



Healthcare Providers Interactions and Attitudes Regarding Intravenous Drug Users

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Project Objectives

This study aims to compare attitudes of several groups of providers regarding comfort level in treating and collaborating with patients who use intravenous drugs at the same large safety net hospital in Denver, Colorado.

Background

- Use of intravenous drugs is a growing problem with an increase in the incidence of substance use disorder over the last decade across all age groups and all demographics (1,2).
- Primary care providers have noted a discomfort with caring for patients with substance use disorder, related to both provider knowledge as well as patient's "misbehaving" (3,4).
- Patients with substance use disorder have reported feeling their symptoms of withdrawal symptoms in the hospital are not adequately addressed.
- Patients with substance use disorder have reported feeling their providers are not adequately educated on the needs of patients with substance use disorders (7,8)

Study Design

- Conducted at a large tertiary academic safety net hospital
- Survey was developed and disseminated to both the Department of Internal Medicine [inpatient and outpatient] and the Department of Emergency Medicine.
- Study data were collected and managed using REDCap
- Survey reminders sent out three times over the course of three months via email
- The survey results were later analyzed via ChiSquare analysis.

The study was deemed non-human subjects research with no identifying factors and therefore exempt for Institutional Review Board Review.

Respondent Characteristics

71 Total Respondents

Provider Role	88.7% Physicians 4.2% Nurse Practitioner 7.0% Physician Assistant
Department	Emergency Medicine: 16.9% Inpatient 28.2% Outpatient 54.9%
Length of Practice	0-5 years: 38.3% > 6 years: 61.9%

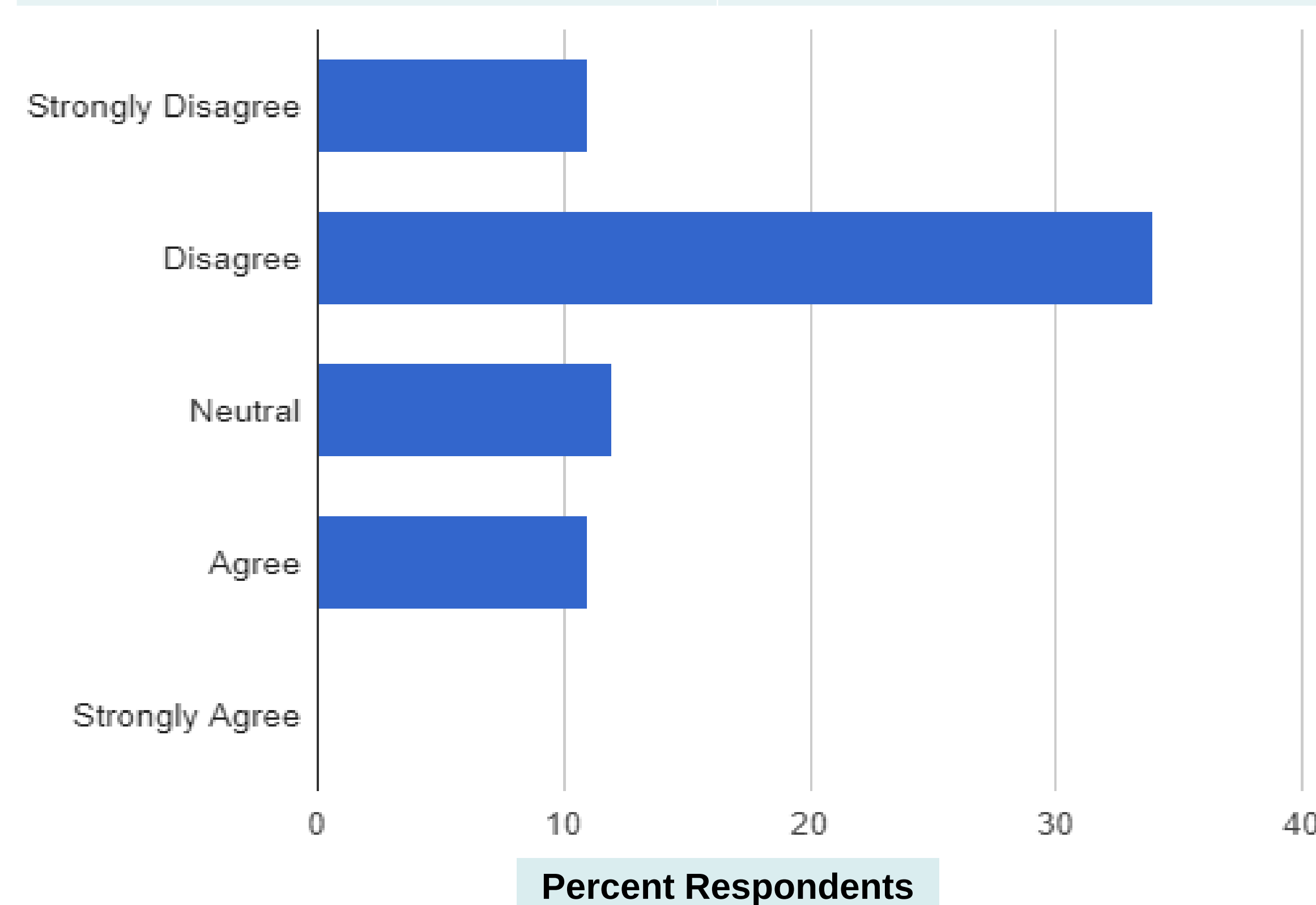


Figure 1: Responses to "I communicate differently with intravenous drug users than non drug users"

