Opioid Use Disorder in Palliative Care

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Host and Moderator: Dr. José Pereira

Presenters: Dr. Alissa Tedesco and Dr. Steven Passik

Date: March 8th, 2022

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

Introductions

Host and Moderator

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
Professor and Director, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada
Scientific Officer and Co-Founder, Pallium Canada

Presenters

Dr. Alissa Tedesco, MD, CCFP(PC)
Temmy Latner Centre for Palliative Care, Sinai Health System
Palliative Education and Care for the Homeless (PEACH), Inner City Health Associates
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Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Host & Presenters

- Dr. José Pereira- Paid by Pallium Canada as Scientific Officer
- Dr. Alissa Tedesco- nothing to declare
- Dr. Steve Passik- full time employee of Millennium Health (a toxicology company)- he will be speaking from his own clinical experience- the views expressed are his own and not those of the company

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion- please be sure to add your questions into the Q&A function
- Use the chat function if you have any comments or are having technical difficulties.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session

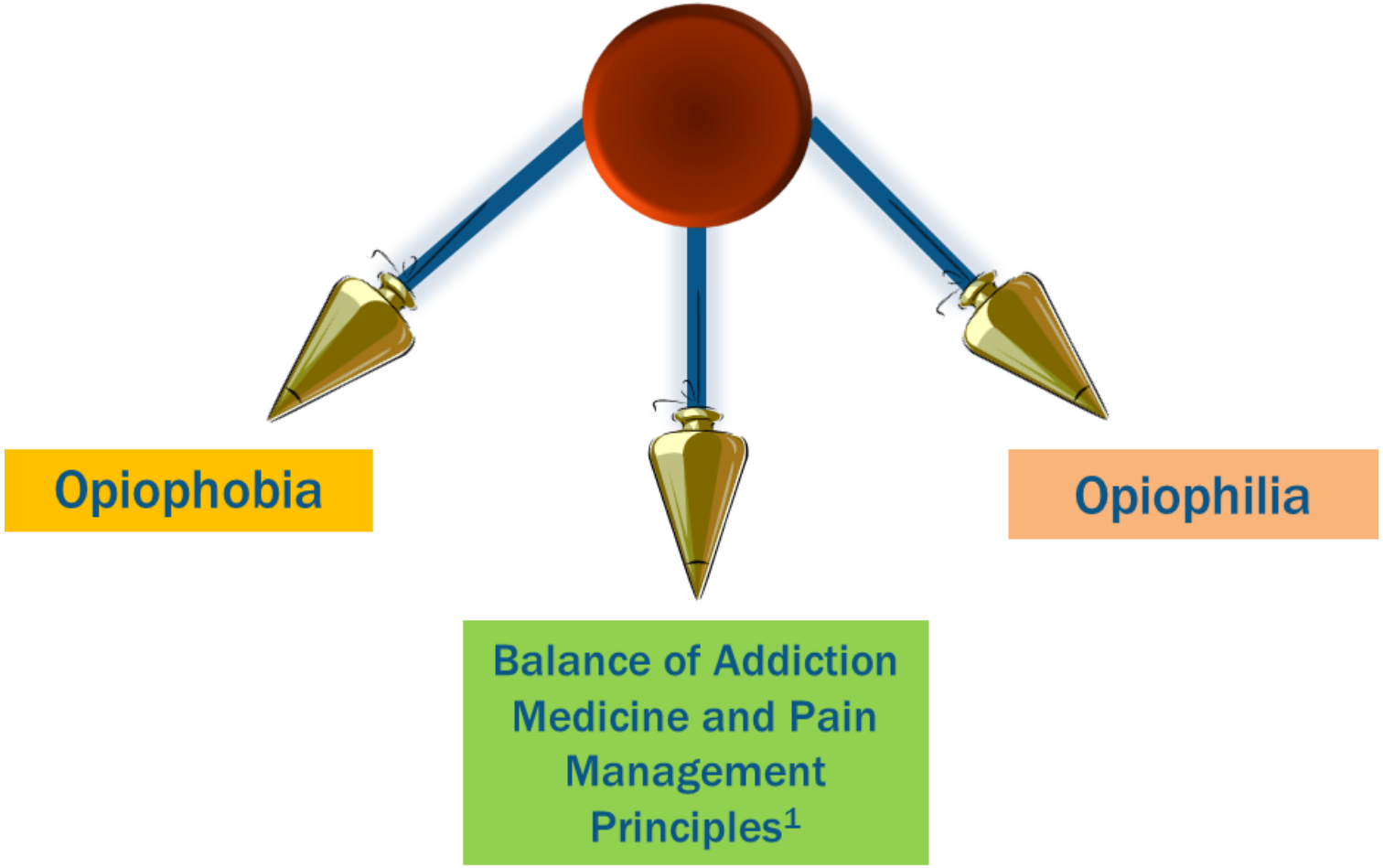
Session Objectives

Upon completing this webinar, participants should be able to:

