



Harm Reduction Action Center (HRAC) Clinician Survey Report

August 2020



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Project Background

What is the Harm Reduction Action Center (HRAC)?

The Harm Reduction Action Center has committed itself to serving Colorado's public health by working to reduce the harms associated with drug use. Since 2002, our organization has provided direct services that curb the spread of HIV, Hepatitis C, and accidental overdoses among people who inject drugs. To bolster our direct service efforts, the Harm Reduction Action Center also works closely with lawmakers, healthcare providers, law enforcement, and the general community towards a common vision of a healthy and safe Colorado.

What is the Clinician Survey?

In 2020, the Harm Reduction Action Center partnered with local medical professionals to develop and administer a survey of Emergency Department (ED) and inpatient clinicians at local hospitals in the Denver and Aurora area. This survey was also reviewed by the People Who Inject Drugs (PWID) Advisory Committee.

The goal of this survey was to better understand attitudes of healthcare providers towards people who inject drugs so that we can collaborate with hospital partners to develop interventions to help improve the quality of care that people receive in the hospital setting.

We appreciate all of the clinicians who participated in this survey and look forward to enhancing our partnerships with health professionals.

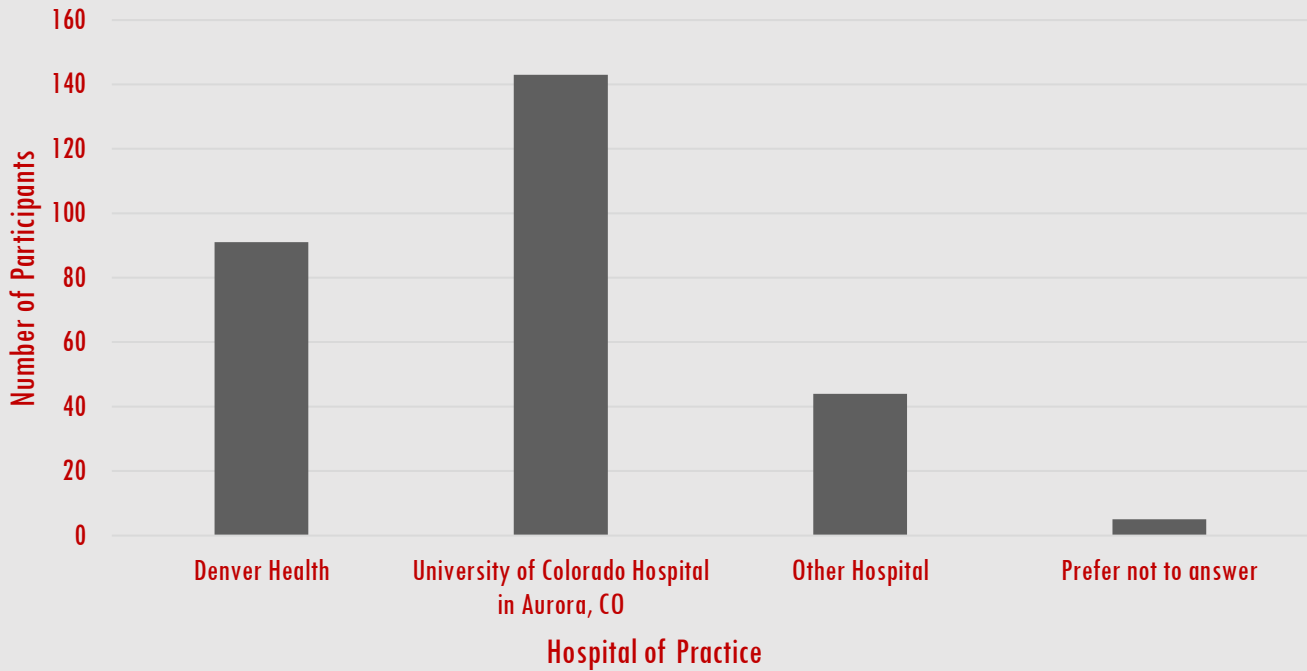
Highlighted Findings

Of clinicians who participated in our survey:

