

Substance Use Screening Protocol

Implementation of a system for patients with cancer

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BACKGROUND: Substance use by patients with a cancer diagnosis may have a detrimental effect on short- and long-term outcomes. Screening, brief intervention, and referral to treatment (SBIRT) has been recommended for all patients in primary care and emergency medicine.

OBJECTIVES: The purpose of this quality improvement project was to train clinical providers and to implement an effective SBIRT program in a radiation oncology clinic in a comprehensive cancer center.

METHODS: An interprofessional task force developed a staff training protocol that incorporated oncology-specific content. The team then piloted an SBIRT program in the outpatient clinic.

FINDINGS: Staff training results were mixed, with only a few evaluation items showing significant improvement. Despite these results, staff training and the implementation of an SBIRT may be valuable in improving substance use screening in this vulnerable population.

KEYWORDS

substance use; cancer; screening; brief intervention; referral to therapy; SBIRT

DIGITAL OBJECT IDENTIFIER

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ALCOHOL AND DRUG USE IN PATIENTS WITH CANCER has become a pressing issue for providers and patients. Providers are anxious to follow guidelines and protect patients from substance-related harm but are often left without effective screening tools or cancer-specific patient education related to substance use (McNally et al., 2019). At the same time, patients are increasingly anxious about cancer pain and narcotic prescriptions (Paice, 2019; Pinkerton & Hardy, 2017). In this complex environment, developing evidence-based interventions that help providers assess patients for modifiable, risky substance use behaviors is essential (National Academies of Sciences, Engineering, and Medicine, 2019).

Unfortunately, there is a lack of understanding of the scope of substance use beyond recommended guidelines (i.e., risky substance use) in patients with cancer. Historically, researchers argued that substance use in patients with cancer was less prevalent than in the general population (Passik & Portenoy, 1998). However, although prevalence of substance use has not been widely established, studies indicate that substance use rates for patients with cancer are at or above rates in the general population (Choflet et al., 2015; Lin et al., 2019; Yusuf et al., 2019). Alcohol, in particular, has been implicated as a carcinogen in at least eight different types of cancer; clinical recommendations include reducing alcohol consumption to decrease cancer incidence (Grevers et al., 2019; Gudenkauf & Thrift, 2020; Shield et al., 2016).

Risky substance use increases the risk of cancer for individuals, and its continued use following a cancer diagnosis may place patients at increased risk of harm. A national study of patients with cancer admitted from emergency departments (EDs) reported that ED visits for opioid overdoses increased two-fold in a 10-year period (2006–2015) (Jairam et al., 2019). Other researchers found links between substance use—particularly alcohol—and increased cancer mortality (Jiang et al., 2018; Manderbacka et al., 2017). Retrospective studies reported correlations between continued substance use during cancer treatment and a variety of negative health and quality-of-life effects (Danker et al., 2011; Koyyalagunta et al., 2013; Parsons et al., 2008).

Fortunately, there are evidence-based methods to screen for substance use and provide effective interventions to reduce consumption that are widely supported by a number of organizations. Many national and international