

Perspectives from Hospitalized Patients with Substance Use Disorders: A Qualitative Study



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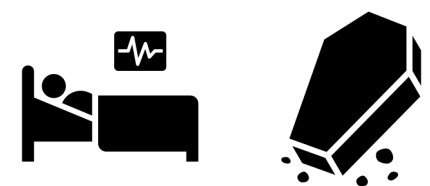
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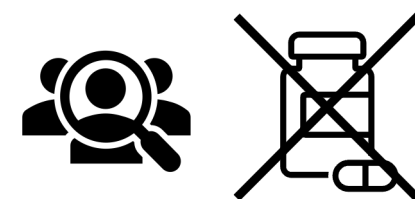


BACKGROUND

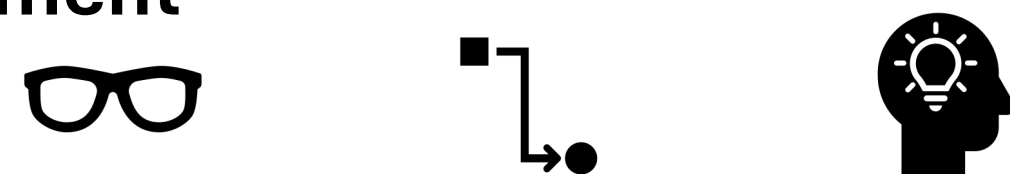
- Substance use-associated morbidity & mortality ↑↑



- Pervasive stigma, inadequate inpatient SUD care



- Aim: identify + & – patient perspectives, care consequences, patient recommendations for improvement**



METHODS

- Qualitative descriptive study**

- Convenience sampling
 - Adults with SUD on medical or surgical floors of an urban academic hospital



- 15 semi-structured, in-depth bedside interviews during hospital admission
 - Audio-recorded → transcribed