- Define “opioid use disorder” (OUD)
- Screen for OUD
- Describe the relevance and impact of OUD in palliative care
- Implement strategies to mitigate OUD in palliative care practice.

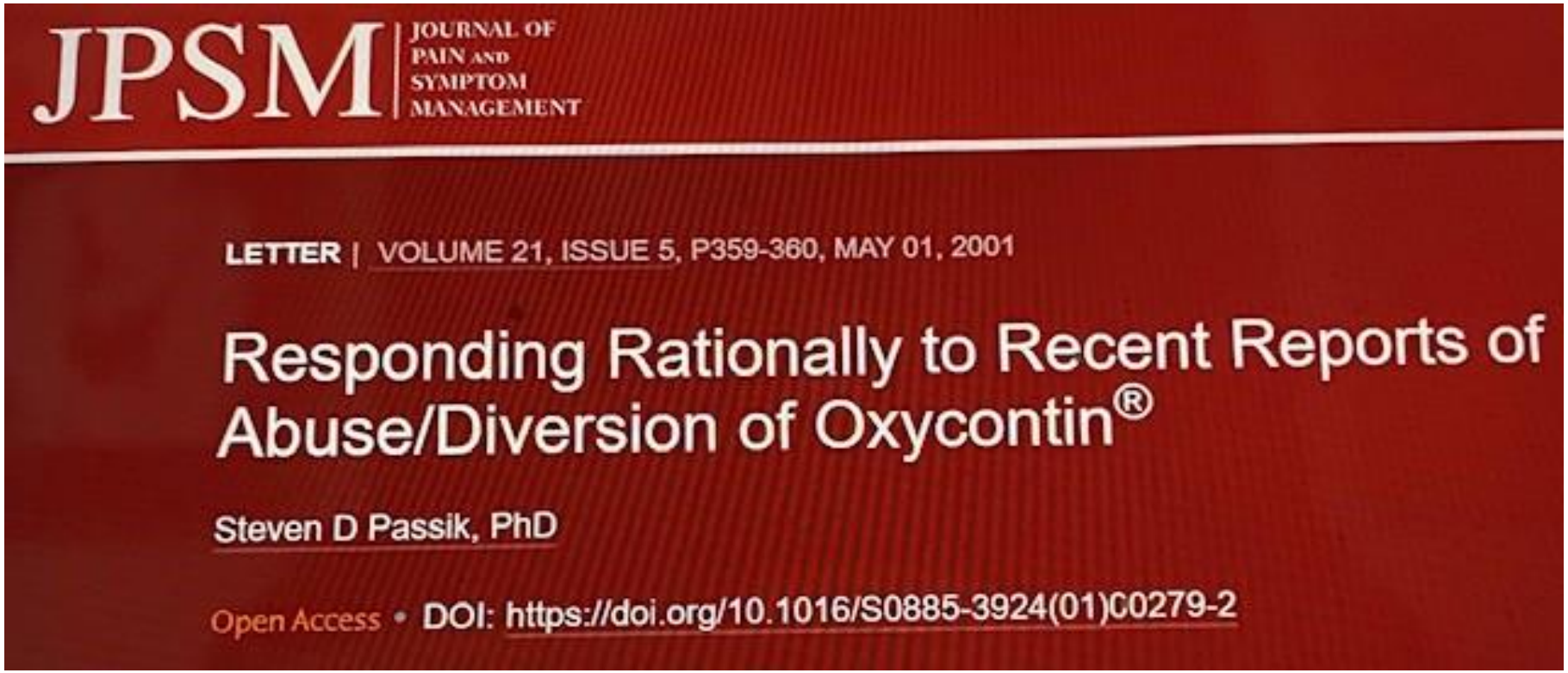
Part 1:
Managing Addiction in Advanced Disease: From Why Bother to (Over)reaction and Back

