

# Managing Chronic Pain in Patients With Cancer Who Have a History of Substance Abuse

**Susan Pillet, MSN, RN, CPNP, CPON<sup>®</sup>,  
and Valerie Eschiti, PhD, RN, CHTP, AHN-BC**

Oncology nurses may encounter patients recovering from substance abuse who will need acute or chronic pain management. Knowing how to assess, treat, and manage that pain is a benefit to the nurse and patient. In addition, understanding and overcoming bias toward patients with a history of substance abuse can lead to a trusting relationship and more effective pain management. A thorough assessment and documentation of the patient's pain during each visit provide a solid basis for prescribing opioids to patients with a history of substance abuse. The use of long-acting and higher-dose opioids in this population will be discussed. Functional improvement versus absence of pain may be a more realistic goal for patients recovering from substance abuse, and complementary and alternative therapy may be considered. Setting standards to deal with lost prescriptions or medication, missed appointments, and the use of contracts for all patients receiving opioids establishes unbiased treatment.

**A**ccording to the American Cancer Society ([ACS], 2008), an estimated 1.5 million people in the United States will be diagnosed with cancer in 2008 in addition to the almost 11 million cancer survivors. With 22.2 million people in the United States aged 12 and older battling substance abuse disorders (Substance Abuse and Mental Health Services Administration, 2006), an oncology nurse likely will encounter patients with cancer and a history of substance abuse. According to the American Society for Pain Management Nursing (2002), "the ethical principles of beneficence and justice oblige healthcare professionals to manage pain and provide humane care to all patients, including those patients known or suspected to have addictive disease" (p. 1). However, many nurses may not have the knowledge or experience to effectively manage pain in patients with cancer and a history of substance abuse. The purpose of this article is to provide oncology nurses with guidance in the treatment of chronic pain in patients with cancer who also have a history of substance abuse.

## Pain Treatment for Patients With a History of Substance Abuse

### Acute and Chronic Pain

Patients with a history of substance abuse should be treated for acute and chronic pain. This statement is easier to adhere to for acute pain, in which the cause of the pain and the anticipated recovery time is known. However, chronic pain management is

### At a Glance

- ◆ For both acute and chronic pain, patients with cancer who are recovering from substance abuse disorders should receive treatment.
- ◆ Preexisting bias toward this patient population should be taken into consideration when prescribing opioids.
- ◆ A trusting relationship should be established between the patient and practitioner for optimal pain management.

more complicated. Some question whether opioids should be given to any patient with chronic pain (Nedeljkovic, Wasan, & Jamison, 2002), let alone patients with a history of substance abuse.

The primary goal in pain management is to provide pain relief regardless of the patient's past history of substance abuse. To do this, the practitioner must accept the patient's

---

Susan Pillet, MSN, RN, CPNP, CPON<sup>®</sup>, is an advanced practice nurse at the Cancer Institute of New Jersey in New Brunswick, and Valerie Eschiti, PhD, RN, CHTP, AHN-BC, is an assistant professor in the College of Nursing at the University of Oklahoma in Oklahoma City. The authors were participants in the 2007 *Clinical Journal of Oncology Nursing* Writing Mentorship Program. No financial relationships to disclose. (Submitted November 2007. Accepted for publication January 14, 2008.)

Digital Object Identifier:10.1188/08.CJON.663-667