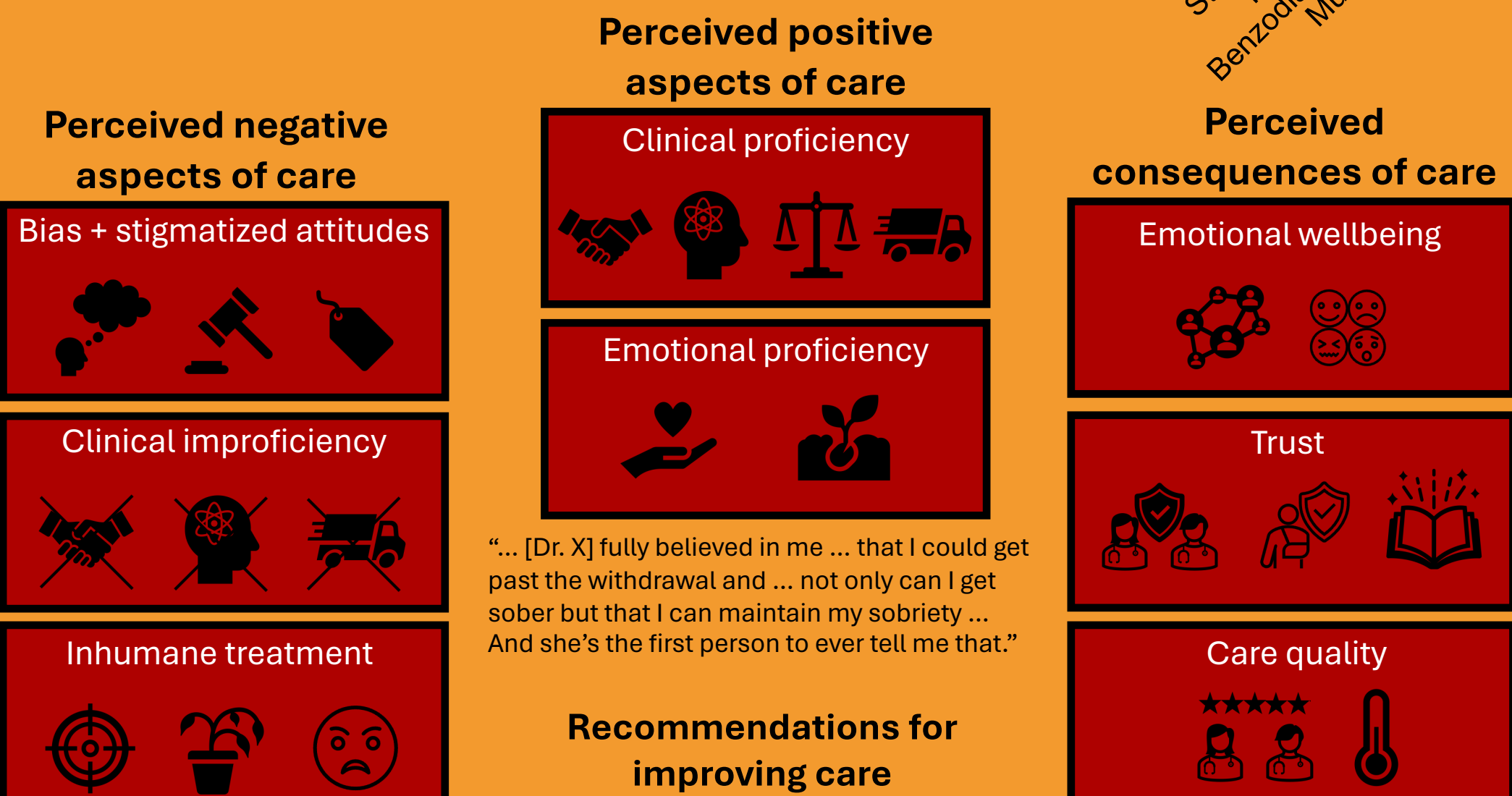
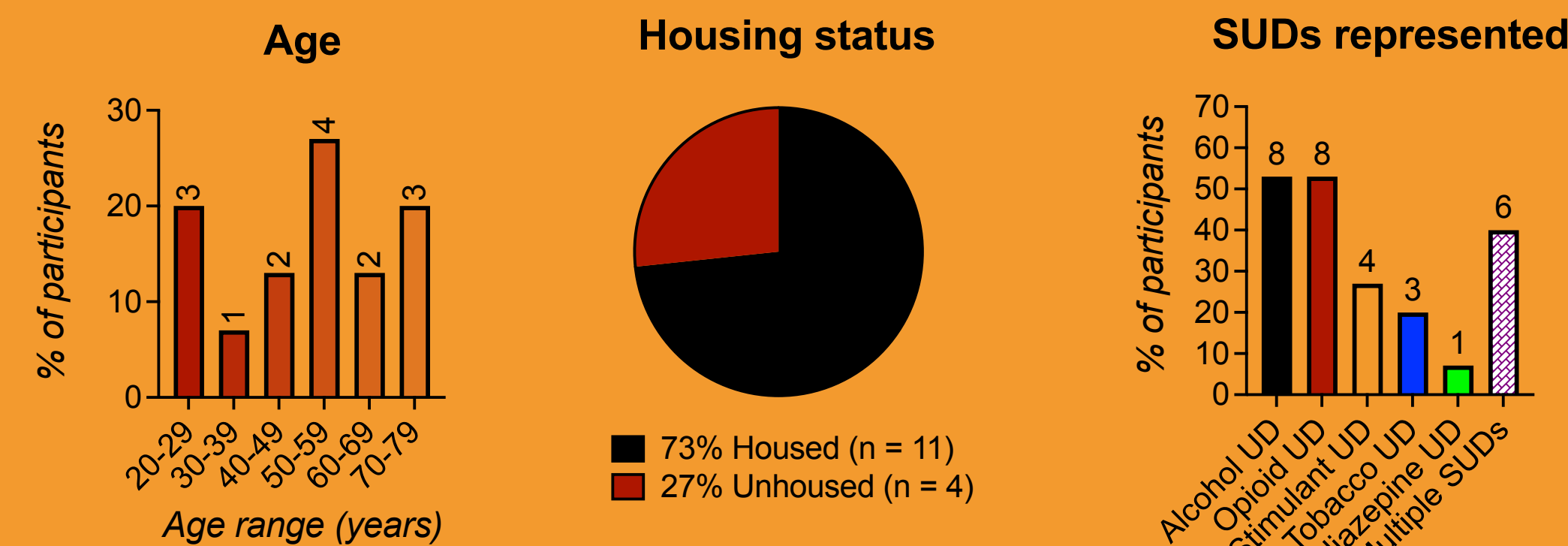
- Thematic analysis in NVivo until theoretical saturation



