

Non-prescribed drug use among hospital inpatients.

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Introduction and Aims: Hospitals employ abstinence-based policies and people who use substances while admitted are typically discharged from care. The extent of substance use in-hospital has not been investigated in Australia. This study sought to quantify non-prescribed drug use among inpatients admitted for withdrawal management (WM) and psychiatric co-morbidities.

Design and Methods: We retrospectively identified electronic medical records of all patients in whom inpatient substance use was recognised while admitted for WM and mental health at a tertiary hospital in Sydney between 2014-2021.

Results: Substance use was identified in 99 of 3775 (2.6%) patients. The median age was 36 years, 61 were male. Thirty-one patients reported domestic violence, 19 were homeless, and four were currently employed. Comorbidities included depression (n=81), anxiety (n=67), chronic pain (n=24), HCV (n=11), acute infections (n=8) and cirrhosis (n=6). Eight were on opioid substitution therapy.

Seventy-six were admitted under Addiction Medicine and 23 under Psychiatry. WM admission were for opioids (n=24), cannabis (n=23), stimulants (n=21) and alcohol (n=21) and sedatives (n=10). Multiple substances were used by many (n=45).

Illicit substance use whilst admitted included alcohol (n=27), opioids (n=24) stimulants (n=17), cannabis (n=16), and sedatives (n=15). Most episodes (63/99) occurred out-of-hours. Forty-two patients completed admission, 28 were discharged, 22 discharged against medical advice, five were transferred to another facility and two absconded.

Discussions and Conclusions: Detection of substance use in hospital appears to be uncommon, possibly because they are under-recognised. The decision to discharge appears inconsistent. Discharged patients are in greatest danger and need.

Implications for Practice or Policy: Inpatient substance use patients present medical and ethical questions in regard to recognition and consistent management. Policy makers, clinicians and hospitals are generally ill-equipped to deal with these challenges. Improvement in multiple levels (policy, education and clinical) is overdue.

Disclosure of Interest: None