



issues with the medication prescribed for treatment of the chronic and life limiting illnesses which are common in these settings. Thus drug use may impede the quality of life (QOL) of these patients leading to more complexities in management of their physical and psychosocial needs.

Hospice programs began in the late 1970's, while in Kenya the first hospice (Nairobi Hospice) was opened in 1990 [12]. The Kenya Hospices and Palliative Care Association's (KEHPCA), an umbrella body that oversees the programs in Kenya, aims to promote and support culturally acceptable and affordable quality palliative care throughout Kenya [13]. This goal may not be achieved satisfactorily if issues related to substance abuse among patients are not adequately addressed. Furthermore, alcohol and drug abuse are documented by the Government of Kenya as a major threat to the lives of her citizens [14]. This applies to the population in hospices as well. It is paramount that issues related to drug use in hospices are recognized and addressed.

## Method

This study adopted a cross sectional descriptive survey targeting patients with advanced cancer in an outpatient hospice care facility. Purposive sampling was used to obtain a total of 50 patients. Questionnaires were used to establish the trend of drug use as well as the demographic characteristics of the participants. Assessment of alcohol was done using the CAGE questionnaire. In addition, participants were asked whether they had ever used or were still using drugs or any other

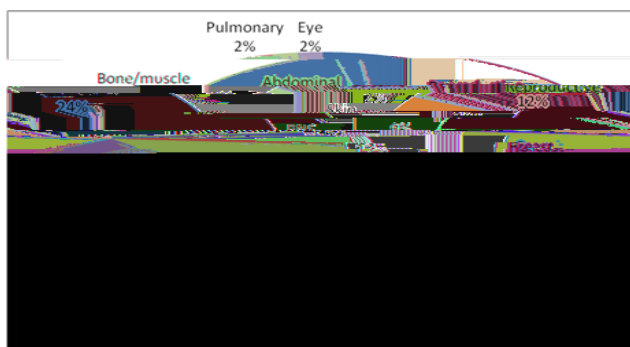


Figure 1: Type of Cancers.

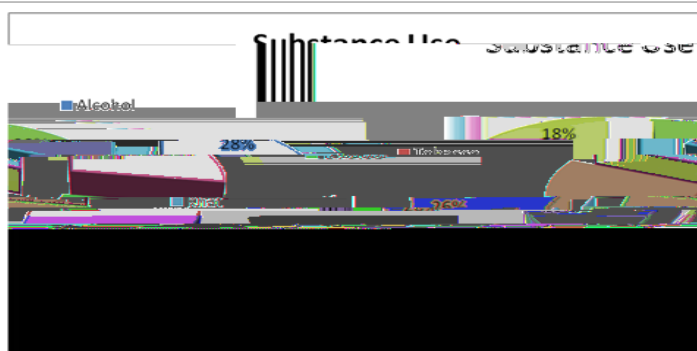


Figure 2: Alcohol and other Substance Use Among Respondents.

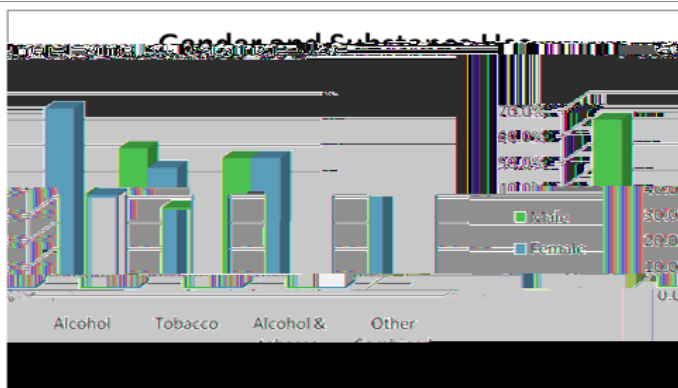


Figure 3: Gender of respondents and Substance use.

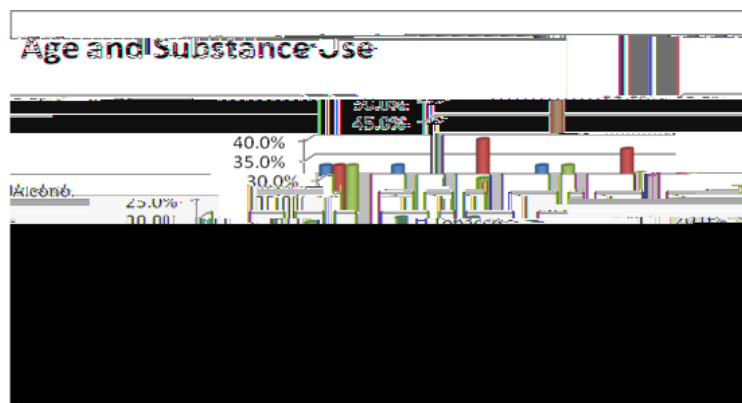


Figure 4: Age of Respondents and Substance use.

disease and they suffer a variety of symptoms as well as intense pain. Thus, abuse of drugs is likely to interfere with the medicine regimens offered in these facilities. In some cases the patients may not respond well to the pain medication. Literature indicates that approximately 30-50% of patients in hospice care receive inadequate pain relief [7]. In cases where the care providers are uncertain of the patient's drugs of abuse, symptoms management can be challenging [14]. In addition the situation may be even more challenging particularly if the care givers are inadequately training to handle addictions, thus resulting in poor management of the patients.

