



Mounting evidence suggests patients diagnosed with cancer may be at increased risk for opioid misuse and diversion. Substance use disorders (SUDs), involving prescription medications and/or illegal substances, may significantly compromise the ability of healthcare professionals to deliver high-quality cancer care. A substance use screening pilot was conducted in ambulatory oncology clinics at a large cancer hospital in the mid-western United States. In this article, the authors present results from this quality improvement project. Future directions involve innovative methods to deliver addiction-specific knowledge to oncology healthcare providers and should focus on discussing screening results, as well as providing tailored recommendations using shared decision-making with patients and caregivers.

AT A GLANCE

- SUDs may not be uncommon in patients with cancer.
- Nurses closely interact with patients and may be the first oncology provider to suspect harmful substance use.
- Screening for substance use in patients with cancer allows for the early detection of and risk mitigation for concomitant substance misuse or addiction.

KEYWORDS

substance use disorders; addiction; screening; cancer; harm reduction

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.601-604

Substance Use and Misuse

A pilot study to improve screening and interventions at a comprehensive cancer hospital

Gretchen A. McNally, PhD, ANP-BC, AOCNP®, Fayona D. James, LISW-S, LICDC, Jodi Gilliam-Harmon, MA, LCDC III, Saquena Atkins, MSW, LISW-S, and Dori Klemanski, DNP, APRN-CNP

The opioid epidemic has led to screening of addiction potential occurring in patients with cancer. This is due, in part, to the greater awareness regarding nonmedical use of opioids. Substance use is not well understood in the oncology population; however, patients with cancer are not immune to addiction. Current or past substance use disorders (SUDs), most notably alcohol, may increase the risk of developing some cancers (Yusufov et al., 2019). Opioids frequently are used to treat cancer-related pain. Prescription opioids, among other substances, may be misused in an attempt to cope with distress along with poorly controlled physical symptoms. This then contributes to the potential for opioid use disorders (OUDs) (Yusufov et al., 2019).

Patients with cancer and SUDs often are complicated and more challenging to treat, with issues related to nonadherence and increased risks for serious complications. Screening for substance use may result in improved recognition and promote universal and unbiased management. Early detection affords opportunities for the implementation of harm-reduction strategies by the healthcare team to improve safety and health outcomes.

Background

Addiction is a complex and multifactorial chronic disease (American Society of

Addiction Medicine [ASAM], 2019). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) (DSM-5) recognizes that SUDs feature changes in brain circuitry, involving both reward activation and self-control inhibition (American Psychiatric Association [APA], 2013). These changes result from persistent substance use despite a cluster of cognitive, behavioral, and physiologic symptoms (APA, 2013). Substance use exists on a continuum with the spectrum of SUDs ranging from mild to severe based on the number of criteria present (see Figure 1). The opioid epidemic has destroyed families and devastated communities across the United States. Overdose deaths involving opioids had stabilized somewhat; however, challenges related to the COVID-19 pandemic isolation, combined with synthetic opioid use, specifically fentanyl, have contributed to a dramatic rise in opioid-related deaths. These deaths increased 38.4% in the 12-month period leading up to May 2020 (Centers for Disease Control and Prevention, 2021).

The incidence of OUDs in the oncology setting is unclear. One recent study examined patients receiving opioids during a five-year period at a comprehensive cancer center's pain clinic. Seven incongruities (22%) were identified in the 32 eligible patients; however, reportedly only one was determined to represent substance misuse (3%) (LeVoir et al., 2020). A systematic review reported median opioid use of 18%, and challenges were noted