

Screening for Substance Use & Misuse at a Comprehensive Cancer Hospital

Gretchen A. McNally, PhD, ANP-BC, AOCNP; Dori Klemansky DNP, APRN-CNP;
Saquena Atkins MSW, LISW-S; Fayona James MSW, LISW-S, LICDC; Jodi Gilliam-Harmon MA, LCDCIII



Background

- Opioid Epidemic:
 - Devastating effects on families/communities
 - Oncology is not excluded
 - Cancer patients may be at increased risk
- Substance use disorders (SUDs) compromise ability to deliver high quality care

Purpose

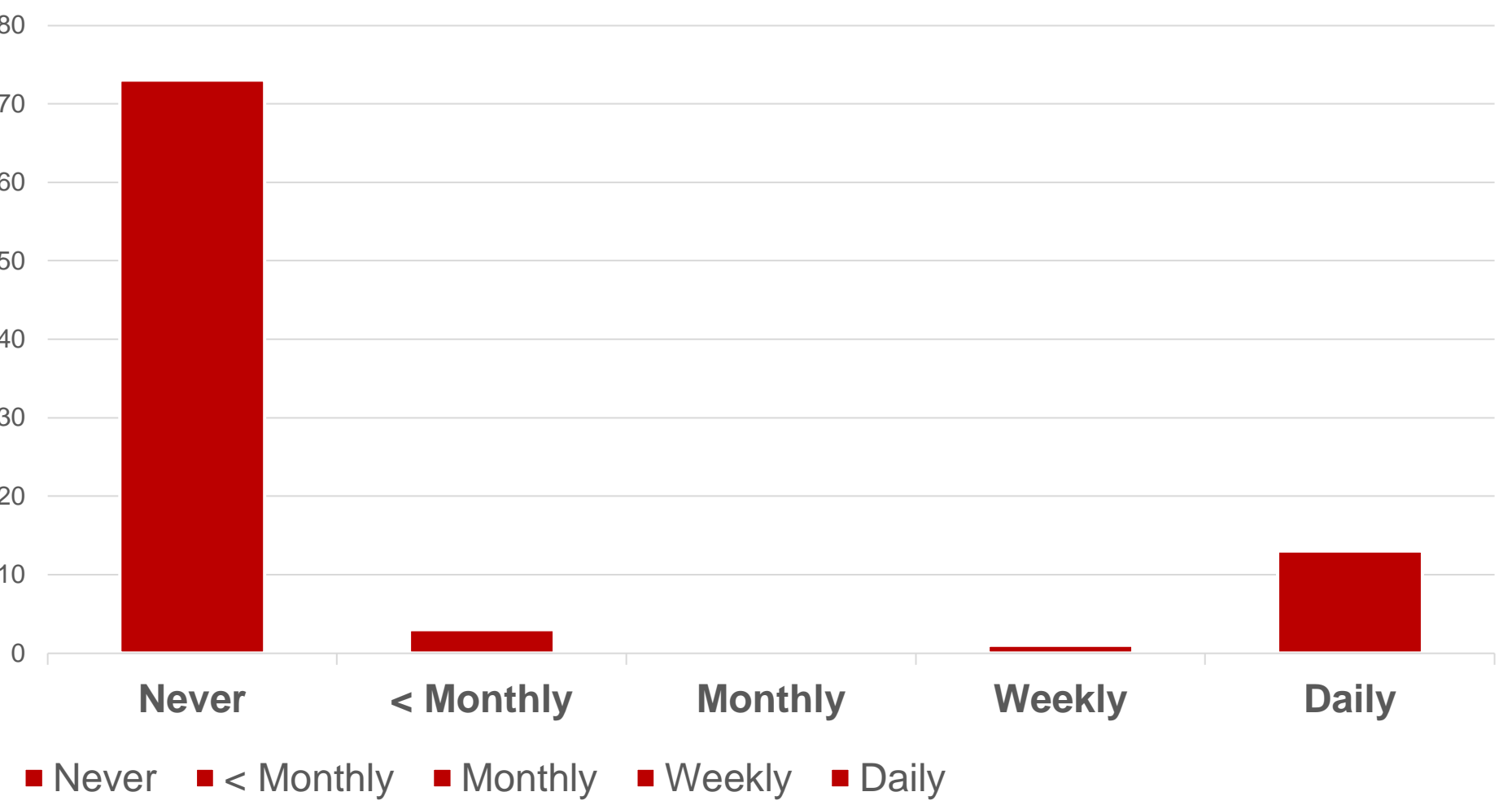
- Assess feasibility of screening for substance use in ambulatory hematology/oncology clinics
- Six month pilot in 7 lymphoma clinics
 - September 2018-February 2019
 - Large Midwestern Comprehensive Cancer Hospital

