RETHINKING DISCHARGE AGAINST MEDICAL ADVICE AMONG PEOPLE WHO USE OPIOIDS IN THE UK

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Background

Despite being overrepresented in urgent and emergency hospital admissions, retention in hospital care among people who use drugs is low, with approximately one third leaving prior to completing treatment. Discharge against medical advice (DAMA) is associated with increased likelihood of readmission within 14 days and increased risk of death. An overemphasis on DAMA as a form of autonomous non-compliance can obscure how perceptions of care and illness, structural vulnerabilities and the everyday realities of marginalized drug use shape (dis)engagements with hospital care. We explored the experiences and perspectives of people who use opioids on DAMA.

Methods

This analysis emerged as part of the Improving Hospital Opioid Substitution Therapy (iHOST) Study, which aims to improve access to OST in hospital settings. Data were generated between January 2023 and May 2025. Interviews (n=50) and focus groups (n=2) were conducted with people with experience of heroin use and/or OST and of receiving in-patient hospital care, across hospital and community drug treatment settings in London, Leeds and Stoke-On-Trent. Data were analysed using reflexive thematic analysis.

Results

Multiple factors contribute to DAMA, including inadequate pain and withdrawal management, loss of autonomy over withdrawal management, anxieties that care needs (including OST) will not be addressed, limited social and material resources to feel comfortable in hospital, and experiences of stigmatization and punitive practices. Participants pursued multiple strategies to remain engaged in hospital treatment before leaving as a last resort. They evaluated their fitness for discharge in relation to competing life priorities, bodily knowledge, and underlying structural vulnerabilities. Perceived stigma associated with DAMA impacted willingness to engage with future care.

Conclusion
DAMA is multifaceted and complex. Addressing barriers to sustained engagement for people who use opioids, alongside proactive, comprehensive and harm reduction–focused discharge planning, is essential to addressing persistent health inequities in this population.