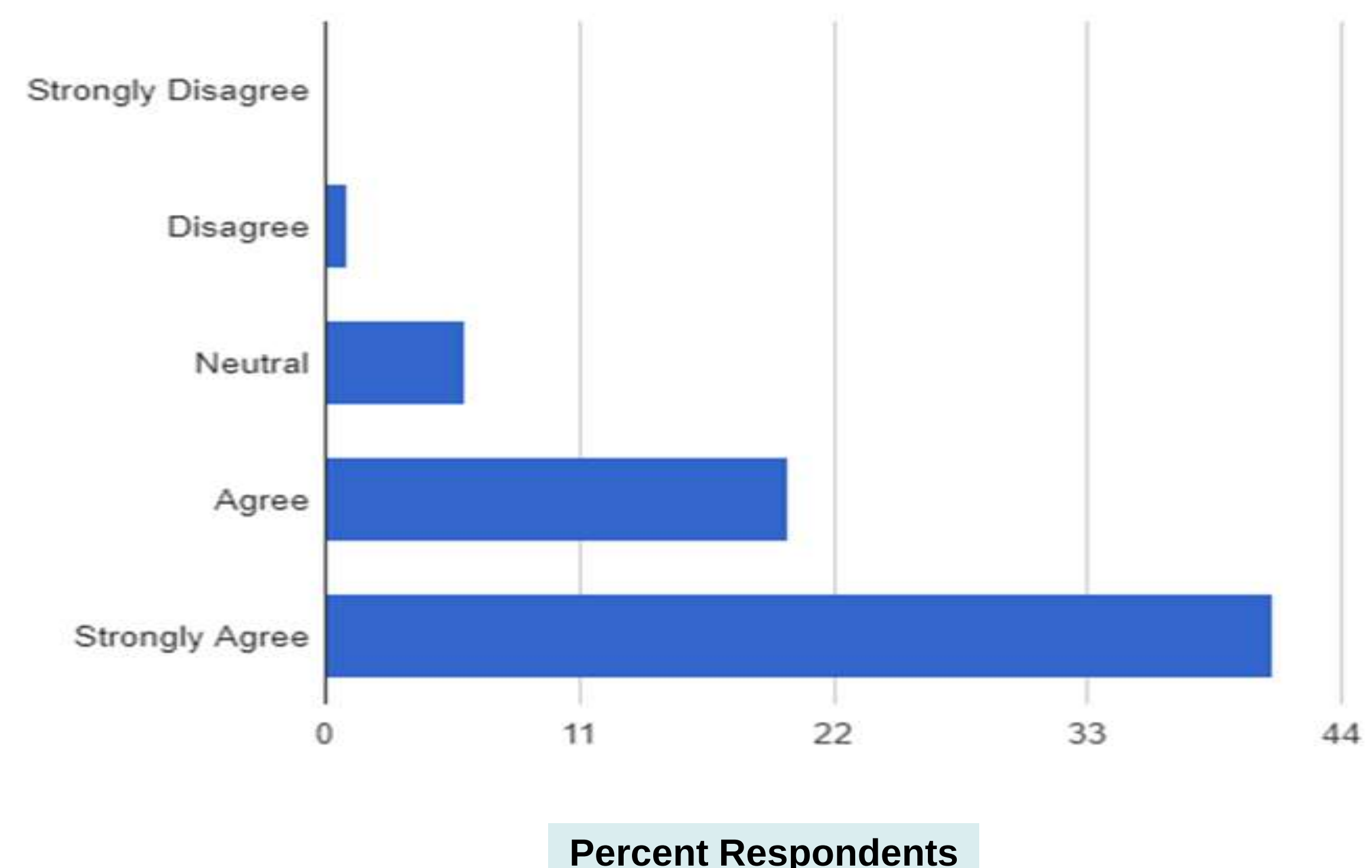


Figure 2: Respondents to "I believe naloxone is an important prescription to provide to all intravenous drug users"

Discussion

- Providers report feeling that patients who use IV drugs are more challenging to work with, more likely to leave against medical advice, and less likely to adhere to a treatment plan which may negatively affect care.
- Most providers report having seen colleagues treat patients who use IV drugs differently than their non-drug provide equal treatment, possibly indicating a discrepancy in perceived versus actual treatment.
- Most respondents feel confident in treating withdrawal, providing MAT for substance use disorder, and prescribing naloxone.
- Length of experience as a provider indicated that providers in practice for longer tended to hold more biases in relation to treating this patient population
- This study was limited due to the number and type of respondents. Future areas of study include more information regarding non-physician providers as well as more ethnic and racial diversity among respondents. Further evaluation should be done to see how biases held affect care provided.

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