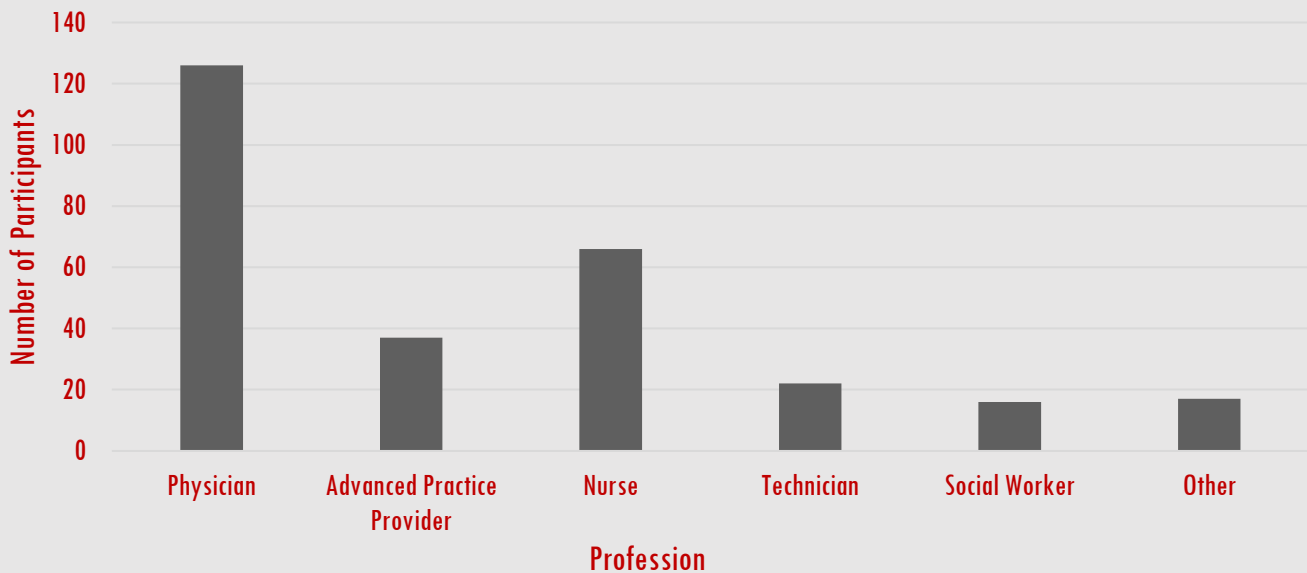
- On average, Internal Medicine physicians have more positive attitudes towards PWID than Emergency Medicine physicians
- On average, physicians and social workers have more positive attitudes towards PWID than nurses and technicians, and Advanced Practice Provider (nurse practitioner and physician assistant) attitudes generally fall in between these two groups
- A majority of clinicians do not think that harm reduction practices lead to increased substance use
- Less than 5% of clinicians at Denver Health and the University of Colorado Hospital are not interested in implementing harm reduction with patients
- 65% of Emergency Department staff members and 75% of Internal Medicine staff members believe that they could develop a substance use disorder under different circumstances
- Common barriers that clinicians identified to implementing harm reduction with patients include lacking knowledge about harm reduction, not knowing where to send people for harm reduction resources, perceiving PWID as adversarial, not having time to discuss harm reduction, and a desire to prioritize connecting patients with treatment for substance use
- Many clinicians would be interested in additional training regarding harm reduction and caring for PWID

Survey Participant Roles

Participants by Hospital



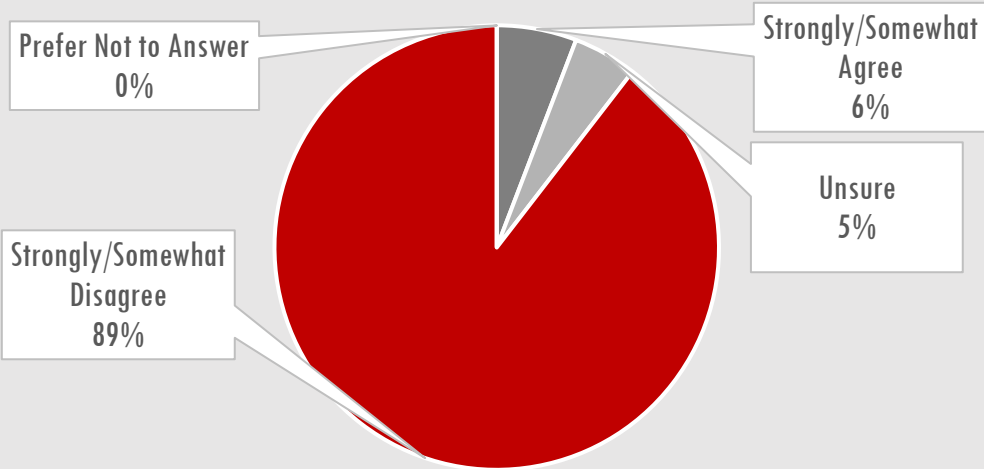
Participants by Profession



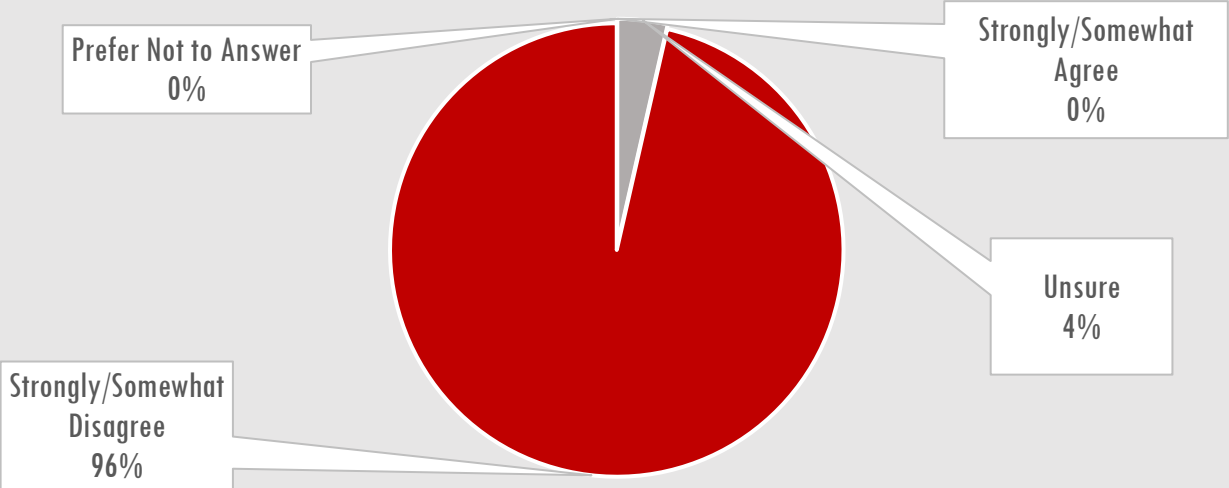
Select Attitude Question Responses by Specialty