- Demographic & clinical data → descriptive statistical analysis



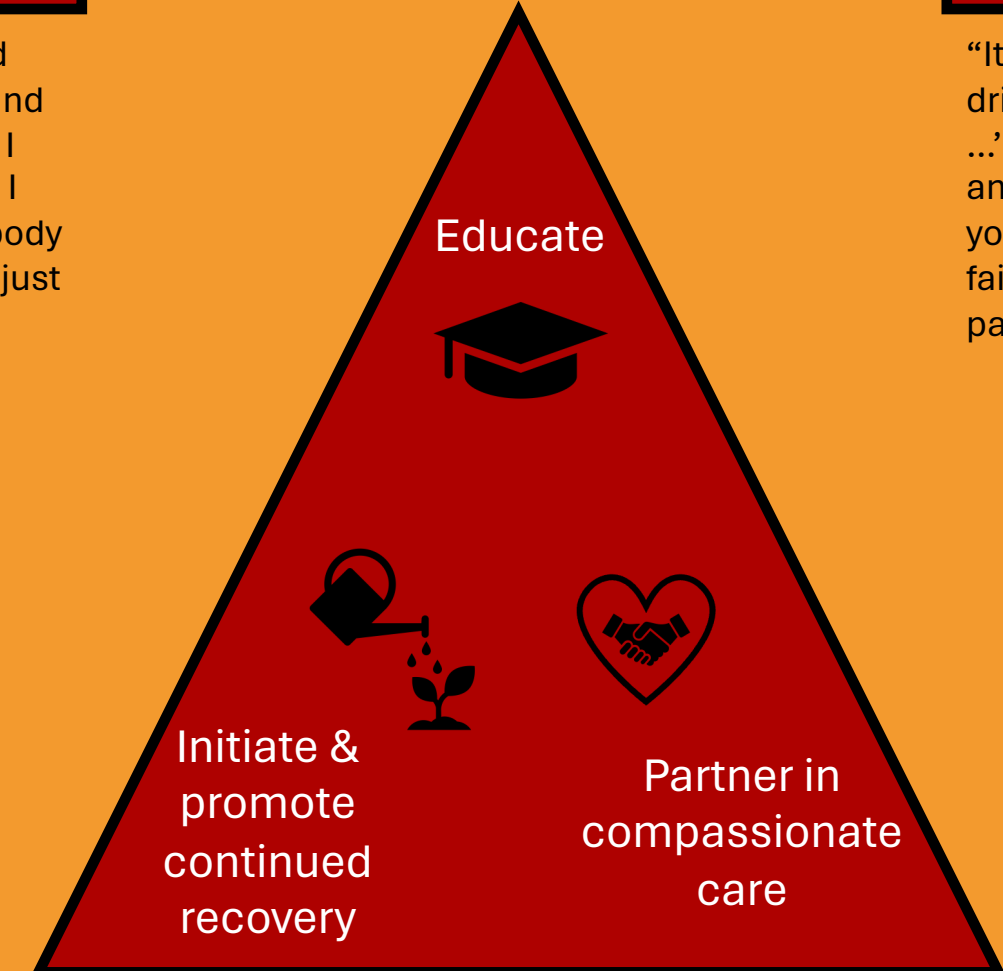
RESULTS



"... [Dr. X] fully believed in me ... that I could get past the withdrawal and ... not only can I get sober but that I can maintain my sobriety ... And she's the first person to ever tell me that."

"At another hospital, they would have just told me to shut up ... and that I did it to myself. And that if I didn't want to feel this way then I shouldn't have done drugs. Nobody deserves to be treated like crap just because they got high."

"It's like, 'well, if you have one more drink, you're gonna have cirrhosis ...' But I think it's a personal choice, and to be made to feel almost like you're a failure... but you're not a failure. It's a part of your life... it's a part of who you are."



LIMITATIONS

- Convenience sampling & single site → limited generalizability
- Potential courtesy bias
- Primary language = English for all participants



CONCLUSIONS

- Patients emphasized **compassion & investing in partnerships**
- Care has **consequences for patient emotional wellbeing, trust, health outcomes**
- Patient recommendations** warrant further study
- Advancing care according to patients' viewpoints → turn hospitalization into **opportunity for engagement & recovery**



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REFERENCES

- CDC. Vital Statistics Rapid Release - Provisional Drug Overdose Data. CDC.gov. Published 2022. Accessed 2023. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
- Crapanzano KA, Hammarlund R, Ahmad B, Hunsinger N, Kullar R. The association between perceived stigma and substance use disorder treatment outcomes: A review. *Subst Abuse Rehabil*. 2018;10:1-12.
- Jakubowski A, Singh-Tan S, Torres-Lockhart K, et al. Hospital-based clinicians lack knowledge and comfort in initiating medications for opioid use disorder: Opportunities for training innovation. *Addict Sci Clin Pract*. 2023;18(1):31.
- Priest KC, Lovejoy TI, Englander H, Shull S, McCarty D. Opioid agonist therapy during hospitalization within the Veterans Health Administration: A pragmatic retrospective cohort analysis. *J Gen Intern Med*. 2020;35(8):2365-2374.
- van Boekel LC, Brouwers EP, van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug Alcohol Depend*. 2013;131(1-2):23-35.