



ST VINCENT'S  
HEALTH AUSTRALIA



# IVDU in hospital / MSIRs in hospitals??

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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

# Typical scenarios

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1. Asked to leave by hospital (*sometimes 'agreement' or 'contract' used- effective??*)
2. Discharge against medical advice
3. Commenced on OAT
  - some agree to OAT and are OK while others 'use on top' while in hospital
  - some continue, some don't once discharged

# Prevalence - common

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## Canadian cohort:

N=1028 PWUD; 44% reported using drugs in hospital

*Grewal HK, Ti L, Hayashi K, Dobrer S, Wood E, Kerr T. Illicit drug use in acute care settings: illicit drug use in hospital. Drug Alcohol Rev. 2015;34:499–502.*

## UK cohort:

N=102 people with psychosis in psych wards; 82 used during admission

*Phillips P, Johnson S. Drug and alcohol misuse among in-patients with psychotic illnesses in three inner-London psychiatric units. Psychiatr Bull (2010). 2003; 27 (6): 217-220.*



# Reasons for substance use in hospital

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## Most common reasons reported

1. Withdrawal
2. 'Wanting to use'

## Less common reasons reported

3. Boredom
4. Managing pain
5. Managing mood /distress

## National Safety & Quality Health Service Standards

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- **Expectation for clinicians to partner with patients to set goals about their current and future care:**
  - Safety of staff
  - Safety of patient/consumer
  - Abstinence vs sanctioned [or even 'supervised' use (?)]
- **Hospital policies vary or don't exist:**
  - Legal issues
  - Stigma

**TABLE 1** Risk assessment framework for people who use drugs in hospital settings.

	<b>Risks associated with ongoing substance use</b>	<b>Mitigation strategies</b>	<b>Risks associated with early discharge</b>
Risk to patients	Overdose	Access to naloxone, adequate staff training, open communication allowing for post use monitoring	Undertreated medical/ surgical condition
	Infection	Access to sterile equipment, alcohol swabs, sterile water for injection, etc.	Loss of opportunity to assist with substance use
	Drug interactions	Open communication allows for interactions to be checked	Increased mortality
	Delirium	Open communication means intoxication may be able to be distinguished from delirium	Potential loss to follow-up care
	Cardiovascular risks	Knowledge about substance use allows risks to be monitored appropriately	Increased perception of stigma leading to reduced help seeking
Risks to staff	Needle stick injuries	Provision of sharps container and education	Potential increased behaviours of concern prior to discharge
	Managing difficult behaviours	Increased awareness, adequate management of pain and withdrawal symptoms, improved engagement and communication, peer support worker advocacy	
Risks to other patients	Needle stick injuries	Provision of sharps container and education	Potential increased behaviours of concern prior to discharge
	Potential witnessing behaviours of concern	Adequate management of pain and withdrawal symptoms, improved staff awareness, engagement and communication	
	Impact of intoxication on behaviour towards other patients	Increased awareness and recognition amongst staff, improved communication about concerns and engagement with patient, mitigation and de-escalation strategies, peer support worker engagement	



Naren T *et al.* People who use drugs in hospital settings: 'Moving towards a person- centred harm reduction model'. *Drug Alcohol Rev.* 2023;42(6):1529–33.

# Suggested approaches



**TABLE 3** Harm reduction interventions for people who use drugs in hospital settings.

1. Discuss the implications of use with the patient and to determine whether the risk of use could be reduced by offering other treatment
2. Discussing expectations (both hospital and patient expectations)
3. Educate patients on safer and appropriate disposal of needles, syringes and other drug-related equipment
4. Provision of clean injecting equipment, sharps disposal bins, etc.
5. Taking the opportunity for discussion about take-home naloxone where appropriate

Naren T *et al.* People who use drugs in hospital settings: 'Moving towards a person- centred harm reduction model'.  
Drug Alcohol Rev.  
2023;42(6):1529–33.

*J Hosp Med.* 2015 May ; 10(5): 301–306. doi:10.1002/jhm.2344.

## **Willingness to access an in-hospital supervised injection facility among hospitalized people who use illicit drugs**

**Lianping Ti<sup>1,2</sup>, Jane Buxton<sup>2,3</sup>, Scott Harrison<sup>4</sup>, Sabina Dobrer<sup>1</sup>, Julio Montaner<sup>1,5</sup>, Evan Wood<sup>1,5</sup>, and Thomas Kerr<sup>1,5</sup>**

# Conclusion

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Need to always keep in mind :  
the complications (potentially devastating) and  
ethical considerations  
in denying treatment to the person who uses drugs





# References

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- [1] <https://pubmed.ncbi.nlm.nih.gov/12445717/>
- [2] <https://pubmed.ncbi.nlm.nih.gov/12383779/>
- [3] <https://www.nature.com/articles/npp2009109>
- [4] <https://pubmed.ncbi.nlm.nih.gov/22011681/>
- [5] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969413/>
- [6] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6760932/>