

Improving Palliative Care for people who use alcohol and other drugs

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Case 1

- A man in his 60s presents to a new opioid agonist treatment prescriber to seek assistance with the management of his lifelong opioid use disorder.
- Evidently frail and breathless at that review – he is advised to consider presenting to hospital, where investigations culminate in a diagnosis of an advanced cancer
- He undergoes radical surgery for head and neck, is deconditioned and needs home oxygen
- Discharged to home w partner who has also used heroin for many many years
- The couple struggle with care needs, including management of his symptoms of dyspnoea, pain and anxiety
- The community palliative care service is able to support him by telephone but are unable to visit him at home after hours

Case 2

- A woman in her 50s is admitted to hospital with functional decline and complex pain in the setting of an invasive cancer
- Missed out early interventions (surgery, radiotherapy) as found it hard to engage in outpatient treatment
- She has anxiety, chronic pain and has used Heroin for many years, with long term methadone treatment and regular prescribed benzodiazepines
- Despite being prescribed her “regular” analgesia at admission she experiences quite significant opioid withdrawal as an inpatient
- She considers leaving hospital as she felt her symptoms were better controlled at home with access to illicit substances
- Because of her difficulty with her ADLs she has to stay an inpatient – wants to continue using cannabis, gets into trouble for using heroin

Case 3

- A woman in her 50s is diagnosed with late- stage lung cancer, associated with severe chest wall pain. She's been unstably housed for many years.
- It is some years since she's used heroin, but she remains on methadone, and more recently has been using non-prescribed benzodiazepines
- Because of her baseline high-dose methadone doctors are very nervous increasing opioid-based pain medication – and struggle to find effective tools to manage her anxiety
- In the wake of her diagnosis the woman reconciles with her daughter and grandkids and plans to be discharged to their house
- She is very very anxious about having her daughter be aware of her increased methadone dose or her need for other opioids to manage her pain