The Opioid Pendulum: Where Are We Now

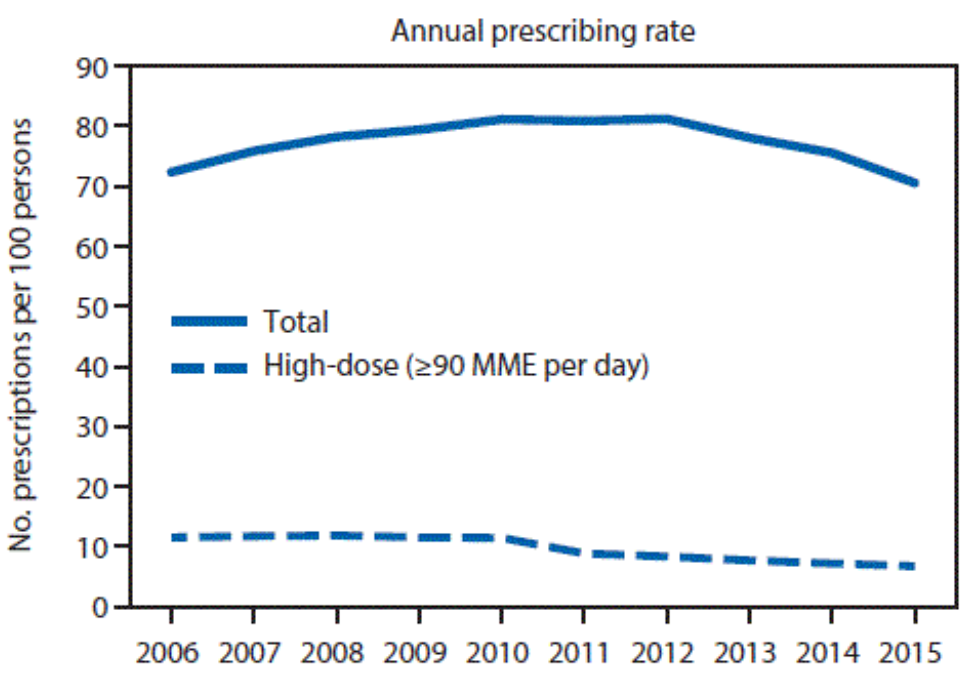


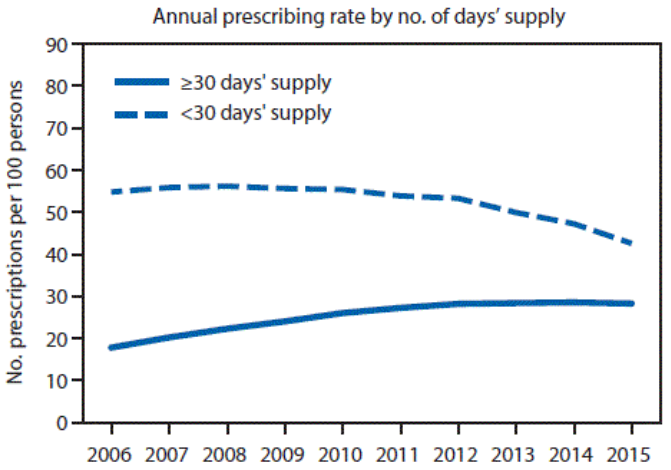
[1]Gourlay, D.L. et al. Universal precautions in pain medicine: A rational approach to the treatment of chronic pain. *Pain Medicine.* 2005; 6(2): 107-112.

