

**A qualitative exploration of client and healthcare provider perspectives on why people who inject drugs with injecting-related infections discharge against medical advice**

**BRENDAN CLIFFORD**<sup>1,2,3,4</sup>, LIAM ACHESON<sup>1,2,4</sup>, LOREN BRENER<sup>5</sup>, KRISTA J. SIEFRIED<sup>1,2,4</sup>, MAUREEN STEELE<sup>1</sup>, GAIL MATTHEWS<sup>6,7</sup>, NADINE EZARD<sup>1,2,3,4</sup>

<sup>1</sup>Alcohol & Drug Service, St Vincent's Hospital, Sydney, Australia <sup>2</sup>The National Centre for Clinical Research on Emerging Drugs (NCCRED), c/o the University of New South Wales, Sydney, Australia <sup>3</sup>NSW Drug and Alcohol Clinical Research and Improvement Network, NSW Health, Sydney, Australia <sup>4</sup>The National Drug and Alcohol Research Centre (NDARC), the University of New South Wales, Sydney, Australia <sup>5</sup>Centre for Social Research & Health, University of New South Wales, Sydney, Australia, <sup>6</sup>Kirby Institute, University of New South Wales, Sydney Australia <sup>7</sup>Infectious Diseases, St Vincent's Hospital, Sydney Australia

Presenter's email: [brendan.clifford@svha.org.au](mailto:brendan.clifford@svha.org.au)

**Introduction and Aims:**

People who inject drugs have higher rates of discharge against medical advice/self-directed discharge from hospital. This can be especially deleterious in cases of injecting-related infections which require parenteral antibiotic therapy and potentially lengthy hospital admissions. This study sought to examine both client and healthcare provider (HCP) perspectives on reasons for this phenomenon.

**Design and Methods:**

A qualitative study was undertaken at a Sydney metropolitan tertiary referral hospital. Inpatients admitted with an injecting-related infection requiring intravenous antibiotic treatment of at least one week's duration were invited to participate in a semi-structured interview. A purposive sample of medical and nursing staff from emergency, infectious diseases and clinical pharmacology departments were also invited to participate.

**Key Findings:** Five inpatients and eight healthcare professionals participated in the study interviews. Thematic analysis generated four themes: stigma around drug use affects healthcare provider behaviour; inpatient settings present challenges to meeting patient's psychosocial needs during long admissions; pain management needs are complex, and; effective, person-centred clinical communication is an enabler of care while poor communication is a driver of self-directed discharge.

**Discussions and Conclusions:** Findings underscore the need for anti-stigma interventions including universal education for HCPs across hospital settings. Effective pain management and improved psychosocial care may reduce self-directed discharge, and attention should be given to alternative, non-inpatient treatment modalities for intravenous antibiotic therapy. Consideration of enhanced communication training for health professionals may improve client experience and enhance retention in treatment, which in turn would improve outcomes for this population.

**Disclosure of Interest Statement:**

*St Vincent's Health Australia's Inclusive Health Program provided funding for this project. No industry grants were received in the development of this study. The authors have no conflict of interest to declare.*