#### Higher dose of medication for pain relief

Additionally, the patients who abuse drugs are likely to require higher doses of medicines for pain relief. This may be due to the craving pain caused by withdrawal symptoms which the patient may mistake as cancer pain. There is a possibility that the course of the disease can be altered as the chemicals in the drugs of abuse interact with the medication used for symptom management [14]. Consequently, more or even stronger pain relief medicine may be required to manage these changes as one caregiver said: "Some of these patients are not totally open about their struggles with drugs, but we notice that they need more medication frequently, so we increase their dosages gradually or even change their drug regimens".

#### Increased financial burden

When patients' needs for medicine increases, it may have a snowballing effect leading to higher costs of providing this medicine, thus creating a financial burden both to the hospice and the patient. Majority of the patients the hospice come from poor backgrounds and they are expected to cost share in the purchasing of medicine with the hospice. So when their need for alcohol or other drugs is added on to their routine budget, it increases the financial difficulties which can be heavy for their families who carry the burden of care.

#### Depression and suicidal tendencies

Patients in hospices suffer a myriad of complex symptoms with physical, psychological, social as well as spiritual dimensions. Some of the participants reported feeling depressed after using drugs. A variety of consequences have been recorded in literature including but not limited to emotional anguish, anxiety, anger, and depressive moods [14,16]. Use of drugs could magnify the levels of distress particularly because these patients in end life care are faced with impending death. Drug abuse is likely to increase suffering and sometimes suicidal tendencies may result.

#### Effects on the patients' family

Addiction and drug abuse is likely to increase family conflicts with the patient. Hospice care generally operates more like a family since the team incorporates the family in caring for the patient. Persons who abuse drugs have a tendency to exhibit extreme behaviours. Some commonly reported consequences of drug use include legal problems and financial burden [16] which impacts the family negatively. Additionally, drug addiction or abuse is likely to have adverse effects on the patient thus adding on the disease burden. This may complicate and increase the burden of care on the family. Subsequently, conflicts are likely to arise and at times the patient is abandoned by family members. A care giver remarks: "Some of the patients are abandoned by their families especially if they are abusing drugs and are unwilling to quit" He adds: "others are influenced by their own family members to take drugs when we find out we try to counsel both the patients and their families on the risks of mixing these drugs with medication".

## Strategies to address drug use and abuse

The suggested strategies to curb drug abuse include:

1. Use of a comprehensive approach that includes various classes of drugs and different non-pharmacological modalities for pain and symptom management such as: relaxation therapy, music, guided imagery, biofeedback among others.
2. To ensure that patients have medication available when they need it.
3. To encourage care providers to exercise professional responsibility to prescribe controlled substances appropriately. Pain must be adequately managed, regardless of past and current addictions in order to prevent self-medication and drug abuse.
4. Intensive counseling to reduce psychosocial suffering, reduce the possibility that somatization of that suffering will result in increased pain expression, and discourage the use of alcohol or drug abuse as a solution to psychosocial suffering.

## Conclusion

In this study, use of alcohol and other substances was assessed among patients in the hospice. The findings showed that there is a relatively high prevalence of alcoholism and tobacco use among these patients. Other drugs such khat, betel nuts and artane are also used especially as a combination. Therefore, alcohol and drug use is real in hospice settings. Most of these patients come to the hospice through referrals from other clinical settings. It is not clear whether the assessment or diagnosis were made in their first encounters in those settings. What is emerging is that alcoholism and use of other substances is underdiagnosed and undertreated. Drug and substance use among these patients poses a real challenge in managing them and it impedes appropriate pain and symptom management.

## Recommendations

From the findings, the study makes the following recommendation:

1. The study recommends use of rigorous screening and assessment to identify patients with previous or current history of drug and substance abuse in order to employ suitable interventions.
2. Screening needs to be incorporated in the routine clinical care in hospices.
3. In addition, it is critical that the staff are adequately prepared and trained to use the appropriate tools and to conduct comprehensive assessment. This will ensure proper diagnosis and appropriate interventions including referrals.
4. Furthermore, the multidisciplinary team could be expanded to include professional mental health experts such as psychologists and counselors who will then compliment the palliative care team. Addressing substance abuse in these settings could allow the accomplishment of appropriate palliative care services as well as maintenance of self-dignity and enhancement of quality of life for the patients and their significant others.
5. Network with rehabilitation institutions to help in treating those struggling with drug addiction.
6. One of the main goals of the SDGs focuses on strengthening prevention and treatment of substance abuse. It is therefore imperative that specialized care is accorded to this population.

7. Given the challenges highlighted within the palliative care teams, there is need to work closely with families of these patients to minimize the burden of care. It is critical that the palliative care teams in these settings are adequately trained and prepared to be competent in order to reduce these challenges.
8. The Government through the Ministry of health should integrate hospice and palliative care and this calls for budget allocations to ensure adequate training as well expansion of the multidisciplinary team to accommodate experts in the addiction field.

#### **Conflicts of Interest**

All authors confirm that there is no conflict of interest.

#### **References**

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