

Reasons of Disciplinary Discharges from a Tertiary Care De-addiction Setting in India

Sir,

Residential services for patients with substance use disorders are geared toward promoting abstinence and reduction of substance-taking behavior. They also help in managing acute medical and psychosocial crisis of the patients. However, not all patients who enter the residential substance abuse treatment programs are able to complete the treatment. One of the unique concerns encountered in inpatient treatment programs for substance use disorder pertains to disciplinary discharges, i.e., some patients are discharged from the inpatient setting as they are not able to follow the rules and regulations of the inpatient facility.^[1-4] Understanding the exact reasons of disciplinary discharges can help in further enquiry of systemic factors that result in disciplinary issues and take measures to correct them. We present the

findings of the disciplinary discharges from a tertiary care de-addiction setting in India.

Among the 942 inpatients admitted to the National Drug Dependence Treatment Centre (NDDTC), Ghaziabad, India, during the year 2014, 44 were discharged on disciplinary grounds (4.7% of the sample). Of these, the reasons of disciplinary discharge were available in 38 patients (i.e. 86.4% of those who were discharged on disciplinary issues). All of these 38 individuals were males, and the mean age was 31.1 years (± 9.8 years) with a median of 30 years. The mean duration of ward stay after which the patient was discharged on disciplinary grounds was 11.1 days (± 8.7 days), median of 8.5 days. The substance of use for which the patient primarily sought treatment was opiate ($n = 27$, 71.1%), alcohol ($n = 7$, 18.4%), both alcohol and

opiates ($n = 3$, 7.9%), and polysubstance abuse ($n = 1$, 2.6%). The reasons of disciplinary discharge as documented were categorized into various themes. The reasons of discharge could be categorized as a single theme in 23 patients (60.5% of the sample), two themes in 12 patients (31.6%), and three themes in three patients (7.9%). The most common theme was altercation with treatment providers in the ward ($n = 19$, 50%), followed by altercations with other members of the ward ($n = 13$, 34.2%), attempting to bring prohibited substances in the ward ($n = 11$, 28.9%), consumption of illicit substances during the ward stay ($n = 6$, 15.8%), and damage to the ward property ($n = 5$, 13.2%). One patient each was discharged on disciplinary ground for attempting to run away from ward and trying to steal spirit swabs to light beedis.

A disciplinary discharge rate of <5% of the overall sample compared favorably with the data from other regions.^[2-4] However, the rates are higher than that reported for a large data set from alcohol treatment services in Scotland.^[5] The most common reasons of disciplinary discharge in the present sample are altercation with treatment providers and with other ward members. Elsewhere too, fights have been reported as common reasons for disciplinary discharges.^[2] A high comorbidity of antisocial personality disorder^[6] and the stress of detoxification may be contributory to the altercations in the inpatient services. The findings of the present analysis suggest that efforts need to be made to understand the causes that lead to friction between patients and others in the inpatient setting and while at the same time being oriented to the goals of care process. In addition, the safety of health-care providers and others needs to be underscored while developing services for treatment of patients with substance use disorders.

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Conflicts of interest

There are no conflicts of interest.

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