

Screening for Substance Abuse and Diversion in Virginia Hospices.

Leslie J. Blackhall, MD, MTS, Elizabeth D. Alfson, MD, and Joshua S. Barclay, MD, MS et al. J PALLIAT MED 2013; VOL 16 (NO.3) 237-42.

Presented by: Dr. Yoko Tarumi on May 14, 2013

BACKGROUND:

Although inadequate treatment of pain is a problem for hospice patients, increases in the medical use of opioids have been accompanied by increasing levels of abuse and diversion in the community. Balancing pain relief with concerns about abuse and diversion is a difficult issue for hospices.

OBJECTIVES:

The aim of this study was to determine policies and practices in Virginia hospices regarding substance abuse and diversion in patients and their families.

METHODS:

A survey was conducted of Virginia hospices about policies, perceptions, and training regarding substance abuse and diversion.

RESULTS:

Twenty-three of 63 hospice agencies responded (36.5%). Less than half (43.8%) required mandatory substance abuse training. Only 43.5% had policies regarding screening for substance abuse in patients; 30.4% had a policy regarding screening for substance abuse in family members. Policies regarding screening for diversion in patients (21.7%) and families (17.4%) were rare. Policies regarding opioid use in patients with a history of substance abuse or diversion were uncommon (33.3%, 30.4%, respectively); 30.4% had policies regarding use of opioids in patients whose family members had a history of diversion or abuse. Thirty-eight percent of hospices agreed that substance abuse and diversion was a problem for their agency, and these agencies were more likely to have written policies or mandatory training.

CONCLUSION:

Most Virginia hospices lack mandatory training and policies regarding substance abuse and diversion in patients and family members. More than one-third felt that abuse and diversion were problems in their agencies. A national conversation regarding policies toward substance abuse and diversion in hospice agencies is needed. 2

STRENGTHS:

1) Despite limited evidence, this study tries to raise awareness about the prevalence of substance abuse in hospice patients and their family members. 2) This article provides a helpful summary of the demographics of hospice population, and increasing prevalence of substance abuse issues in society as well as in patients with advanced illnesses in the United States. 3) The study has led to a statewide task force led by the Virginia Association of Hospice and Palliative Care intended to develop model policies and procedures regarding substance abuse and diversion in hospice patients.

WEAKNESS:

As noted in the discussion in this paper, the proportion of hospices that participated was relatively low at 36.5%, which limits the generalizability of the results.

RELEVANCE TO PALLIATIVE CARE:

Although the Edmonton Palliative Care Program has a long history of identifying the impact of substance abuse on the outcome of symptom management, the screening process and

utilization of risk tools and urine screening have not been considered. This article highlights the need for education and research in this area.