Providing people who inject drugs with clean needles makes them use more substances.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

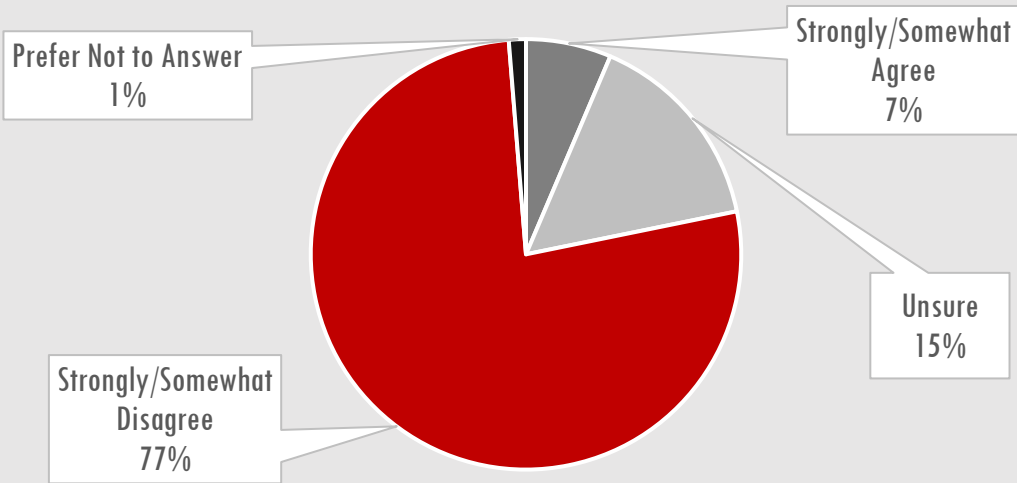
Providing people who inject drugs with clean needles makes them use more substances.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	10 (5%)	1 (1%)	1 (4%)	4 (7%)	4 (18%)	0 (0%)
Somewhat Agree	11 (5%)	4 (5%)	1 (4%)	5 (8%)	1 (5%)	0 (0%)
Unsure	23 (11%)	4 (5%)	3 (12%)	13 (21%)	3 (14%)	0 (0%)
Somewhat Disagree	36 (18%)	13 (15%)	3 (12%)	9 (15%)	9 (41%)	1 (25%)
Strongly Disagree	121 (60%)	64 (74%)	17 (68%)	30 (49%)	5 (23%)	3 (75%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%) <i>Insufficient responses to report</i>	Tech N (%) <i>Insufficient responses to report</i>	Social Worker N (%)
Strongly Agree	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)
Somewhat Agree	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)
Unsure	1 (2%)	1 (4%)	0 (0%)	-	-	0 (0%)
Somewhat Disagree	4 (10%)	0 (0%)	3 (38%)	-	-	1 (25%)
Strongly Disagree	36 (88%)	27 (96%)	5 (63%)	-	-	3 (75%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

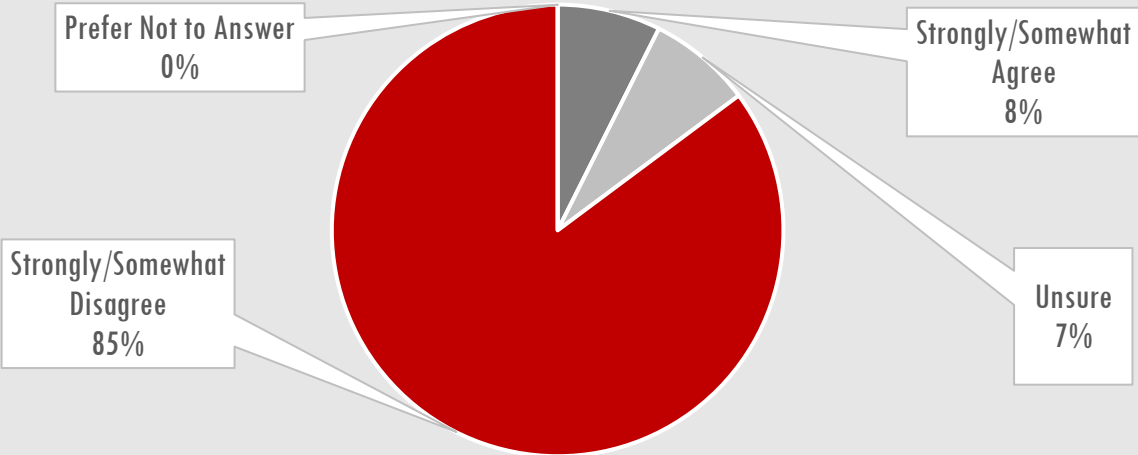
Select Attitude Question Responses by Specialty

People who inject drugs should be put in jail/prison if they are caught with illicit drugs.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

