack of public and prescriber awareness and stigma toward people in pain. The proposed solutions focused on expanding access to prescription opioids and reducing stigma, rather than revisiting prescribing practices. These findings are important and warrant close evaluation.

Narratives and framing have shaped the overdose crisis from its early beginnings. Until the mid-1990s, physicians were generally reluctant to prescribe opioids for non-cancer chronic pain, due to well-established concerns about addiction and misuse. Recognizing a profitable market opportunity, Purdue Pharma, the maker of OxyContin, sought to change that narrative,[2] employing a variety of tactics to influence healthcare professionals[3] and increase opioid prescribing in both the United States (US)[4] and Canada.[5] Shaping, creating, controlling, and disseminating medical knowledge — often without the medical community being fully aware of these processes — has long been an effective marketing strategy for pharmaceutical companies.[6] Understanding the importance of framing and narrative control, Purdue's marketing strategy promoted opioids broadly — not just their blockbuster OxyContin. Other opioid manufacturers followed suit.

One of Purdue's marketing goals was to reduce physicians' "unjustified" fear of opioids, recognizing that this would best serve their commercial interests. In doing so, the company exploited the vulnerability of both patients suffering from inadequately treated pain and physicians who wanted to help them. In other words, Purdue understood that reshaping and controlling the narrative around opioid safety, such as promoting the idea that the risk of addiction and misuse was low, would help drive OxyContin sales. This framing proved effective. By the early 2000s, many physicians viewed opioids as safe and appropriate for chronic pain. Other companies, seeking to enter this profitable market, adopted similar promotional tactics, and prescribing rates soared.[7]

Framing opioids as safe and effective for chronic pain was also enabled by health regulators such as the Food and Drug Administration (FDA) and Health Canada (HC), who unintentionally contributed to this narrative by approving opioids for chronic pain — often in the absence of strong supporting evidence. For example, in 1995, the FDA stated on OxyContin's label that the risk of addiction and misuse was low, and that the risk of misuse was lower than that of other, weaker opioids.[8] Similarly, HC included information in OxyContin's product monograph — approved just one month after the FDA's decision in the US — suggesting that the risk of misuse was low.[9] These claims were based on limited evidence,[10] and Purdue's sales team used them to further reinforce the narrative that slow-release formulations of opioids were safe to use.[11]

Other stakeholders, such as pain advocacy groups, which were often funded by opioid manufacturers,[12] defended and helped amplify this narrative. Medical students were also introduced to inaccurate information about the true risks and benefits of opioids.[13] These marketing and framing tactics not only promoted specific messages but also played a key role in reshaping the broader narrative around opioids. They influenced how the medical community and policymakers understood the appropriate use of these drugs, enabling opioid manufacturers to shape prescribing behaviours and influence clinical practice guidelines — contributing to widespread overprescription.

Eisenkraft Klein and colleagues demonstrate that framing and narrative remain as important today as they were in the past. They

Email: itai.bavli@ubc.ca

Cite this article: I. Bavli. "Framing, Narratives, and the Overdose Crisis," *Journal of Law, Medicine & Ethics*, **53**, 4 (2025): 561–562. https://doi.org/10.1017/jme.2025.10184

© The Author(s), 2025. Published by Cambridge University Press on behalf of American Society of Law, Medicine & Ethics. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (http://creativecommons.org/licenses/by/4.0), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

https://doi.org/10.1017/jme.2025.10184 Published online by Cambridge University Press

shape how stakeholders define a problem, influence which solutions are considered appropriate, and determine which are left out of the conversation, reinforcing particular policy directions. Their study encourages us to further investigate how framing shapes interactions among key actors, including patients, health professionals, medical societies, pharmaceutical companies, advocacy groups, and health regulators.

These findings are particularly important because CPTF stakeholders, unlike pharmaceutical companies, have no financial incentive. They understand better than most the daily struggles of people living with chronic pain and offer a view that must be taken seriously. Their responses reflect what they genuinely believe will best support those suffering from chronic pain, often grounded in personal experience as patients or caregivers. As a government-appointed advisory body composed of experts and advocates, the CPTF brings essential knowledge of the lived realities of pain, and their contribution to this discussion is both valuable and necessary.

However, this should not discourage us from finding the means to enable assessment of multiple alternative paths, such as the problem of addiction and drug misuse among pain patients, and the transition from prescription to street drugs. It is also important to review the evidence on the appropriate use of opioids, to further clarify what opioids are actually effective for,[14] and to compare this with the views expressed by stakeholders. Gaining important knowledge from stakeholders should not deter us from discussing and debating alternative perspectives. The study's findings should also encourage conversations about the possibility that one vulnerable group (pain patients) may unintentionally stigmatize another group (illicit drug users), raising the ethical question of what should be done to prevent it.