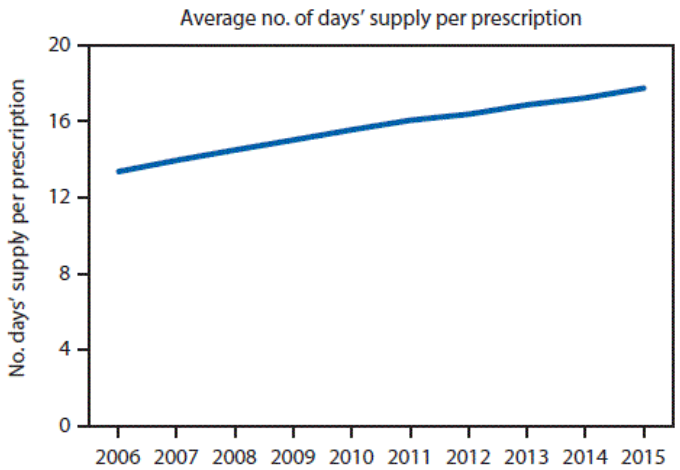
Not going to say I told you so, but…

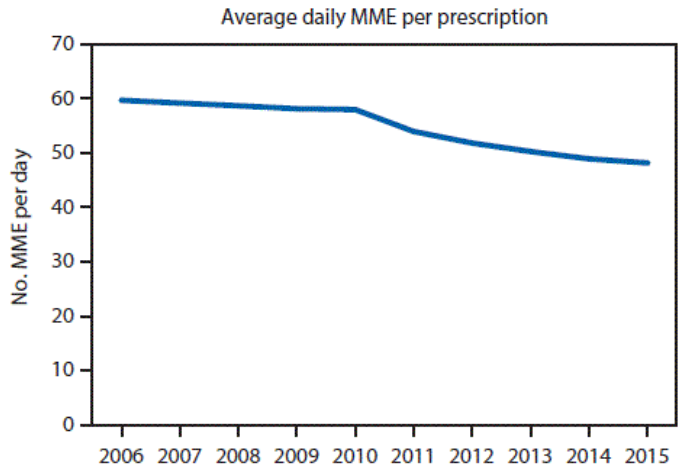


Nearly All Indicators of Prescribing are way down….since 2015 opioid prescribing has decreased 44% nationally