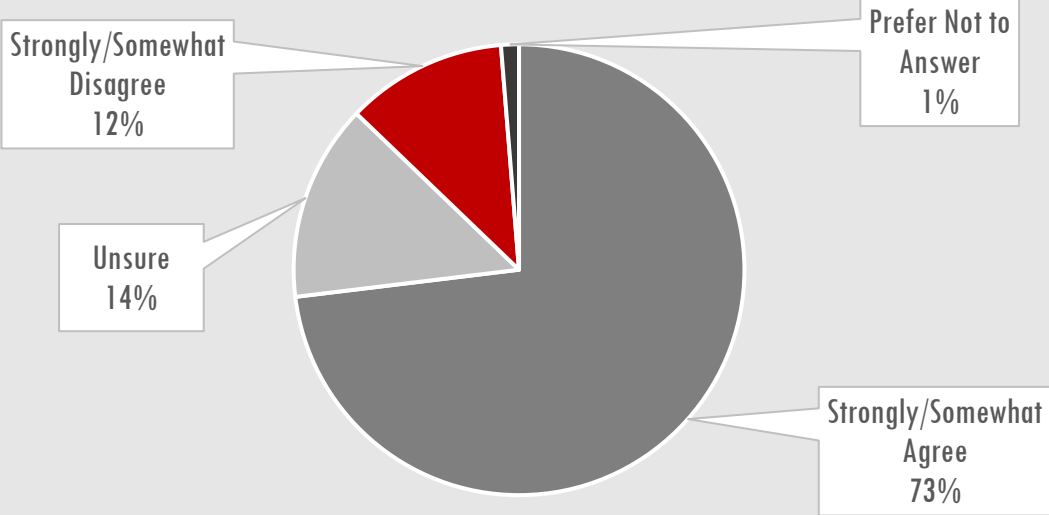
People who inject drugs should be put in jail/prison if they are caught with illicit drugs.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	9 (5%)	3 (4%)	0 (0%)	5 (9%)	1 (5%)	0 (0%)
Somewhat Agree	20 (11%)	2 (3%)	3 (13%)	9 (16%)	6 (30%)	0 (0%)
Unsure	29 (16%)	12 (15%)	3 (13%)	10 (18%)	3 (15%)	0 (0%)
Somewhat Disagree	44 (24%)	22 (28%)	4 (17%)	11 (20%)	5 (25%)	1 (25%)
Strongly Disagree	81 (44%)	38 (49%)	13 (57%)	21 (38%)	5 (25%)	3 (25%)
Prefer not to answer	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%) <i>Insufficient responses to report</i>	Tech N (%) <i>Insufficient responses to report</i>	Social Worker N (%)
Strongly Agree	1 (3%)	1 (4%)	0 (0%)	-	-	0 (0%)
Somewhat Agree	1 (3%)	1 (4%)	0 (0%)	-	-	0 (0%)
Unsure	2 (5%)	2 (7%)	0 (0%)	-	-	0 (0%)
Somewhat Disagree	11 (28%)	6 (22%)	4 (57%)	-	-	1 (25%)
Strongly Disagree	24 (62%)	17 (63%)	3 (43%)	-	-	3 (75%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

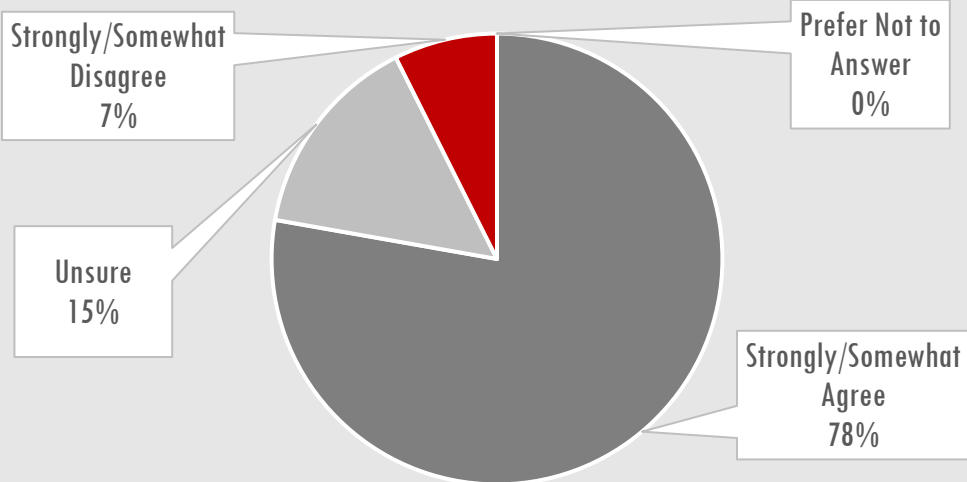
Select Attitude Question Responses by Specialty

It is possible that I could develop a substance use disorder if circumstances were different.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

