

EPP1308

A mixed-methods analysis of patient safety incidents involving opioid substitution treatment with methadone or buprenorphine in community-based care in England and Wales

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Introduction: There is a paucity of knowledge and understanding of medical error in opioid substitution treatment programmes.

Objectives: To characterise patient safety incidents involving opioid-substitution treatment with methadone or buprenorphine in community-based care to identify the sources and nature of harm, describe and interpret themes and use this qualitative analysis to identify priorities to focus future improvement work.

Methods: We undertook a mixed-methods study examining incidents involving opioid substitution treatment with methadone or buprenorphine in community-based care submitted between 2005 and 2015 from the National Reporting and Learning System, a repository of incident reports from England and Wales. We analysed each report using four frameworks to identify incident type, contributory factors, incident outcome and severity of harm. Analysis involved detailed data coding and iterative generation of data summaries using descriptive statistical and thematic analysis.

Results: 2,284 reports were identified. We found that most risks of harm came from failure in one of four processes of care delivery: prescribing opiate-substitution (n=151); supervised dispensing errors (n=248); non-supervised dispensing errors (n=318); and monitoring and communication activities (n=1544). Most incidents resulting in harm involved supervised or non-supervised dispensing (n=91/127, 72%). Staff- (e.g. mistakes, not following protocols) and organisation-related (e.g. poor working conditions or poor continuity of care between services) contributory factors were present for over half of incidents.

Conclusions: We have identified four processes of care delivery and associated contributory factors, which represent potential target areas for healthcare systems worldwide to develop interventions to improve the safe delivery of opioid substitution treatment.

Keywords: Opioid; Patient safety; Mixed methods

EPP1307

Family functioning and therapeutic success in detoxification in dual diagnosis patients

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Introduction: Voluntary dropouts before completion of inpatient psychiatric treatment are common in patients with dual disorders.

However, the socioeconomic profile and family structure of patients who undergo a therapeutic program may correlate with their motivation and participation in the treatment received, as well as with their subsequent recovery.

Objectives: To evaluate the family typology of patients with dual diagnosis according to the degree of intrafamily cohesion and adaptability correlated with the prediction of therapeutic success and the risk of voluntary abandonment of hospital detoxification treatment.

Methods: A total of 211 patients admitted to an inpatient psychiatric unit with substance use disorders were studied. Data were obtained from two sources: (1) interview of participants, (2) review of participants' medical records using the Maudsley Addiction Profile (MAP) and the Family Cohesion and Adaptability Assessment Scale (FACES III).

Results: The 127 subjects who completed the hospital detoxification program had significantly lower MAP and FACES III scores at baseline than the 84 subjects who did not complete the study. Those who did not complete the admission reported greater addictive severity and poorer family functioning. Family cohesion and adaptability measured with FACES III and addictive severity assessed with MAP positively correlated with successful compliance with the hospital treatment program for dual diagnosis patients.

Conclusions: These findings reveal the association of psychosocial and family determinants and addictive severity with treatment completion and subsequent prognostic evolution. Recognizing these predictive characteristics may allow early identification of patients at higher risk of early dropout and prevent it by increasing the intensity of treatment.

Keywords: dual diagnosis; family functioning; patient dropout; drug detoxification

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Latent by-product of substance use: Burden of care

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Introduction: Substance use affects it's user and also risks the health of the caregivers.

Objectives: Identify persons at risk of developing substance use disorder, assess the burden borne by the caregivers and development of psychiatric illness.

Methods: Clinical assessment based on DSM-V criteria was performed for SUD diagnosis. Data was recorded using Substance use risk profile scale (SURPs) on the patient and the caregivers were evaluated using M.I.N.I. International Neuropsychiatric Interview (M.I.N.I) and caregiver's strain index (CSI).

Results: 81 participants-96% were male, mean age 32.4 years, 53.1% married, 72.8% employed and 52% lived in joint family system). The substance use ascertained were alcohol 24.7%, benzodiazepines 21%, cannabis 34.6%, opioid 30.9% and others 4.8%. 50% had substance use lasting 2-9 years. 50.6% reported starting as a recreation and the perpetuating factor for 49.4%. was emotional distress. 44% quit due to family pressure. On SURP, 85.2% demonstrated anxiety sensitivity, 96.3% were hopeful, 66% sensation seeking and 77% were impulsive. Caregiver mean age was 37.8 years, with two-third being parents and spouses. The burden reported was sleep