

# FEAR OF INPATIENT OPIATE WITHDRAWAL: A MODIFIABLE BARRIER TO HEALTH-CARE ACCESS FOR PEOPLE WHO USE ILLICIT OPIATES

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## Background:

Drug related deaths, hospitalisation for bacterial, including invasive, infections among people who inject drugs (PWID) have steadily risen over the past decade in the United Kingdom. This trend is escalating, with 14% increase in drug related deaths for 2017-/18 larger than that over the preceding three years. Premature mortality and morbidity among the most marginalized are multifactorial, with barriers to timely care exacerbating complications and overdose vulnerability. Understanding the dynamics of health care delay is crucial to inform effective community-acceptable interventions.

## Methods:

Structured survey (n=455) and in-depth interviews (n=35) with PWID in London (Care and Prevent study), recruited through drug treatment services and homeless hotels across London, provided detailed data on injecting practices, health conditions and medical care experiences. Analysis were iterative, and utilized mixed-methods triangulation.

## Results:

Survey participants reflected the aging UK population of PWID, with a mean age of 46 years. The majority were unstably housed, 79% report history of street homelessness. Multi-morbidity and hospitalization for preventable conditions were common. Of 64% reporting a current or previous bacterial infection; 24% had experienced septicemia and 9% endocarditis. The majority waited five or more days from noticing symptoms to seeking care. Qualitative accounts unpack the dynamics of care delay. Fear and experience of opiate withdrawal in hospital settings delayed presentation, exacerbate self-discharge and readmission, prompt drug and money stockpiling before admission, and necessitate use of illicit drugs on wards.

## Conclusion:

Delayed opiate substitution prescribing to PWID in hospital settings constitutes a major barrier to health care access among this population, leading to late presentation, serious complications, self-discharge against advice, re-admission and heightened need for surgical intervention. We provide recommendations for an intervention, based on the principles of cultural safety, to improve the hospital experience both for PWID and for those providing care.

## Disclosure of Interest Statement:

*The authors have no conflicts of interest to disclose.*