

Attitudes of Patients Who Use Drugs Towards Policies Regarding In-Hospital Use



BACKGROUND

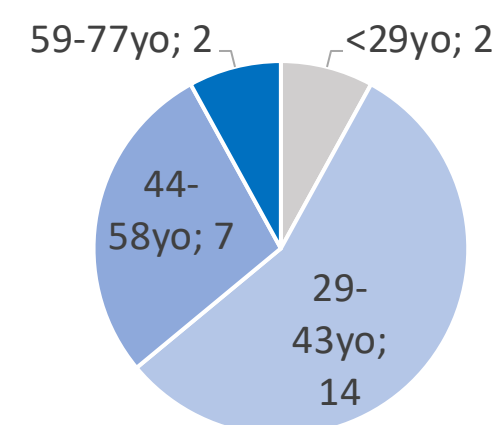
- In-hospital use of substances not prescribed by medical team is not uncommon (found in up to 40% of those with SUD admitted)
- No national standard of care exists for policies on prevention or response to use
- The purpose of this qualitative study was to assess patient perspectives on prevention of in-hospital use to inform policy generation

METHODS

- Semi-structured interviews with open ended questions (n=25)
- Example: "Please provide your opinion on..."
- Inclusion criteria:
 - History of current/past misuse of opioids with or without a diagnosis of opioid use disorder
 - Admitted to Grant Medical Center/Addiction Medicine consult
 - English proficiency
- Interviews concluded when saturation was reached, thematic analysis with Atlas.ti
- Study was deemed IRB exempt

Demographics

Male	16	64%
Female	9	36%
Past Hospital Use	15	60%
Current Opioid Use	17	68%



RESULTS

- 4 Themes Identified
- Krippendorff's Cu-alpha – 0.735

Non-invasive v. Invasive Strategies

- "Be understanding and upfront with them right away that using in the hospital is not acceptable, but that you are there to help them." (R 25)
- "No one wants their things gone through, but I think it would be more helpful..." (R 16)
- "[Inspections] will not stop it from happening in the first place." (R 21)

Treatment as Prevention

- "If someone is in pain, treat the pain" (R 3)
- "Early on withdrawal is a huge part. I am getting painkillers now, but what a Perc 15 does to me is completely different than what it would do for someone who does not use fentanyl. After withdrawal, there is an uncomfortable window and I could definitely see someone using. Treatment of withdrawal is never aggressive enough." (R 13)

Awareness

- "There should be some sort of training or some type of introduction into how people become addicts and that it is a disease. They probably deal with a lot of addicts in this part of town, which leads to judging, which brings shame, which leads to use." (R 2)
- "A lot of addicts don't realize that there are people there to help them and support them so they don't feel so alone in their recovery. It can give them hope that they can get help and be okay." (R 25)

Compassion in Care

- "They [the patient] should be asked 'why' in order to understand." (R 17)
- "Addiction doesn't stop when you are sick and in the hospital." (R 16)
- "I think the best thing would be better communication and making people feel comfortable enough to let them know if pain needs better controlled." (R 19)

CONCLUSION

- The patient perspective around inpatient policy is nuanced and often individual
- Preference for strategies that avoid physical contact / interaction with one's person
- Optimize treatment and limit the impact of an SUD diagnosis / addiction in the inpatient setting
- Maintain a foundation in communication
- Notable limitations: lack of follow up, convenience sampling / selection bias

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All authors have no or inconsequential conflicts of interest.



ACKNOWLEDGEMENTS

Our appreciation to the colleagues who helped in one or some of the elements in this project; Amie Lambert, LISW; Keya Patel, NP; Lea Duran, NP; Marisa Iadersona, MD, MPH; and OhioHealth Research Institute team - Anna Graham, MPH, Michelle Pershing, PhD

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