Addiction in patients with cancer is not well described. Patients with substance use disorders (SUDs) and cancer experience worse outcomes; however, no guidelines exist for identifying and successfully managing these issues in oncology. With the goal to improve patient safety and outcomes, an interprofessional work group at a major academic cancer hospital initiated a trial screening process for identifying substance abuse issues in an oncology population. Simultaneously, guidelines for patients with cancer and SUDs were created.

AT A GLANCE

- Substance use contributes to adverse outcomes; however, addiction is not well studied in the oncology population.
- An interprofessional team approach improves identification and customized management of patients with coexisting cancer and SUDs.
- Substance use assessment and screening is necessary for the implementation of patient-centered harm-reduction interventions.

KEYWORDS
addiction; substance use disorder; cancer; oncology; guidelines; harm reduction

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Managing Addiction

Guidelines for patients with cancer

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Substance use and addiction in the oncology population is not well understood and may significantly compromise the ability of healthcare professionals to deliver high-quality cancer care. The extent of the problem in patients with cancer is not well known, with patients potentially presenting with current or past substance use disorders (SUDs) and/or developing these problems during treatment of their malignancy. Patient support systems, including caregivers, family, and friends, are also at risk for medication diversion or SUDs.

The prevalence of substance use and abuse in patients with cancer has been reported as lower than the general population; however, underreporting may exist (Arthur et al., 2016). Prevalence of substance use among patients with advanced prostate cancer was reported as 12% (n = 8,484) in patients aged 66–74 years and 7% (n = 5,763) in patients aged 75 years or older. Those with substance use had worse outcomes, including greater health service use and increased mortality (Jayadevappa & Chhatre, 2016). The Veterans Health Administration reported that 482,688 veterans received a cancer diagnosis during fiscal year 2012, and, of these, 32,037 (7%) had a SUD diagnosis. Veterans with both cancer and SUD diagnoses had more comorbid medical and psychiatric disorders, and used more medical and mental health services (Ho & Rosenheck, 2018).

The opioid epidemic is a public health crisis. It has also led to increased concern about opioid abuse/addiction and diversion in patients with cancer (Carmichael, Morgan, & Del Fabbro, 2016). The National Comprehensive Cancer Network (2019) adult cancer pain guidelines recommend risk assessment prior to and during cancer treatment based on a detailed patient evaluation and/or use of a screening tool, such as the Screener and Opioid Assessment for Patients with Pain-Revised, the Opioid Risk Tool, and the Current Opioid Misuse Measure. To date, no screening tools have been validated in the oncology setting.

Patients may experience poor outcomes driven by addiction, such as increased healthcare use and costs from complications directly related to substance use and/or disease progression from nonadherence to cancer treatments. This article discusses the experiences of an interprofessional workgroup whose focus was to improve outcomes among patients in a hematology-oncology unit at the Ohio State University Comprehensive Cancer Center–Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James). Members of this quality improvement project team included a service line administrator, ambulatory (outpatient) nurse practitioner, pharmacist, social workers, patient care resource managers (RN case managers and clinical nurse leaders), and an inpatient nurse practitioner. Additional providers regularly consulted included hematology physicians, a pain management nurse practitioner, and addiction medicine specialists. The harm-reduction philosophy guided the workgroup—this was identified in early