



ST VINCENT'S
HEALTH AUSTRALIA

Perceptions and experiences of pain and symptom management for people with cancer who use illicit drugs

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People who use drugs

- Increasing illicit drug use among 50+ yr olds
- 'Early ageing' and premature dying
- Complex clinical challenge(s)
- Under researched patient group

Project aim

Understand the perceptions and experiences of people with cancer who use illicit drugs and their treating clinicians.



Characteristics of patients (n=10)

n (%)

Gender	Male	8 (80)
	Female	2 (20)
Age (years)	Mean	59
	Median (range)	60 (51-67)
Cancer	Liver	6 (60)
	Lung	2 (20)
	Colorectal	1 (10)
	Melanoma	1 (10)
Primary drug use	Heroin	5 (50)
	Cannabis	9 (90)
	Methamphetamine	3 (30)
	Alcohol [#]	2 (20)
Polysubstance use		6 (60)



Treating clinician characteristics (n=10)

		n (%)
Gender	Female	7 (70)
	Male	3 (30)
Roles	Consultant	5 (50)
	Registrar	1 (10)
	Nurse	4 (40)
Clinical Disciplines	Palliative care	3 (30)
	Oncology	5 (50)
	Addiction medicine	1 (10)
	Neurosurgery	1 (10)

Preliminary ideas...

Patients

- Response to diagnosis/treatment
- Paradox of pain
- Worth affirmed

Clinicians

- Acknowledging patient expertise
- A topic to be avoided
- Engagement without judgment



Response to diagnosis/treatment



“Well, I just shit myself and followed what I was told to do. Yep, I was in their hands. You know, it’s not good being told you got cancer. But it is what it is. And I’ve just been trying to do what they tell me to do, because they cared all right. I tried to follow, but I went off the rails every now and then... I tried to do what they wanted me to do.”

-- Patient

Response to diagnosis/treatment

“I’ve taken it in my stride.”

“Not a major part of my life.”

“I don’t find it a big issue.”

“Don’t think about it a great deal.”

“Hasn’t been as big a deal as one would assume.”

“So what? If you’re going to die, you’re going to die.”

“It is what it is”



Paradox of pain



They give you too much rubbish tablets here [*hospital*]. They do Panadol, Panadol, Panadene, Panadol, that's all rubbish to me. Panadol next to heroin - please! You know what I mean?...

They were giving me morphine, they were injecting it in my stomach but I said "Stop, no more". Because I couldn't handle the pain, the needle in my stomach. I said "I can't handle it". I was getting all bruises, my stomach was becoming all bruises.

-- Patient

Worth affirmed



“I'll tell you the honest truth, everybody's been great. I haven't even got a negative look from anybody. You know how you get... I don't know if you do. But you get a look, you get the look... at the hospital I can't say enough for them, not even a look. And I'll tell you what, I pick it up too. I can tell you. You don't make it to 65 and be an ex-junkie for nothing.”

-- Patient

Acknowledging patient expertise

“I try to take an approach which I think that they might respect and be open and frank. I say "How are your veins?"... and I try and collaborate with them or talk to them about what is the best spot. It rubs up their ego I guess, in the sense that “You probably know more than me, so why don't you go ahead and you show me what to do or where to go”. I find that often works a lot... helping them make the decision about where we're going to pop the cannular in”

-- Treating clinician

A topic to be avoided

“I tried to keep out as much as possible [*pain & medications*] because it wasn't something that was going to be straightforward... I used to just hope that she wouldn't ask me for painkillers most of the time, which is probably not the most mature answer, but it's a practical one... these people, if they really need them, they're going to demand them. So, if she's not asking, then her pain's actually not too bad. Which isn't the way you would normally approach people, but with these people, it's just a strategy that I do just to get through because they're very good at demanding things.”

-- Treating clinician

Engagement without judgment

“She got through six cycles of chemotherapy. She tolerated it pretty well. She's clinically improved, scans after cycle three and cycle six show of improvement. So she seems to have cleaned up her act a bit, she seems less high now when she comes in. She seems to be more in control...

The most important thing for us is to keep these people engaged, keep them coming back to get them checked, to get them through all of their cycles of chemo. That's one of the biggest things.”

-- Treating clinician

Thoughts and discussion...

