

BARRIERS TO MANAGEMENT OF OPIOID WITHDRAWAL IN HOSPITALS IN ENGLAND: A DOCUMENT ANALYSIS OF HOSPITAL POLICIES

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Background:

People who use illicit opioids are more likely to be admitted to hospital than people of the same age in the general population. Many admissions end in discharge against medical advice, which is associated with readmission and all-cause mortality. Opioid withdrawal contributes to premature discharge. We sought to understand the barriers to timely provision of opioid substitution therapy (OST), which helps to prevent opioid withdrawal, in acute hospitals in England.

Methods:

We requested policies on substance dependence management from 135 National Health Service trusts, which manage acute hospitals in England, and conducted a document content analysis. We worked closely with people with lived experience of OST and/or illicit opioid use, informed by principles of community-based participatory research.

Results:

Eighty-six (64%) trusts provided 101 relevant policies. An additional 44 (33%) responded but could not provide relevant policies, and five (4%) did not definitively respond. Policies illustrated procedural barriers to OST provision, including inconsistent application of national guidelines. Continuing community OST prescriptions for people admitted in the evening, night-time, or weekend was often precluded by requirements to confirm doses with organisations that were closed during these hours. The policies of 19/86 trusts (33%) did not include guidance on initiating OST in hospital, and 5/86 trusts (6%) prohibited it. 42/101 trusts (42%) required or recommended a urine drug test positive for OST medications or opiates prior to OST prescription. The language used in many policies was stigmatising and characterised people who use drugs as untrustworthy.

Conclusion:

Many hospitals in England have policies that likely prevent timely and effective OST. Delays to continuity of OST between community and hospital settings may contribute to opioid withdrawal and increase the risk of discharge against medical advice. Acute hospitals in England require standardised best practice policies that account for the needs of this patient group.

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