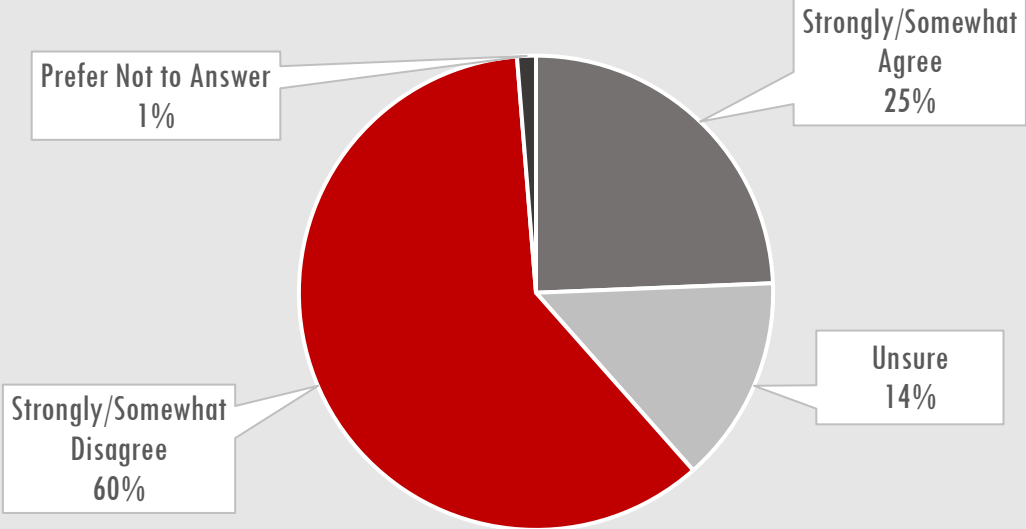
It is possible that I could develop a substance use disorder if circumstances were different.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	47 (26%)	24 (31%)	4 (17%)	12 (21%)	5 (25%)	1 (25%)
Somewhat Agree	71 (39%)	33 (42%)	10 (44%)	19 (34%)	6 (30%)	1 (25%)
Unsure	26 (14%)	11 (14%)	4 (17%)	6 (11%)	3 (15%)	2 (50%)
Somewhat Disagree	13 (7%)	5 (6%)	0 (0%)	8 (14%)	0 (0%)	0 (0%)
Strongly Disagree	25 (14%)	4 (5%)	4 (17%)	11 (20%)	6 (30%)	0 (0%)
Prefer not to answer	2 (1%)	1 (1%)	1 (4%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
				<i>Insufficient responses to report</i>	<i>Insufficient responses to report</i>	
Strongly Agree	19 (49%)	14 (52%)	2 (29%)	-	-	2 (50%)
Somewhat Agree	10 (26%)	7 (26%)	3 (43%)	-	-	0 (0%)
Unsure	4 (10%)	4 (15%)	0 (0%)	-	-	0 (0%)
Somewhat Disagree	3 (8%)	1 (4%)	0 (0%)	-	-	2 (50%)
Strongly Disagree	3 (8%)	1 (4%)	2 (29%)	-	-	0 (0%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

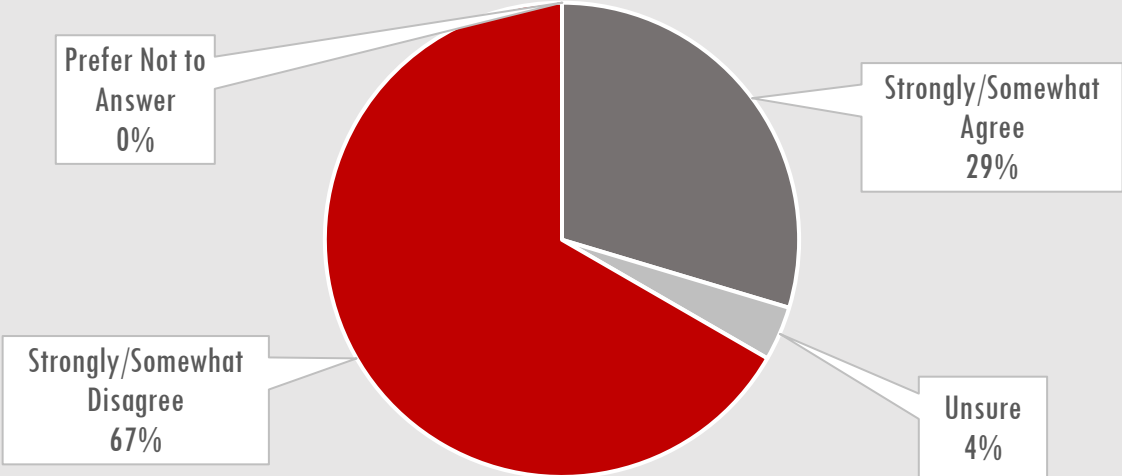
Select Attitude Question Responses by Specialty

I am burned out.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

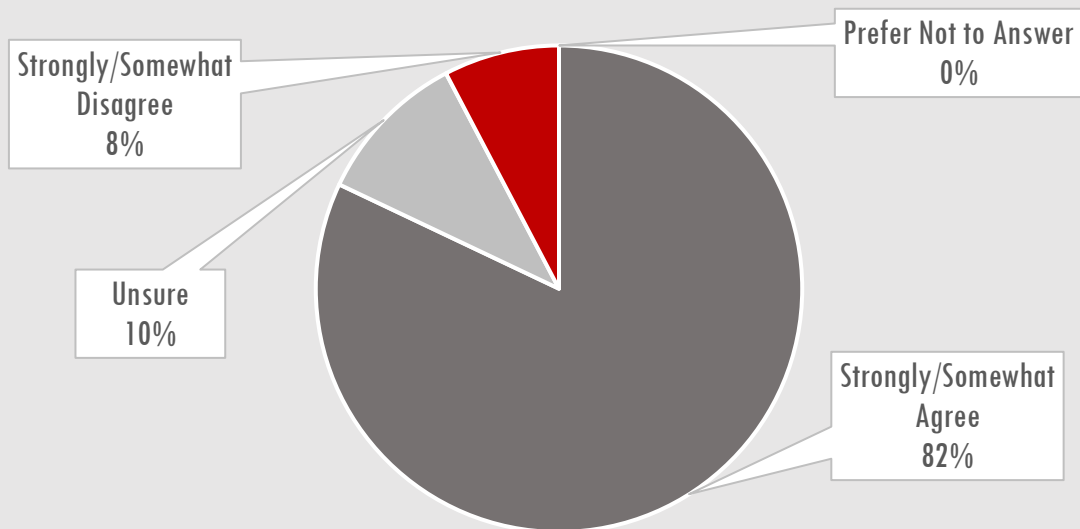
I am burned out.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	15 (8%)	4 (5%)	2 (9%)	8 (14%)	1 (5%)	0 (0%)
Somewhat Agree	46 (25%)	15 (19%)	5 (22%)	15 (27%)	10 (50%)	0 (0%)
Unsure	18 (10%)	11 (14%)	4 (17%)	1 (2%)	2 (10%)	0 (0%)
Somewhat Disagree	63 (34%)	33 (42%)	6 (26%)	22 (39%)	2 (10%)	0 (0%)
Strongly Disagree	41 (22%)	14 (18%)	6 (26%)	10 (18%)	5 (25%)	4 (100%)
Prefer not to answer	1 (1%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
				<i>Insufficient responses to report</i>	<i>Insufficient responses to report</i>	
Strongly Agree	2 (5%)	2 (7%)	0 (0%)	-	-	0 (0%)
Somewhat Agree	7 (18%)	6 (22%)	1 (14%)	-	-	0 (0%)
Unsure	3 (8%)	1 (4%)	1 (14%)	-	-	1 (25%)
Somewhat Disagree	19 (49%)	13 (48%)	3 (43%)	-	-	2 (50%)
Strongly Disagree	8 (21%)	5 (19%)	2 (29%)	-	-	1 (25%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

