

# Substance Abuse and Addiction

## Implications for pain management in patients with cancer

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**BACKGROUND:** Substance use disorders (SUDs) are chronic diseases that may complicate the nursing care of patients with cancer, affecting their ability to adhere to treatment protocols, responses to cancer pain, and use of opioids for analgesia.

**OBJECTIVES:** This article explores how the presence of an SUD may affect oncology nursing care and pain management.

**METHODS:** The PubMed and CINAHL® databases were searched for articles from 1980–2016 using the keywords *cancer*, *cancer pain*, *addiction*, *substance abuse*, and *alcoholism*.

**FINDINGS:** SUD is a common comorbidity in patients with cancer that may play a role in disease etiology. Practice guidelines are suggested for the assessment and management of addiction to improve overall outcomes for patients. Effective treatments for SUDs and cancer pain exist, and recovery can lead to improvements in multiple aspects of patients' lives.

### KEYWORDS

pain; substance use disorder; opioids; abuse; addiction

### DIGITAL OBJECT IDENTIFIER

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**DRUG AND ALCOHOL USE ARE COMMON BEHAVIORS** in the United States and, consequently, are often encountered in oncology nursing practice. According to the National Survey on Drug Use and Health, in 2014, 53% of all Americans aged 12 years or older reported having had at least one alcoholic drink in the past 30 days, and 23% had engaged in binge drinking (drinking five or more drinks on one occasion) at least once during the same time frame (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). This national survey, which randomly samples the U.S. civilian, non-institutionalized population aged 12 years or older, collects data on illicit drug use as well. Although less common, an estimated 10% of Americans aged 12 years or older reported using an illicit drug in the month prior to the survey, with marijuana being by far the most commonly used illicit drug in the United States (used by 8% of the population). Following in prevalence is the nonmedical use of prescription drugs (i.e., analgesics, stimulants, or sedatives) by 2.4% of the population, with more than half (58%) of this group specifically reporting nonmedical use of prescription opioids (SAMHSA, 2015).

The majority of those who consume alcohol or drugs do so within a functional social context and never develop problematic use patterns. However, with repeated use, some people will develop a substance use disorder (SUD), defined as a chronic, treatable, neuropsychiatric disease that brings consequences in all life domains (e.g., social, psychological, health, legal, employment) (De Maeyer, Vanderplasschen, & Broekaert, 2010; Levola, Aalto, Holopainen, Cieza, & Pitkänen, 2014). As such, SUDs can have a significant impact on patient responses to cancer therapy, particularly in the provision of pain care. The bulk of the literature refers to alcohol and opioid use disorders and will be most often referred to in this article.

### Substance Use Disorders

About 9% of Americans meet the diagnostic criteria for an SUD (6% for alcohol and 3% for illicit drugs), making it one of the most common chronic diseases in the United States (SAMHSA, 2015). The health consequences of an SUD (including organ damage, infections, motor vehicle accidents, and mental illness) are mirrored by social effects of the disease, such as crime, violence (including domestic violence and child abuse), incarceration, and