Practical Drug Intervention in the Acute Hospital Setting

George Benson & Steven Reid
Acute Addiction Liaison Nursing

‘Trainspotting’ Picture © Polygram Films
Scale of the Problem

- Estimated 59,600 drug users in Scotland (Opiates and/or benzodiazepines) [Scottish Government 2013]
- 6166 discharges across Scotland in 2010/11 (with a diagnosis of drug misuse) [ISD 2012]
- 1961 discharges within Greater Glasgow & Clyde in 2010/11 [ISD 2012] – 70% of these were opioids
- Glasgows problematic drug misusers account for over ¼ of the total number in Scotland. [Drug Misuse Database]
- As at March 2013 [from Glasgow Addiction Services data]:
  - 8100 Methadone prescriptions across GG&C
  - 700 Suboxone prescriptions across GG&C
- Estimated that 40-50% of people on methadone are alcohol dependent
Drug-related Deaths

‘Drug-related deaths in Scotland’ [National Records of Scotland, 2012] reports:

- 581 drug-related deaths in Scotland in 2012 (52% rise since 2002)
- 199 drug related deaths in Greater Glasgow & Clyde
- Gender split for all deaths: 72% male, 28% female
- Age range 25-44 accounted for 65% of all deaths
- 63% were ICD-10 Accidental Poisoning
Health Issues

Presenting Complaints
- Head injury
- Assault
- Generally unwell
- Leg/calf pain
- Reduced consciousness
- Confusion

Diagnoses
- Sepsis
- VTE
- Abcess
- Bacterial Endocarditis
- Arrhythmia
- Chest Pain
- Overdose (intentional/unintentional)
Pathway for Acute Hospital Staff

Drug Misuser admitted to Hospital – Are they prescribed Methadone or Suboxone in Community?

Contact prescriber and dispenser

Last supervised dose < 48 hours ago

YES

Administer Methadone / Suboxone

YES

Reassess in 1-2 hours

NO

Assess for opiate withdrawal. Is patient experiencing withdrawal?

YES

Treat withdrawal as per guideline. Is patient suitable for substitute prescribing?

YES

Refer to Acute Addiction Liaison

NO

Provide support service information on discharge

NO

In all cases maintain contact with any Care Manager or CAT worker.
If patient self-discharges at any point direct them to Glasgow Drug Crisis Centre.
Usefulness

- Saturday afternoon. Patient admitted to Hospital. States community Methadone prescription of 60mgs daily. Dispensing pharmacy closed and staff unable to confirm dose … What next?
- Wednesday morning. Patient admitted to Hospital. Staff confirm that last supervised Methadone dose at dispensing pharmacy was 5 days ago … What next?
- Friday afternoon. Patient admitted to Hospital. Staff confirm a community Suboxone prescription, last supervised dose on that day. Patient requires opiate analgesia … What next?
- Monday morning. Patient admitted to Hospital. States using 3-5 bags of heroin daily. Had been on a Methadone program previously and requesting that this be restarted … What next?
Benefits

- Evidence based reference point
- Consistent practice
- Increased staff confidence/awareness
- Reduction in drug administration AND prescribing) errors
- Patient/staff safety
- Maintenance of patients in Hospital treatment
Glasgow’s Support Services

- CATs (Community Addiction Teams)
- GP Shared Care Services
- GDCC (Glasgow Drug Crisis Centre, 123 West St., G5 8BA)
- Residential and Community based Rehabilitation
End ...

Questions ???