Interventions

- New patients:
 - National Institute on Drug Abuse (NIDA) Paper TAPS-1 (Tobacco, Alcohol, Prescription medication & other Substance use tool)
- 4 item screening test substance use past 12 months:
 - 0: No use;
 - Score > 0 further evaluation with TAPS-2

Results

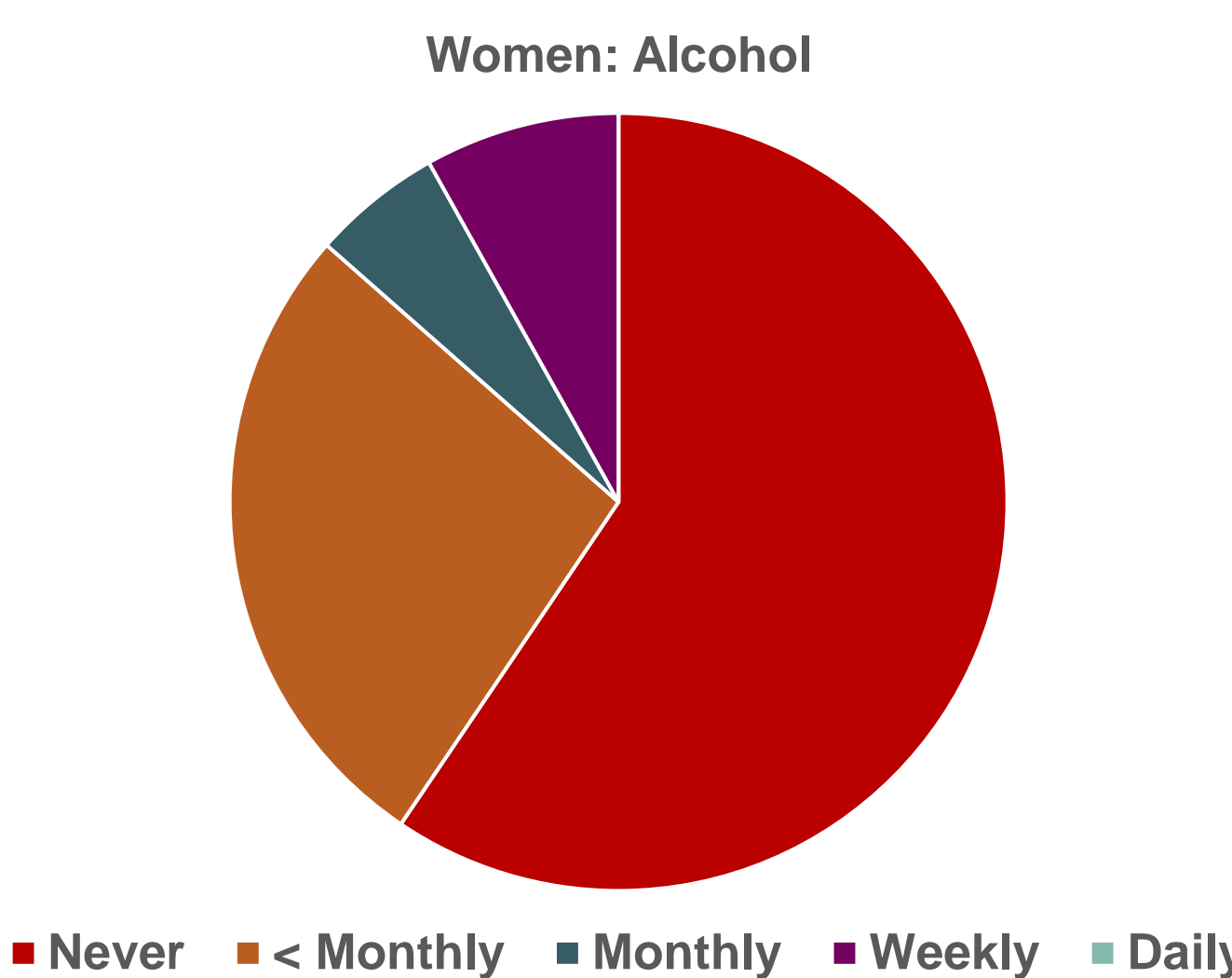
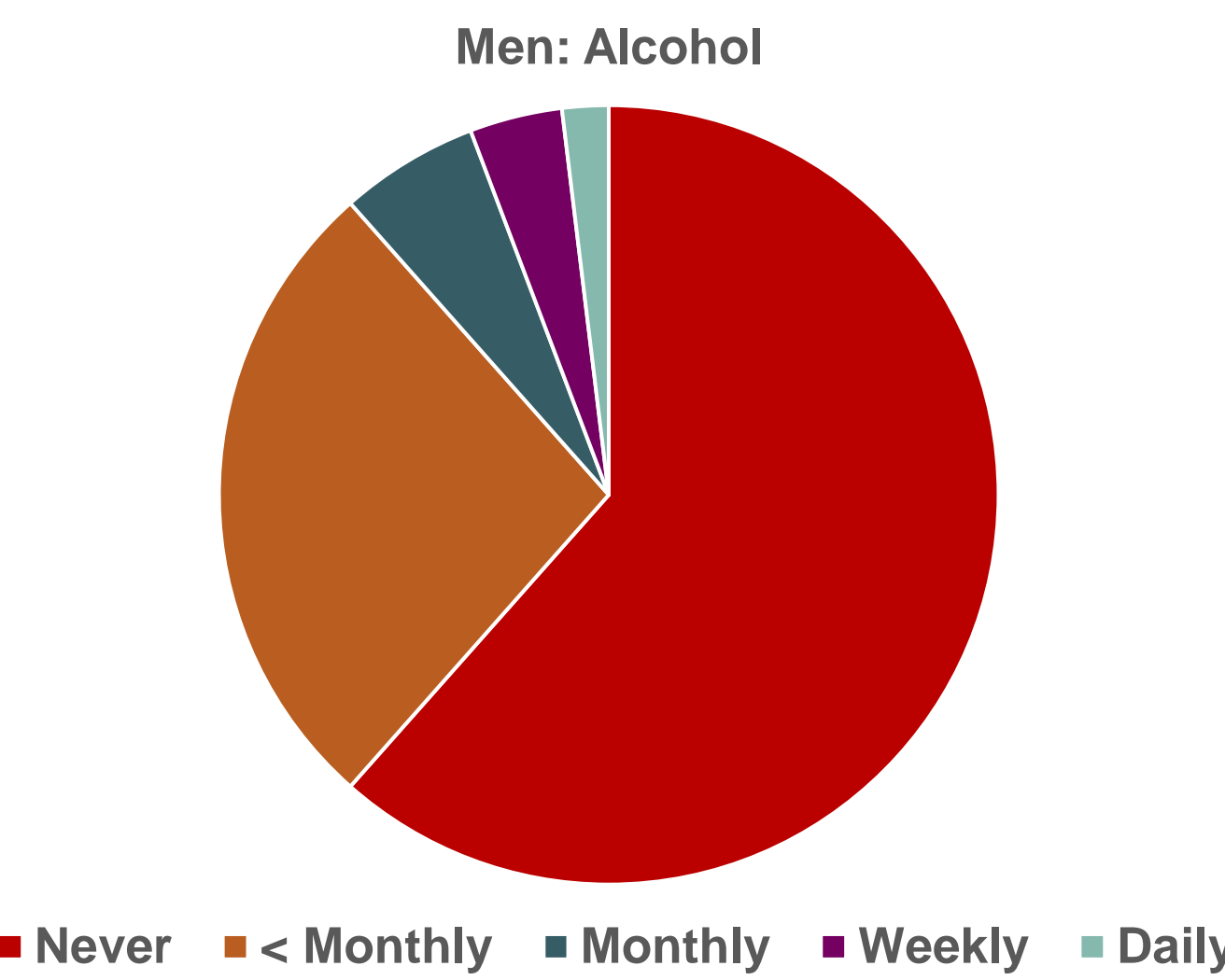
• Tobacco:



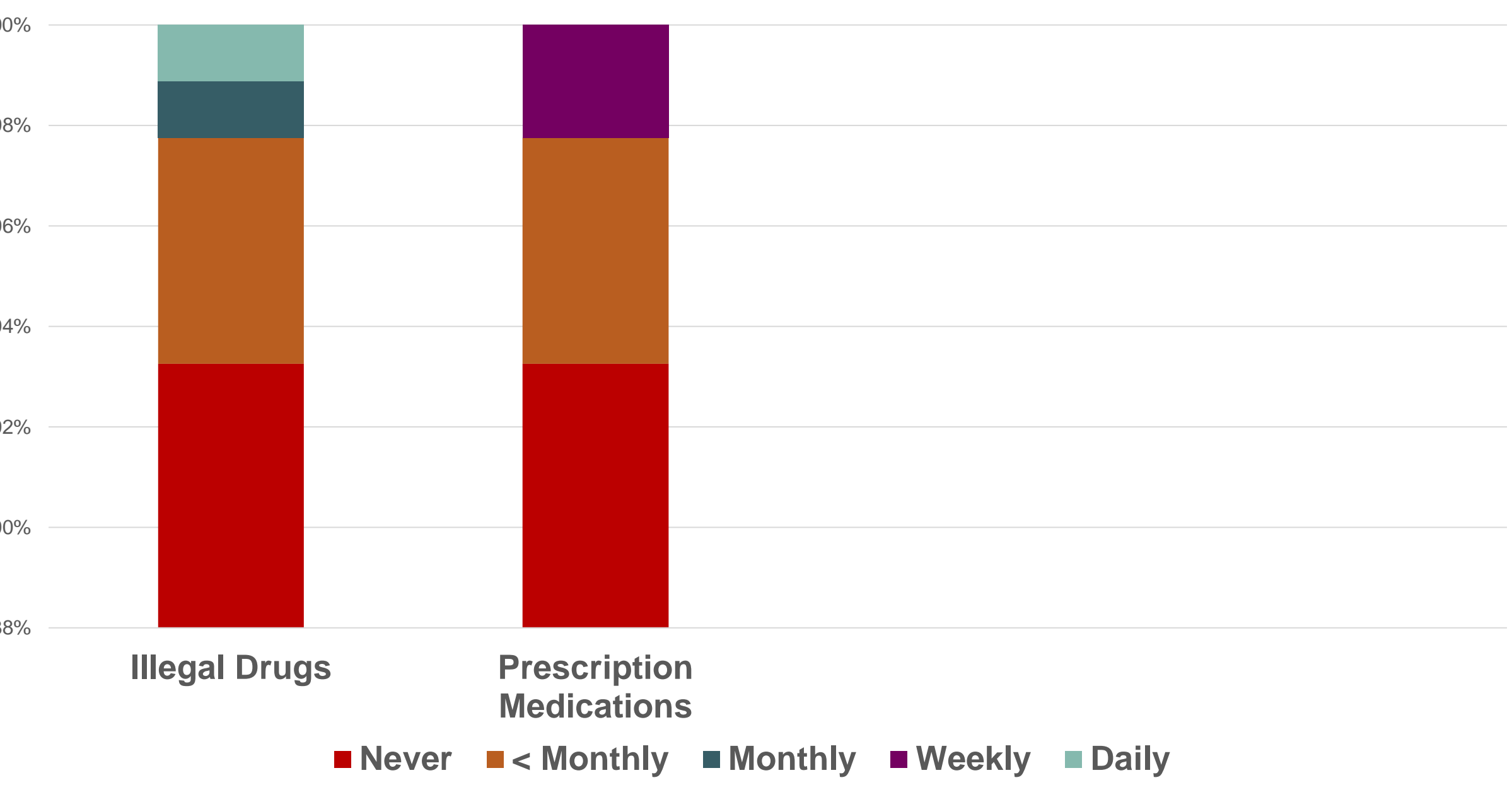
- 89/264 (33.7%) completed TAPS-1
 - Male (n = 52, 58.4%)
 - Caucasian (n = 76, 85.3%)

Alcohol:

- Men: 5+ drinks
- Women: 4+ drinks



Illegal & Prescription Medications



Discussion

- Screening for substance use:
 - Feasible in an ambulatory hematology/oncology clinic
 - Promotes recognition, universal, unbiased management
 - Implementation of harm reduction strategies
- Discussing results with patients is key to improving outcomes
 - Decreases negative consequences
 - Improves treatment adherence
 - Reduces complications
- Patients with current/history of substance use/misuse
 - Received harm reduction education
 - Offered evaluation by chemical dependency counselor
- Future directions:
 - Innovative techniques to deliver addiction specific education
 - Prevention
 - Management
 - Stigma
 - Discussing screening results with patients and families
 - Recommendations for patients and families