Framing and narrative can shape opioid policy and clinical guidelines by determining what is prioritized and what is left out of the conversation. They also shape how medical knowledge is produced and mobilized. This extends beyond opioid policy in Canada and encourages further examination and debate about the role of framing in health care.

Itai Bavli, PhD, is a Research Associate at the W. Maurice Young Centre for Applied Ethics, School of Population and Public Health, the University of British Columbia. His scholarship is at the intersection of the harmful effects of public health interventions and ethics.

References

1. Daniel Eisenkraft Klein et al., "Constructing Opioid Legitimacy: The Canadian Pain Task Force's Framing of the Overdose Crisis," *Journal of Law, Medicine & Ethics* 53, no. 4 (2025): 552–560, https://doi.org/10.1017/jme.2025.10158.
2. Keith Humphreys, "Avoiding globalisation of the prescription opioid epidemic," *Lancet* 390 no. 10093 (2017): 437–439, https://doi.org/10.1016/s0140-6736(17)31918-9; Andrea Bowra, et al., "Interconnected influence: Unraveling purdue pharmaceutical's role in the global response to the opioid crisis," *International Journal of Drug Policy* 133 (2024): 104604; Ravi Gupta, et al., "The opioid industry's use of scientific evidence to advance claims about prescription opioid safety and effectiveness," *Health Affairs Scholar* 2, no. 10 (2024): qxae119.
3. Art Van Zee, "The promotion and marketing of oxycontin: Commercial triumph, public health tragedy," *American Journal of Public Health* 99, no. 2 (2009): 221–227, https://doi.org/10.2105/AJPH.2007.131714; Richard D. deShazo, et al., "Backstories on the US Opioid Epidemic. Good Intentions Gone Bad, an Industry Gone Rogue, and Watch Dogs Gone to Sleep," *American Journal of Medicine* 131, no. 6 (2018): 595–601. https://doi.org/10.1016/j.amjmed.2017.12.045.
4. Patrick Radden Keefe, *Empire of Pain: The Secret History of the Sackler Dynasty* (Doubleday, 2021)
5. Joel Lexchin, "Opioid promotion in Canada: A narrative review," *Indian Journal of Medical Ethics* 9, no. 2 (2024): 135–142. https://doi.org/10.20529/IJME.2024.006
6. Sergio Sismondo *Ghost-Managed Medicine: Big Pharma's Invisible Hands* (Mattering Press; 2018).
7. *Prescription Drugs: OxyContin Abuse and Diversion and Efforts to Address the Problem* (United States General Accounting Office, 2003), GAO-04-011, https://www.gao.gov/assets/gao-04-110.pdf.
8. Barry Meier *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic*, 2nd ed. (Random House; 2018).
9. Itai Bavli "Industry influence and Health Canada's responsibility: lessons from the opioid epidemic in Canada," *Addiction* 115, no. 9 (2020):1605–1606, https://doi.org/10.1111/add.14929; Itai Bavli and Daniel Steel, "Inductive Risk and OxyContin: The Ethics of Evidence and Post-Market Surveillance of Pharmaceuticals in Canada," *Public Health Ethics* 13, no. 3 (2020):300–313, https://doi.org/10.1093/phe/phaa031.
10. Jessie Pappin, Itai Bavli, and Matthew Herder, "On what basis did Health Canada approve OxyContin in 1996? A retrospective analysis of regulatory data," *Clinical Trials* 19, no. 5 (2022): 584–590. https://doi.org/10.1177/17407745221108436.
11. Itai Bavli, "When Public Health Goes Wrong: Toward a New Concept of Public Health Error," *Journal of Law, Medicine & Ethics* 51, no. 2 (2023): 385–402, https://doi.org/10.1017/jme.2023.67.
12. Joel Lexchin, et al., "National patient groups in Canada and their disclosure of relationships with pharmaceutical companies: A cross-sectional study," *BMJ Open* 12, no. 3 (2022):1–10, https://doi.org/10.1136/bmjopen-2021-055287.
13. Navindra Persaud, "Questionable content of an industry-supported medical school lecture series: A case study," *Journal of Medical Ethics* 40, no. 6 (2014): 414–418, https://doi.org/10.1136/medethics-2013-101343.
14. David N. Juurlink, "Rethinking 'doing well'on chronic opioid therapy," *Canadian Medical Association Journal* 189, no. 39 (2017): E1222–E1223, https://doi.org/10.1503/cmaj.170628.

https://doi.org/10.1017/jme.2025.10184 Published online by Cambridge University Press