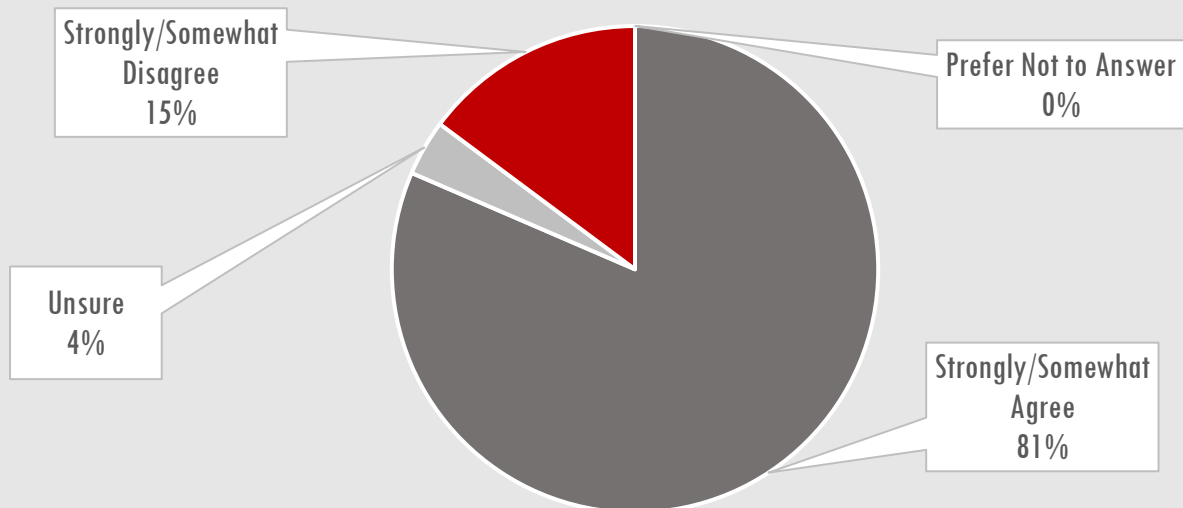
Select Attitude Question Responses by Specialty

It's my responsibility to make sure that people who inject drugs get connected to substance use treatment.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

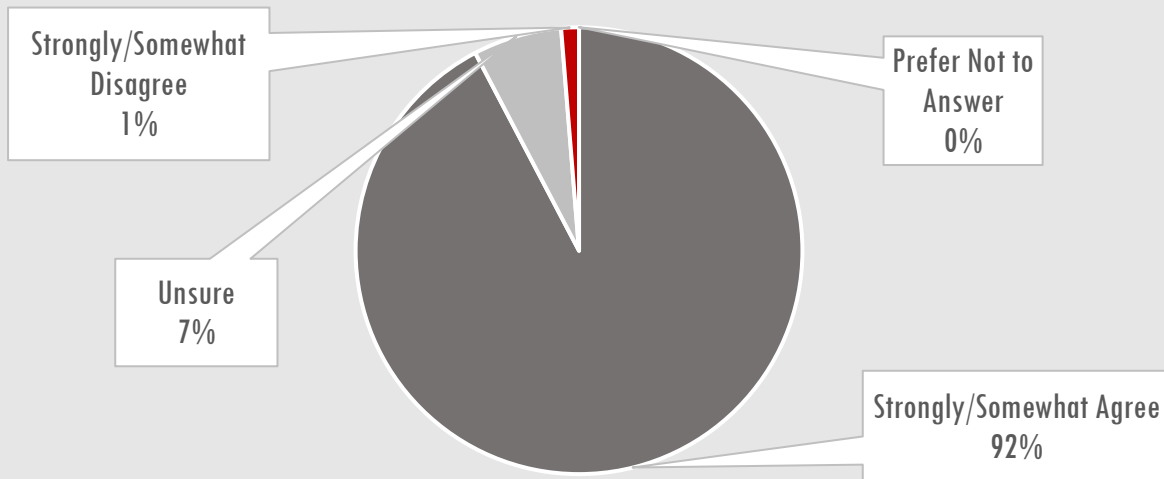
It's my responsibility to make sure that people who inject drugs get connected to substance use treatment.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	53 (29%)	32 (41%)	9 (39%)	6 (11%)	4 (20%)	2 (50%)
Somewhat Agree	85 (46%)	32 (41%)	10 (44%)	32 (57%)	8 (40%)	1 (25%)
Unsure	16 (9%)	8 (10%)	2 (9%)	4 (7%)	2 (10%)	0 (0%)
Somewhat Disagree	21 (11%)	5 (6%)	2 (9%)	9 (16%)	4 (20%)	0 (0%)
Strongly Disagree	9 (5%)	1 (1%)	0 (0%)	5 (9%)	2 (10%)	1 (25%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
				<i>Insufficient responses to report</i>	<i>Insufficient responses to report</i>	
Strongly Agree	17 (44%)	14 (52%)	2 (29%)	-	-	1 (25%)
Somewhat Agree	15 (39%)	8 (30%)	4 (57%)	-	-	3 (75%)
Unsure	2 (5%)	1 (4%)	0 (0%)	-	-	0 (0%)
Somewhat Disagree	5 (13%)	4 (15%)	1 (14%)	-	-	0 (0%)
Strongly Disagree	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

