



Surrey and Borders Partnership **NHS Foundation Trust**

Why do opiate dependent patients use on top of their script?

- Robert Cohen MBBS MRCPsych, Consultant Addiction Psychiatrist
- iAccess SW, Surrey & Borders Partnership NHS Foundation Trust, Laurel House, Farnham Road Hospital, Guildford GU2 7LX

Introduction

Key goals of opiate substitution therapy (OST) are for opiate dependent patients to cease heroin (and other illicit opioid) use and to come off their scripts ("successful discharges") (DoH 2017, p83). However, opiate positive drug screens (eg, 80% of 2793 urine samples tested in a Drug Dependence Unit contained one or more illicit substances, Cohen 2000) and long duration of treatment time are frequently observed. Guidelines advise that increased doses of OST medication are associated with cessation of illicit drug use (eg HM Government 2021). But clinical outcomes are also thought to be related to the motivational state of the patient (Simpson & Joe 1993), so this study aims to investigate how motivational state relates to drug use as evidenced by drug screens.

Method

116 patients on OST in the Winchester Community Drug and Alcohol Team, a secondary care drug treatment service provided by Solent NHS Trust, were medically reviewed in the course of a year (July 2014-June 2015). Clinical assessment of their motivational state and recording of all their OST medication doses and urine drug screens throughout their treatment was made, with a view to calculating for each patient the percentage of samples containing only prescribed medication.



Clinical evaluation of the overall motivational status deduced at the interview (Figure 1) showed that those who gave no opiate negative urines were more likely to appear motivated to use than those who gave some opiate negative urines. Amongst those who gave at least a quarter of their urines as opiate negative samples were some who appeared motivated to stabilise. Only in those patients who gave more than 50% opiate negative urines were there some patients who were motivated to work toward stopping using.

Analysis was carried out was the organisation of motivational statement and calculation of the proportion of UDS that were opiate negative. Because this is an early communication, no statistical analysis of the data has yet been made.

The data was collected in the course of routine clinical care. The study was considered a service evaluation and not requiring Ethical Committee approval. However, details of the study were lodged with the Trust's Clinical Audit Evaluation Team, in accordance with the Trust's requirements.

Results

140 patients were in treatment in the study year, of whom 117 (84%) had a medical review. 87 (74.4%) male. mean age 41.3 years (range 22-67). 98 patients (83.8%) in treatment for 3+ years; 6 (5.1%) for less than a year. 21 (17.9%) had alcohol problems. 1 patient had no urine drug screens. 25 patients (17.8%) were prescribed buprenorphine, of whom 14 (56%) were prescribed \geq 12mg daily at some stage. 109 patients (94%) were prescribed methadone at some stage, of whom 49 (45.0%) were prescribed \geq 60mg methadone daily.

11% of the patients gave no opiate negative urines in the course of their treatment; 62% gave less than 50% opiate negative urines. 9% gave 91-100% opiate negative urines.

Being female, increased age, longer time in treatment and higher dose of methadone were not associated with increased number of opiate negative urines. Patients gave 3 types of motivational statement (Table 1):

Discussion

This study of a long-term population in a service providing OST to opiate dependent patients found that 62% patients give urine samples in which more than 50% of the samples contain unprescribed opiates. 73.3% continued to use drugs because they liked taking drugs or to deal with negative emotions. 16.4% wanted stability, 3.4% wanted abstinence. People who have a motivational state to use give opiate positive samples, and only when the motivational state moves in the direction of wanting to stop do people start to give opiate negative samples. Whilst this is consistent with clinical experience of many practitioners, and previous work has shown that patients give pleasure and relief of withdrawal symptoms as reasons for reported heroin use (Bell et al 1999) we believe that this may be the first study to show objective evidence to confirm the relationship between motivational statements, motivational status and using.

The study further shows that people use drugs because they want to or to deal with negative emotions, not because they are precontemplative, with the term's implication that patients are not thinking about what they are doing.

References

Best D, Gossop M, Stewart D, Marsden J, Lehmann P, Strang J. (1999). Continued heroin use during methadone treatment: relationships between frequency of use and reasons reported for heroin use. Drug and Alcohol Dependence, 53:191 (doi: 10.1016/s0376-8716(98)00132-x., https://pubmed.ncbi.nlm.nih.gov/10080044, accessed 10 April 2023)

- Indicating a positive attitude to drug use (61, 52.6%)
- Indicating use of drugs to deal with problems (24, 20.7%)
- Indicating a desire to stabilise (19, 16.4%) or detoxify (4, 3.4%) from drug use 8 (6.9%) gave no statement of motivation

11.5% of patients who gave statements indicating motivation to use gave no opiate negative urines, in contrast to 11.2% of the whole population. For those who gave $\leq 25\%$ opiate negative urines, the figures were 47.5% vs 40.5%, suggesting that those who give statements indicating motivation to use are more

Table 1: Examples of different types of motivational statements

Positive statements about drug use	What's stopping you from knocking it on the head? "I don't want to. I quite like using once a week."
Use of drugs to deal with problems	When the going gets tough I want to put my head in a bowl of heroin
Statements wanting to stop / stabilise	I'm fine on 50mg

For a better life

Cohen RM. (2000) Urine Drug Screen Audit 5.4.2000, unpublished data

DoH (2017) Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group. Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_dat a/file/673978/clinical_guidelines_2017.pdf, accessed 10 April 2023)

HM Government (2021). Opiate substitution treatment guide for keyworkers. 1. What is OST and how it works. (https://www.gov.uk/government/publications/opioid-substitution-treatmentguide-for-keyworkers/part-1-introducing-opioid-substitution-treatment-ost, accessed 10 April 2023)

Simpson DD, Joe GW (1993). Motivation as a predictor of early dropout from drug abuse treatment. Psychotherapy: Theory, Research, Practice, Training, 30(2), 357-368. https://doi.org/10.1037/0033-3204.30.2.357

Note re funding: data for this study was collected in the course of routine clinical care. This study received no additional funding.

I declare no conflict of interest