Clinician Follow Up Reference for Supportive Care

Physical Concerns –

"YES" to ***Use of alcohol/drugs***

Start With
Asking the patient the below question

Do you or others close to you have any concerns about your use of alcohol or drugs?

MA or higher level screener: communicate these answers to Physician/APC in referral or notes for Next Step

APC or higher level screener:

If YES

Options/Recourse

CAGE AID - simple and short screening tool for drug and alcohol abuse

Assess for suicidality (older men –especially older white men, are at increased risk for suicide) If suicidal ideation currently or in past, recommend assessing for firearms.

Assess for risk factors prior to prescription of risky medications (opioids, benzodiazepines, etc…).
Risk factors include:

- History of sexual abuse
- History of psychiatric disorder
- History of alcohol/drug abuse

Sign contract with patient and set limits up front for prescribing (single pharmacy, single provider, no early refills, regular urine screening).

- Most patients minimize/under report substance use so it is important to tie screening to a discussion of how substance use will impact their treatment/disease process
- Patients will be more likely to honestly report use if they understand that it will interfere with their treatment
- Patients are typically more motivated to seek substance treatment if they understand that use worsens their treatment/disease outcomes

If NO

Options/Recourse

- It is important for clinician/nurse to have knowledge of the use and address appropriately.

Next Step

Refer to Physician/APC or Nurse

- Education about worsening pain due to metastatic disease, verses drug use for abusive purposes
- Address existential distress (Chaplain, Social Worker). Many patients with long history of drug abuse have this or are abusing to cover this.
- If patient on methadone maintenance for abuse, have communication with maintenance program about using methadone for maintenance verses pain.
- Close monitoring (via prescription monitoring plan) for appropriate refilling of medications, single provider; urine toxicity screening periodically if patient still receiving treatment.
- Limit setting from prescribing physician and clear restrictions about refills of opioids.
- Referral to substance abuse treatment if appropriate

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

Timing

- If active suicidal: Urgent -See NP, Physician before leave or sent to EMERGENCY ROOM
- Score of 1-4 on CAGE AID, or clinical significance on another assessment: Discuss same day
- Patient or family verbal endorsement of concerns: Sub Acute 1-3 days

Notes

Stages I-III: Substance use concerns require referral to a therapist who specializes in addictions. This cannot be adequately addressed by oncology therapists who do not have an addiction specialty. Discuss taper plan and expectations up front if patient does require a risky medication. Utilize other analgesics/atypical analgesics, interventional pain management more readily.

Stage IV: For a patient on hospice/imminently dying, discuss realistic expectations with patient and family about ability to stop alcohol/drugs/tobacco. May not be the right time to detox from these things and may cause more harm (i.e. withdrawal in an imminently dying patient). In these cases, discuss safety measures (no O2 with smoking, falls with alcohol consumption), minimize polypharmacy. Treatment team needs the information on any alcohol/drug issues to allow for best approach in treating/monitoring patient.

Geriatric: This population CAN have issues with this and should not be dismissed as a possibility. Due to their age, tend to have a lower tolerance and should be assessed and treated accordingly.

Patient Links and Handouts:

- American Cancer Society, Alcohol use and Cancer
- American Cancer Society, Nutrition and Physical Activity During and After Cancer Treatment
- American Cancer Society, The Link Between Drinking and Cancer

CSOC Patient Handout can be accessed at:
http://cancer-help.me/alcohol and http://cancer-help.me/drugs

References:

- NIH, NIDAMED: Clinical Resources
- NIH, National Institute on Alcohol Abuse and Alcoholism
- CAGE-AID Substance Abuse Screening Tool
- Fast Fact #127, Substance Use Disorders In The Palliative Care Patient
- Fast Fact #244, Screening For Opioid Misuse And Abuse
- SAMHSA Substance Abuse Treatment Facility Locator

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