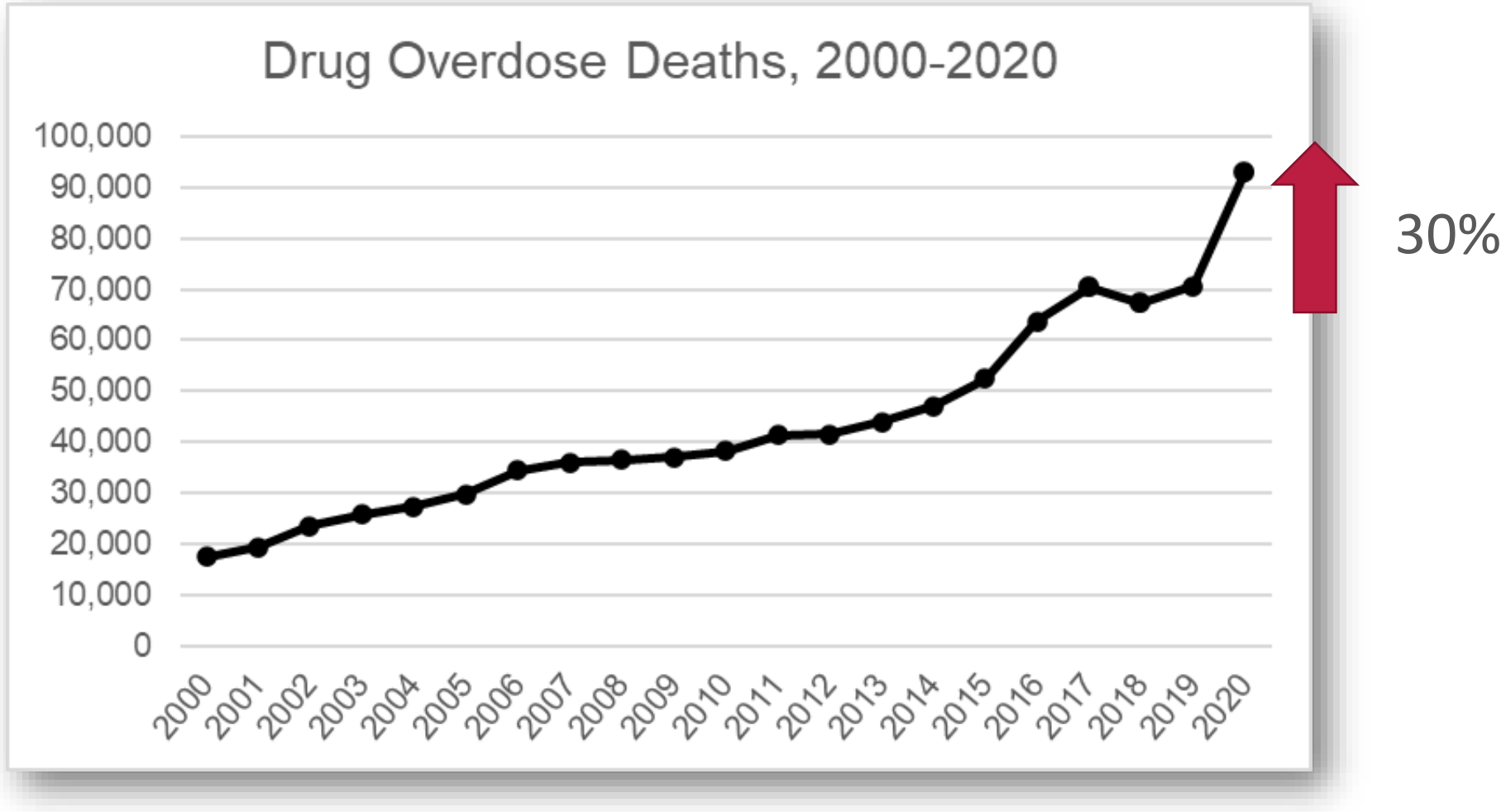








Drug Overdose Deaths Reached a Record High in 2020



Provisional Drug Overdose Death Counts. National Center for Health Statistics. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm. Accessed July 26, 2021.

And all the while people with pain have suffered

- Rise in suicides in people with chronic pain
- Forced tapering or
- Decreasing of doses in stable, functioning people
- Fear of diversion, abuse has even impacted long term cancer survivors and even those in palliative care

In light of these realities, will the pendulum swing back even a little?

- Most opioid policy attempts to limit the number, length and extent of opioid exposures.
  - And while a correction was necessary, equal attention should be paid to the need to make the exposures that do occur as safe as they can possibly be.
- Opioid exposures will never drop to zero; nor should this be the goal. They have dropped 44% prompting some to consider whether this dramatic a drop has helped or harmed.
  - CDC re-evaluating the guideline. Will more people who need opioids be granted access again in the future?
- What about people for whom opioids/controlled substances are the standard of care? Where they are necessary and cannot nor should not be avoided?

According to Donald Meichenbaum, PhD…

It doesn't matter if you have an obsessive personality or a histrionic one, we are all equally likely to stop our car at a red light!

- Meichenbaum was speaking in an utterly different context but he was highlighting that situational variables are as important as internal ones in determining behavior
- Can clinicians create situations in which their patients can have successful outcomes when opioids are prescribed?

Risk Management Is a Package Deal

- Screening and risk stratification
- Use of PDMP data
- Compliance Monitoring
- Urine Testing
- Pill/Patch counts
- Education regarding drug storage and sharing
- Psychotherapy and highly “structured” approaches
- Better/safer opioid products

Passik SD, Kirsh KL. The interface between pain and drug abuse and the evolution of strategies to optimize pain management while minimizing drug abuse. Experimental and Clinical Psychopharmacology. 2008; 16(5): 400-404.

Why Addiction Should be Addressed in Advanced Cancer

- Increased patient suffering
- Increased stress and frustration for family members and caregivers
- Masking of symptoms important to the patient's care
- Family concern over misuse of medication
- Reluctance by providers to provide adequate pain medications
- Poor patient compliance with medical regimen
- Decreased quality of life
- Diversion = danger to community and third parties outside of the patient's care

Case Vignettes

- UDT finds elder abuse in a man with remote history of heroin use, escalating need for pain medications found to have abnormal test result
- Man suffering with alcoholism dying with severe pain from cirrhosis – how should he be managed?
- Man with pancreas cancer with history of drug dealing managed with the full package deal

Part 2:
A Toolkit for Caring for People with OUD

Trauma-Informed Care

Affects how and if people access care, how they relate/interact with others, how they cope

"**Trauma-informed services** take into account an understanding of trauma in all aspects of service delivery and place priority on physical and emotional **safety**, as well as **choice** and **control** in decisions affecting one's treatment."

Healthcare is a place where trauma and retraumatization can occur

Trauma-Informed Language

- Use words that are value-neutral
- Put people first
- Preferred names/pronouns

Stigmatizing language perpetuates negative perceptions

Health Quality Ontario

Let's make our health system healthier

Ontario Health Quality Ontario

Guidance for Language around Substance Use

Terms to use	Terms to avoid
Addiction	Abuse
Currently using substances	Abuser
Craving	Addict
Dependence	Alcoholic
Detoxification	Clean
Excessive (use)	Detox
Heavy (use)	Dirty
Medication-assisted recovery	Habit
Misuse	Problem
Negative (for a toxicology screen)	Smoker
Not currently using substances	User
Opioid	
Positive (for a toxicology screen)	
Person who smokes	
Person who uses drugs	
Person with an addiction	
Person with a substance use disorder	
Recovery	
Remission	
Risky (use)	
Substance use disorder	
Treatment	
Unhealthy (use)	
Use	
Withdrawal	

