

***Healthcare Providers Interactions and Attitudes Regarding Patients Who Use***

***Intravenous Drug***

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# ***Healthcare Providers Interactions and Attitudes Regarding Intravenous Drug Users***

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## **Abstract**

### **Purpose**

With the current opioid crisis and rise in recent years in the number of patients who use intravenous drugs, it is important that providers are able to provide unbiased, competent care to these individuals. The goal of the study was to assess provider attitudes and biases held when caring for patients known to use illicit intravenous drugs. This study also aimed to assess provider confidence in providing treatment and patient centered care to this patient population at a large tertiary academic safety net hospital.

### **Method**

A thirteen questions, five point likert scale was disseminated via email to providers working in the internal medicine or emergency medicine departments of a large academic safety net hospital in Denver, Colorado. Responses were recorded anonymously using REDCap.

### **Results**

Respondents included physicians, nurse practitioners, and physician assistants with 71 surveys were returned, with 6 incomplete. Providers noted that treating patients who use intravenous drugs was more challenging, more likely to result in a patient leaving against medical advice, and that these patients were perceived to be less likely to

adhere to recommended treatment plans. Providers noted that they felt their colleagues treated patients who use intravenous drugs differently than non-drug using patients, and that their colleagues were more likely to recommend a different treatment plan for the same condition to patients who use intravenous drugs. Providers overall felt confident in their ability to manage patient withdrawal symptoms and to develop a medication assisted therapy plan for their patients including recognizing the importance of naloxone prescriptions to those that use intravenous drugs.

## **Conclusions**

Patients with substance use disorder continue to be a large subset of patients treated both in inpatient and outpatient settings across the United States. With providers coming into regular contact with these patients, it is important to address biases and attitudes held that may affect the care these patients receive. It is essential that healthcare providers feel confident in their ability to collaborate with these patients, manage withdrawal symptoms, and be able to connect patients with ongoing supporting resources within their communities. The study has shown that providers are becoming more confident in their ability to medically manage withdrawal and to collaborate with patients to provide care. Yet, significant biases still exist that can affect the medical care those that use IV drugs receive including perceptions of medication adherence, violence and baseline participation in treatment plans. Moving forward, education needs to be continually disseminated to healthcare providers specifically regarding unique care aspects of those that use IV drugs along with continual assessment and retraining surrounding implicit bias.