

Family members are swiping hospice patients' painkillers

February 12 2020, by Steven Reinberg



In another sign of just how bad the U.S. opioid abuse epidemic has



become, a new study finds family members often steal painkillers from dying relatives in hospice care.

In a survey of 371 hospices, 31% reported at least one case in which drugs were taken from a patient in the past 90 days. The thieves were most often relatives.

Lead researcher John Cagle said it's not clear if those who steal the drugs are addicted, financially struggling, or both, though he assumes that is the case. No matter what, swiping drugs that dying patients need to manage their pain is cruel, he said.

"Where medications are being taken from patients, those patients are probably suffering," said Cagle, an associate professor of social work at the University of Maryland in Baltimore.

He added that the "drug diversion" problem may be bigger than these numbers suggest.

The majority of reported thefts took place in small facilities, and when the patient was receiving in-home <u>hospice care</u>, the researchers found.

The most frequent culprits were the main family caregiver (39%), another relative (38%) or patients (34%), the findings showed.

Hospices are taking steps to curb drug diversion, Cagle said. They're storing medications in lockboxes, counting pills and finding other ways to monitor opioid use.

But Cagle fears that the thefts will lead to a crackdown on prescribing opioids to dying patients who need them.

"Perhaps regulators and policymakers will overreact and limit opioid



prescribing for hospice providers, and that's a major concern because it can tie the hands of providers who are hoping to alleviate suffering," he said.

Hospice providers increasingly share that concern, the researchers said.

Linda Richter is director of policy research and analysis at the Center on Addiction in New York City. She said, "The findings from this analysis highlight the need for a more comprehensive approach to opioid use disorder, and the need for prevention and treatment to be integrated into all aspects of health care, including hospices, nursing homes, hospitals and other medical facilities."

Despite efforts to rein in the opioid epidemic and recent reductions in prescription drug misuse, drug diversion is still widespread, she said.

"Diversion thrives in settings where prevention and treatment are insufficient or lacking," Richter added.

The burden of caring for a loved one at the end of life can create a situation ripe for drug abuse, she suggested.

Family members of <u>hospice</u> patients are often under tremendous stress and need a broad range of supports to deal with the emotional, physical and financial toll of caring for a loved one nearing the end of life, Richter pointed out. For people at risk of drug abuse, easy access to prescription opioids in the absence of other ways of relieving stress is a recipe for diversion and addiction, she added.

Richter said reducing <u>diversion</u> will require a two-pronged approach.

"First, reducing access to <u>prescription medications</u> by not overprescribing and carefully accounting for medication that was



prescribed; and two, reducing demand for the prescribed medication by addressing substance use risk in patients and families, and connecting those with <u>substance use disorders</u> to effective treatment," Richter said.

The report was published Feb. 11 in the *Journal of the American Medical Association*.

More information: RTI International has more on the <u>opioid crisis</u> and <u>hospices</u>.

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