Do No Harm: Compassionate and Practical Policies for Addressing Substance Abuse and Diversion in Hospice and Palliative Care Settings (P12)

Joshua Barclay, MD FACP, University of Virginia, Charlottesville, VA
James Ray, PharmD, University of Virginia, Charlottesville, VA
Paula Capobianco, MSW, University of Virginia, Charlottesville, VA
Leslie Blackhall, MD, University of Virginia, Ivy, VA
Debbie Eggleston, MSN, University of Virginia, Charlottesville, VA

Objectives

- Describe methods of screening, ensuring compliance, and adhering to regulatory issues when dealing with substance abusing patients.
- Describe techniques for dealing with common substance abuse issues.
- Identify the roles and needs of individual members of the interdisciplinary team.

Concern about the rapid increases in deaths due to substance abuse and diversion is leading to calls for changes in the way we prescribe controlled substances. These concerns deeply affect the practice of hospice and palliative care clinicians, who routinely use many Schedule II medications to treat symptoms of patients with life-limiting illnesses. Since substance abuse is common in the general population, it is common in the patients we treat, and failure to address this issue can lead to legal risk for providers. However, this issue is vital not just because of increased regulatory scrutiny, but also because substance abuse is a form of severe suffering, and addressing this suffering is no less important than treating physical pain. In this workshop, we will present a draft white paper (developed by the Substance Abuse and Diversion SIG) on model policies and best practice procedures for managing these issues in palliative care and hospice. We will discuss our experience in implementing these policies in inpatient practice and at an outpatient palliative care clinic at the University of Virginia Cancer Center and in hospice settings. We will use case discussions, role play, breakout sessions, and other interactive methods to demonstrate how to assess, monitor, and respond to substance abuse and diversion in a variety of settings. Specific challenging situations—such as a patient with severe cancer-related pain who is an active substance abuser, drug diversion and abuse in family caregivers, and managing comorbid psychiatric problems—will be addressed in detail. Special attention will be paid to the context of clinical practice and an interprofessional approach to this difficult issue. Attendees are encouraged to bring specific concerns from their own practice area for discussion.