University College London Hospitals

CHAMPIONING CHANGE

UCLH is leading a national **NIHR**-funded project: **improving Hospital Opioid Substitution Therapy (iHOST)**

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There are an estimated 260,00 illicit opioid users in England[1], over 140,000 of whom are in drug treatment. Of those in treatment 96% receive a prescribing intervention, predominantly with an opioid drug such as methadone or buprenorphine[2]. This is known as **Opioid Substitution Therapy (OST)**.

In the last year: nearly half of illicit opioid users entering treatment reported homelessness; 63% had a mental health need[2]; 30% of those injecting reported an abscess, sore or open wound at an injection site[3].

It is estimated that 89% of people living with chronic HCV are current or former drug injectors[3].

Drug deaths are at record levels, primarily driven by 2,219 opioid deaths[4], although about 60% of deaths among this cohort are thought due to causes other than drug poisoning, such as COPD and liver disease[5].

Illicit opioid users are amongst the most vulnerable group of people in society, have complex health needs and have up to a 15 times higher risk of death than the general population[6].

So why is **improving Hospital Opioid Substitution Therapy** important?

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1. PHE (2019). Opiate and crack cocaine use: prevalence estimates.
2. OHID (2021) Adult substance misuse treatment statistics 2020 to 2021.
3. UK Health Security Agency (2022). UAM survey of HIV and viral hepatitis among people who inject drugs.
4. ONS (2022). Deaths related to drug poisoning in England and Wales.
5. Black, C. (2020). Review of Drugs - evidence relating to drug use, supply and effects.
6. Lewer et al (2021 a). Causes of death among people who used illicit opioids in England, 2001–18: a matched cohort study.
7. Lewer et al (2021 b). Fatal opioid overdoses during and shortly after hospital admissions in England: A case-crossover study.

People fear being judged and stigmatised because they are dependent on drugs.

People who are dependent on drugs can have negative views about hospital treatment, often based on their personal experiences of facing stigma. Hospital admission is often seen as a last resort.

"When I asked to go out for a fag, he says, "You're not running off, are you?" I said, "Look, I've come here for help, of course I'm not going to run off"."

"Even when you're a patient in hospital you're treated disgusting next to the other patients. Like they can't wait to get rid of you."

"I don't care if you go in there in a three grand Armani suit, yeah, in the hospital as soon as you say you're on Methadone and that they treat you completely differently… "

"I have to be dying before I'll go to the hospital."

Fear of opioid withdrawal is a barrier to hospital presentation and treatment completion.

People dependent on opioids are often scared of experiencing withdrawal symptoms if they stay in hospital, so delay attending in the hope that their condition will improve without treatment.

> “ [After three weeks of severe pain] *...eventually my girlfriend phoned the ambulance...* [I was] *scared that I was going to be rough* [not being given OST, so going into withdrawal]*... it was that that really scared me more than anything, was being sick in a hospital...* ”

> “*...obviously you’re worried about withdrawing, I think there needs to be like easier access* [to OST] *...because I let mine* [abscess] *get to a point where it needed to be operated on where something could have been done a lot sooner.*”

Inadequate doses of OST can lead to discharge against medical advice, which can lead to readmission in less than 28 days.

"I've gone into hospital, I nearly lost my leg last year, and like they said, "Oh 5ml of Methadone will hold you," and I was like, "Are you mad, I'm on 90mls of Methadone, yeah, I use like six or seven times a day."

Hospital patients who use illicit opioids report undertreated pain and opioid withdrawal. Patients have overdosed in hospital toilets and car parks[7]. Therapeutic doses of OST will not produce a euphoric effect in people dependent on opioids. Trusting the patient's account of their own pain severity and withdrawal symptoms and providing adequate doses of OST, will prevent the need for them to seek out street drugs, improve treatment compliance and reduce conflict with staff.

Delaying or failing to offer OST can contribute to decreased tolerance, thereby putting the patient at risk of fatal overdose upon discharge.

"They give you a dose of Methadone in the hospital but you have to wait for the doctor to consent, so I'm waiting days. By the time I wait for the doctor I'm sick as a dog, so I end up checking myself out to go and get drugs."

"I went to the hospital three times but I weren't on script, I weren't on Methadone and they weren't going to give me no Methadone so I couldn't stay in the hospital because I'd be sick, so I had to keep going out."

A break in opioid use while in hospital leads to a reduction in tolerance. Discharge from hospital is associated with an acute increase in the risk of opioid-related death. 1 in 14 opioid-related deaths in England happens in the 2 weeks after the hospital discharge[7].

UCLH is championing change!

What are we doing?

UCLH have changed policy. Urine drug tests are no longer required prior to methadone prescription. If we make it easier to get methadone in hospital more of those who need treatment will seek our help.

UCLH are prioritising opioid withdrawal management. Delivering high quality care will prevent discharge against medical advice and retain vulnerable people in care.

We have produced patient advocacy cards & helpline for people who use illicit opioids.

We are providing staff training to improve therapeutic relationships with people who use drugs; this will enable you to feel more confident in managing and preventing what can be challenging situations.

Together we can improve care for people who use drugs

Watch out for:

Patient advocacy cards & helpline
UCLH OST champions
Staff training
Policy change!

MY MEDS CARD

Delaying this person's essential medication (Opioid Substitution Therapy)

- Will make them unwell
- Increase the risk that they will leave against your advice
- Could increase their risk of harm or death.

Please treat this person with respect and dignity.
They are here today for help.

Rapid access to OST is recommended by *The National Guidelines on Clinical Management of Drug Misuse and Dependence*

For more information or if you would like to be involved contact:

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