CO-PRODUCING A CULTURAL SAFETY FRAMEWORK TO IMPROVE HOSPITAL CARE FOR PEOPLE WHO USE OPIOIDS: INSIGHTS FROM THE IHOST STUDY

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Background
People who use drugs often experience stigma in hospital settings, contributing to self-discharge and inequitable health outcomes. Cultural safety offers a framework for improving care by shifting attention from patient behaviour to the responsibilities of healthcare systems and providers. We present on the co-production of a cultural safety framework to inform hospital care for people who use opioids.

Methods
A peer expert group of six people with living experience of opioid use were convened as part of the UK-based iHOST (improving Hospital Opioid Substitution Therapy) study. Peers and researchers attended quarterly in-person workshops from 2022 to 2026, supported by a WhatsApp group. Peers engaged with cultural safety concepts, reviewed excerpts from iHOST qualitative interviews with patients and providers, and drew on their experiences and community knowledge to develop a draft framework. This was iteratively refined through group discussion and hospital staff feedback. Outputs include illustrated resources for health care providers and a short film featuring the peer experts.

Findings
Drawing on study findings, peer experts highlighted how stigma, untreated pain and withdrawal, and loss of autonomy can create unsafe hospital spaces for people who use drugs. Practical factors impacting dignity, such as adequate food, clean clothing, and freedom to leave wards temporarily without suspicion were identified. Co-developed framework statements emphasise the importance of prompt opioid withdrawal management, respectful care, confidentiality, clear communication, and awareness of high-risk periods such as hospital admission and discharge. The resulting outputs reflect peer-defined priorities for culturally safe care and identify actionable areas for change in hospital practice.

Conclusion
Cultural safety provides a framework for addressing power dynamics and structural barriers that impede hospital access and retention in care for people who use drugs. Co-producing a cultural safety framework with peer experts provides a practical mechanism for translating lived experience into guidance for healthcare systems.