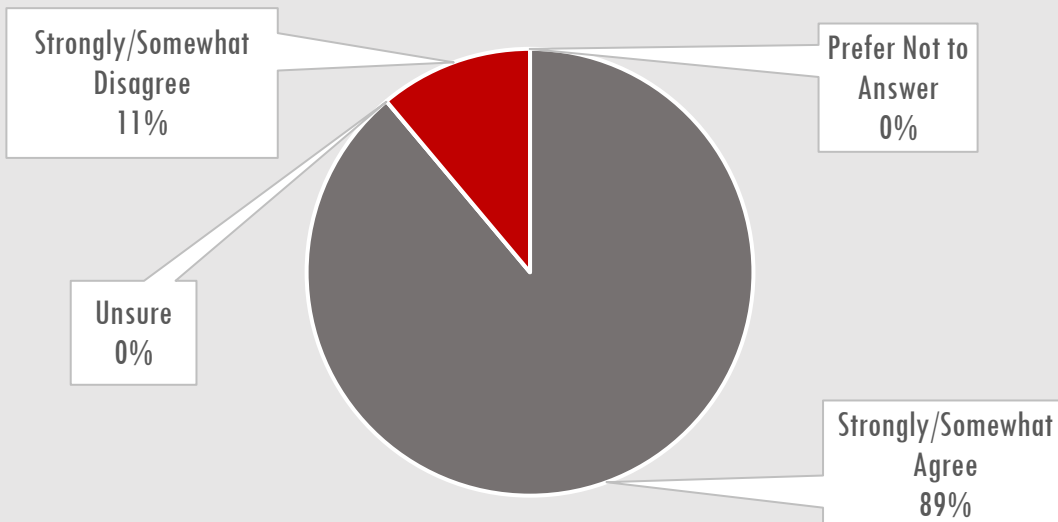
Select Attitude Question Responses by Specialty

It's my responsibility to make sure that people who inject drugs are knowledgeable about harm reduction practices.

Emergency Department Physician Responses



Internal Medicine Physician Responses



Select Attitude Question Responses by Specialty

It's my responsibility to make sure that people who inject drugs are knowledgeable about harm reduction practices.

Emergency Department Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
Strongly Agree	89 (48%)	46 (59%)	12 (52%)	20 (36%)	5 (25%)	4 (100%)
Somewhat Agree	71 (39%)	26 (33%)	8 (35%)	28 (50%)	9 (45%)	0 (0%)
Unsure	11 (6%)	5 (6%)	1 (4%)	3 (5%)	2 (10%)	0 (0%)
Somewhat Disagree	8 (4%)	0 (0%)	1 (4%)	4 (7%)	3 (15%)	0 (0%)
Strongly Disagree	5 (3%)	1 (1%)	1 (4%)	1 (2%)	1 (5%)	0 (0%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Internal Medicine Staff	Overall N (%)	Physician N (%)	APP N (%)	Nurse N (%)	Tech N (%)	Social Worker N (%)
				<i>Insufficient responses to report</i>	<i>Insufficient responses to report</i>	
Strongly Agree	25 (64%)	19 (70%)	3 (43%)	-	-	2 (50%)
Somewhat Agree	10 (26%)	5 (19%)	4 (57%)	-	-	1 (25%)
Unsure	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)
Somewhat Disagree	3 (8%)	3 (11%)	0 (0%)	-	-	0 (0%)
Strongly Disagree	1 (3%)	0 (0%)	0 (0%)	-	-	1 (25%)
Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	-	-	0 (0%)

Medical Condition Regard Scale (MCRS) Score Averages

The Medical Condition Regard Scale (MCRS), as described in Christison et al. (2002)¹, is used to assess healthcare provider attitudes towards caring for patients with a variety of health conditions. A higher score indicates a more positive attitude towards caring for people who inject drugs (PWID). Below are the MCRS scores of survey participants by role and specialty.

Role	Average MCRS Score (of 55) (Confidence Interval)	
	Emergency Medicine	Internal Medicine
Physician (MD or DO)	41.5 (39.6-43.4)	45.8 (43.1-48.4)
Advanced Practice Provider (PA/ NP)	37.6 (34.3-40.9)	41.4 (38.1-44.7)
Nurse	33.3 (30.8-35.9)	<i>Insufficient Responses</i>
Technician	36.5 (32.6-40.5)	<i>Insufficient Responses</i>
Social Worker	52.0 (52.0-52.0)	42.7 (36.0-49.3)

MCRS Source: Christison, G. W., Haviland, M. G., & Riggs, M. L. (2002). The medical condition regard scale: measuring reactions to diagnoses. *Academic medicine : journal of the Association of American Medical Colleges*, 77(3), 257–262.