A Trauma-Informed Lens

From (deficit perspective)	To (trauma-informed & strengths-based)
What is wrong?	What has happened?
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their early experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	Seeking help in a way that feels safer

Harm Reduction

"Harm reduction refers to policies, programmes and practices that aim to ***minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws."***

"Harm reduction is grounded in ***justice and human rights*** *- it focuses on positive change and on* ***working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support****."*

Key Principles:

- Non-judgement
- Practical interventions = small steps to reduce harm (a spectrum)
- Client-centered approach = meeting people where they're at

CATIE. Harm Reduction. https://www.catie.ca/en/practical-guides/hepc-in-depth/prevention-harm-reduction/harm-reduction

Recognizing & Addressing Barriers to Care

- Many people with OUD suffer from *structural vulnerability*
- Important to explore, anticipate and address barriers to ongoing care
  - Adverse SDOH, stigma
  - Lack of provider education
  - Zero tolerance & risk management policies
  - Lack of adoption of harm reduction, trauma-informed approaches to care
  - Underrecognition of PC needs
- Reflect on your and your institution's roles in addressing or exacerbating barriers

Rai, N., Uprooting Medical Violence: Building An Integrated Anti-Oppression Framework for Primary Health Care (2017)

Stajduhar et al. Too Little Too Late: How we fail vulnerable Canadians as they die and what to do about it. U Vic Institute on Aging & Lifelong Health. https://www.uvic.ca/research/groups/peol/assets/docs/too-little-too-late.pdf

Pain & Symptom Management

Considerations:

- Drug of choice
- Opioid agonist therapy (OAT)
- Acute vs chronic pain
- Breakthrough pain management
- Tolerance (++high)
- Formulations (long vs. short acting)
- Route
- Prescribers, collaboration
- Dispensing, take-home doses
- Setting
- Monitoring (safety, effectiveness)
- Drug interactions
- Overdose risk & prevention
- Adjuvant analgesics, interventional procedures
- Harm reduction
- Concurrent supports (i.e.: mental health, social supports, allied health)

Pain & Symptom Management

An approach:

- Differentiate between OUD in sustained remission and active OUD (+/- OAT)
- Obtain more information about substance use history, current care plan & supports
- Obtain consent to collaborate with other providers involved in care (i.e.: primary care, addictions medicine) – clarify roles
- Explore your patient's goals & meet them where they're at
- Agree upon a care plan moving forward
- Anticipate and address ongoing barriers to care and follow-up

There is no "one size fits all" approach to managing pain in OUD

Caring for People on OAT

- Consider adjusting OAT
  - OAT includes methadone, buprenorphine/naloxone (Suboxone), sustained released oral morphine (SROM or Kadian)
  - ****A patient's usual dose of OAT only prevents withdrawal and cravings. It does not relieve acute pain****
  - Dose increase, split dosing, prns
- Breakthrough dosing
  - Same opioid vs. short-acting
- ****Be aware of high affinity of bup/naloxone****

Important to anticipate changes in care plan as functional status declines and disease progresses

ACP & Goals of Care

Considerations for ACP in structurally vulnerable populations:

- Frequent experiences with death
- A ‘survival focus’ (i.e.: 94% chose to receive CPR)
- Mistrust of healthcare systems and providers
- Beliefs that wishes will not be respected, care will be poor at end-of-life
- Fear of dying painfully/violently
- Fear of dying alone, anonymously, worries about bodily remains
- Exclusion of “non-traditional” family, lack of SDMs

Hubbell, S. Advance care planning with individuals experiencing homelessness: Literature review and recommendations for public health practice.
Tarzian, A., et al. Attitudes, experiencing and beliefs affecting end-of-life decision-making among homeless adults. JPM. 2005.
Leung, A. et al. Chronically homeless persons’ participating in an advance directive intervention: A cohort study. Palliative Medicine. 2015.
Song, J. et al. Effect of an end-of-life planning intervention on the completion of advance directives in homeless persons: A randomized trial. Annals of Internal Medicine. 2010.
Song, J. et al. Engaging homeless persons in end of life preparations. J Gen Internal Med. 2008.

Questions and Discussion

Session Wrap-Up

- Please fill out our feedback survey!
- A recording of this session will be e-mailed to registrants within the next week

Thank You

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