INTRODUCTION

• The opioid epidemic has swept across the U.S. at a staggering rate, with an estimated half million to one million persons injecting annually.
• Rates of hospitalization for injection drug use (IDU) related infection have risen precipitously, comprising an escalating proportion of infectious diseases provider volume in highly impacted regions.

METHODS

• The Emerging Infectious Network (EIN) is a national provider-based network of IDSA members active in clinical practice. EIN regularly disseminates topic-based surveys to its membership.
• EIN staff and two active ID physicians collaborated to create a confidential, 14-question multiple-choice/open comment survey.
• Technical assistance was provided from the Centers for Disease Control and Prevention.

PRIMARY SURVEY OBJECTIVE: To evaluate provider experiences and perspectives regarding the care of persons who inject drugs (PWID).

• February 27-April 9, 2017:

SURVEY RESPONDENTS: CHARACTERISTICS

- Of 672 respondents, 78% (N=526) reported treating PWID as part of clinical practice.
  • Those in practice ≤5 vs. ≥25 years significantly more likely to treat PWID (89% vs. 67%; p<0.0001).
- Of 526 respondents who reported treating PWID:
  • 45% (N=236) reported seeing 1-5 patients/month; 28% (N=149) ≥16 patients/month.

FREQUENCY OF CARE PROVISION TO PWID

- In the past year, how frequently have you seen each of the following complications of IDU?
  [Most frequent answer in each row appears in bold]

<table>
<thead>
<tr>
<th>Complication</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocarditis</td>
<td>9 (2%)</td>
<td>55 (10%)</td>
<td>199 (38%)</td>
<td>263 (50%)</td>
</tr>
<tr>
<td>Bone and joint</td>
<td>19 (4%)</td>
<td>91 (17%)</td>
<td>240 (46%)</td>
<td>171 (33%)</td>
</tr>
<tr>
<td>Bacteremia/Fungemia</td>
<td>6 (1%)</td>
<td>44 (8%)</td>
<td>191 (37%)</td>
<td>281 (54%)</td>
</tr>
<tr>
<td>Spinal infection (epidural abscess)</td>
<td>24 (5%)</td>
<td>103 (20%)</td>
<td>239 (45%)</td>
<td>160 (30%)</td>
</tr>
<tr>
<td>Skin and soft tissue infection</td>
<td>3 (0.6%)</td>
<td>42 (8%)</td>
<td>151 (29%)</td>
<td>324 (62%)</td>
</tr>
</tbody>
</table>

PROLONGED PARENTERAL THERAPY: MANAGEMENT STRATEGIES AND AREAS OF CONCERN

- Vast majority 79%(N=417) of participants reported at least 50% of IDU-related infections seen required ≥2 weeks of parenteral therapy.
- In the past year, for infections in PWID typically managed with at least 2 weeks of parenteral therapy, how frequently have you employed the following strategies?
  [Most frequent answer in each row appears in bold]

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to other supervised facility for completion of parenteral therapy</td>
<td>62 (12%)</td>
<td>105 (20%)</td>
<td>176 (33%)</td>
<td>382 (75%)</td>
</tr>
<tr>
<td>Manage entire course of parenteral therapy on unit</td>
<td>40 (8%)</td>
<td>104 (21%)</td>
<td>162 (31%)</td>
<td>211 (42%)</td>
</tr>
<tr>
<td>Provide outpatient parenteral antibiotic therapy (OPAT) if clear evidence of sobriety</td>
<td>155 (30%)</td>
<td>191 (37%)</td>
<td>137 (26%)</td>
<td>37 (5%)</td>
</tr>
<tr>
<td>Provide OPAT if stable on opioid replacement therapy</td>
<td>204 (40%)</td>
<td>166 (32%)</td>
<td>123 (24%)</td>
<td>23 (4%)</td>
</tr>
<tr>
<td>Prescribe daily or weekly parenteral therapy administered in outpatient infusion setting</td>
<td>226 (43%)</td>
<td>128 (25%)</td>
<td>120 (25%)</td>
<td>45 (9%)</td>
</tr>
<tr>
<td>Prescribe oral antibiotics with good bioavailability in lieu of parenteral therapy</td>
<td>62 (12%)</td>
<td>176 (33%)</td>
<td>221 (42%)</td>
<td>67 (13%)</td>
</tr>
</tbody>
</table>

COMFORT WITH COUNSELING/NALOXONE PRESCRIBING

- Participants’ rated comfort “assessing patient injection practices and offering counseling regarding safe practices to offset infection risk.”
  • 43% (N=225) “very comfortable”
  • 27% (N=142) “neutral”
  • 23% (N=124) “uncomfortable/very uncomfortable”

- 21% (N=117) had ever prescribed naloxone for overdose reversal.

REFERENCES

- The authors thank Scott Santibañez, MD, MPH/PM, and Leah Fischer, PhD, of the Centers of Diseases Control and Prevention.

ACKNOWLEDGEMENTS

TAKING HOME:

• In this national sample of ID physicians, the vast majority reported providing care to PWID, signaling treatment of parenteral infection as a common feature of today’s ID practice in the U.S.
• Providers consistently highlighted the often complex, resource intensive nature of providing care to PWID.
• Significant diversity among providers in regards to:
  1) Availability of comprehensive addiction services
  2) Perceptions regarding the role ID providers should play in the management of addiction.
• Attainment of federal buprenorphine waiver was rare among respondents, commensurate with national data reporting “4% of practicing physicians with waiver certification.
• In the setting of the opioid crisis, complex care requirements for PWID will persist, highlighting the need for guidelines and further research to identify best practices for management.
• Expansion of ID physicians’ clinical purview to integrate concurrent addiction treatment merits further consideration.