<https://doi.org/10.1097/00001888-200203000-00017>

Barriers to Caring for & Providing Harm Reduction Resources to PWID

Barrier	% Yes			
	Denver Health ED	Denver Health IM	UCH ED	UCH IM
I don't know enough about harm reduction to counsel patients.	26%	8%	34%	48%
I don't know where to send patients to access harm reduction services (such as clean needles, naloxone, etc.).	30%	23%	48%	69%
I don't have time to discuss harm reduction with my patients.	18%	31%	26%	38%
I don't think it's my job to discuss harm reduction with patients.	6%	0%	6%	3%
If someone needs harm reduction counseling, I send them to a social worker or similar staff member (if applicable)	53%	23%	66%	62%
I don't think that harm reduction is a good approach to caring for people who inject drugs.	0%	0%	4%	0%
I am worried that discussing harm reduction practices could lead to bad outcomes for patients through encouraging continued drug use.	0%	0%	5%	0%
I am not reimbursed by insurance for counseling patients about harm reduction (if applicable).	9%	23%	8%	4%
It is not part of the culture of my institution to discuss harm reduction.	9%	8%	15%	28%
I need to prioritize connecting patients to treatment.	38%	23%	31%	55%
Patients who inject drugs are really challenging to work with, so I'd rather not spend extra time with them discussing harm reduction.	5%	0%	4%	0%
Other (please specify below)	9%	8%	4%	0%
None of these	5%	15%	4%	7%

ED = Emergency Department Staff

IM = Internal Medicine Staff

UCH = University of Colorado Hospital

Additional Barriers Identified by Survey Participants

- **Insufficient clinician training** or knowledge about harm reduction resources for PWID
- **Insufficient time** to counsel patients about harm reduction
- **Insufficient resources to address the root causes of substance use** and social determinants of health that prevent PWID from having their needs met
- **Perception that clinicians need to prioritize more urgent medical issues** and thus don't prioritize providing harm reduction counseling
- **Perception that patients who inject drugs can be adversarial or challenging to work with**, or that they do not want help
- **Clinician desire to prioritize treatment** instead of harm reduction — some participants expressed frustration that there is not medical treatment for stimulant use disorders and that insurance often doesn't cover inpatient substance use treatment
- **Only interacting with patients when they are not sober**, so patients don't retain the information the clinicians provide
- **Feelings of helplessness among clinicians** because of their inability to make a real difference for PWID and get frustrated when they see the same patients repeatedly with the same issues or when they don't know if their interventions helped or not
- **Belief that the culture of medicine does not support implementing harm reduction** with patients and focuses on quick fixes
- **Lack of institutionalized processes** to provide PWID resources (including syringes) at the hospital, and lack of enough support staff to assist with discussing harm reduction with patients

Select Quotes from Participants

“While I feel a great deal of pride and efficacy in harm reduction education and caring for PWID, frankly, the amount of time that I have available to counsel patients is limited to maybe 2 minutes maximum on a typical busy shift, and maybe 5 minutes on a less busy shift. The other barriers are the ease of access to entry for patients to MAT, our ability to provide harm reduction resources beyond just naloxone, and a lack of institutional wraparound support for caring for these patients in the ED.”

— *Emergency Department Survey Participant*

“We need more dedicated social workers to help connect patients with community organizations- sitting in room to call for intakes, etc. I also think having routine access to representatives from community organizations in our hospital to meet appropriate patients would really help with better rates of retention. We also need respite care facilities that are more open to harm reduction.”

— *Internal Medicine Survey Participant*

“People who inject drugs also tend to be abusive to myself and my coworkers. It's like the boy who cried wolf - we only have sympathy and compassion for PWID so many times and getting burned before we assume that they are all terrible people who will do anything to get what they want from us, who will do anything to scorn us, and who will take your help and spit on it before throwing it in the garbage. It hurts to put effort into patients and have them trash it, and the people who work in the ED only have a certain threshold before we give up on, essentially, all PWID. There's not enough resources to address the root cause of the issue and we can only do so much.”

— *Emergency Department Survey Participant*

“Harm Reduction practices have proven efficacy. Substance abuse is a disease and should be treated like one. I would vote for legislation that helped facilitate safe, monitored injection sites for IV drug users and people who have a hard time dealing with substance abusers should question why they work in health care in the first place. Everyone self-medicates, everyone has problems, and the difference between a 'successful' employed person and a drug abuser is a matter of degrees and the result of circumstance. Healthcare providers should always keep that in mind or go work somewhere else. Admittedly, they can be challenging to deal with.”

— *Emergency Department Survey Participant*

“I love the HRAC! They have taught me a ton already- I learned about them and visited old location [several years ago]... this experience has helped inform my clinical practice and how much time I spend trying to learn about resources in my community and trauma-informed care. I wish all of my colleagues could get a chance to visit the center to be able to discuss it better with their patients.”

-Survey Participant

This survey was conducted with input from the HRAC staff, the HRAC PWID Advisory Committee, Mackenzie Garcia (MD/MPH Student), and Dr. Jason Hoppe (DO). Funding was provided for participant incentives through the Opioid Research Program in the Department of Emergency Medicine at the University of Colorado SOM.

*For questions, please contact Mackenzie Garcia at
mackenzie.garcia@cvanschutz.edu*