Interprofessional Oncology Providers' Experiences and Knowledge of Opioid Use Disorders in Patients With Cancer

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OBJECTIVES: To determine oncology providers' experiences and knowledge of opioid use disorders (OUDs) in patients with cancer.

SAMPLE & SETTING: The final sample of 773 participants included 42 physicians, 213 advanced practice providers (APPs), and 518 nurses at a large comprehensive cancer center.

METHODS & VARIABLES: This study used a cross-sectional descriptive survey to describe providers' experiences and knowledge of OUDs.

RESULTS: Nurses and APPs reported personal experiences with addiction and encountering issues with OUDs in patients more often compared to physicians. Knowledge deficits were identified regarding addiction, including evidence-based treatment for OUDs. Overall, OUDs are a topic of concern that the majority of oncology providers are interested in learning more about.

IMPLICATIONS FOR NURSING: The opioid epidemic presents an opportunity to improve the knowledge of interprofessional oncology providers addressing OUDs. Nurses and APPs are ideally positioned for the prevention and early recognition of patients with an OUD and cancer.

KEYWORDS addiction; substance use disorders; opioid use disorders; oncology; healthcare providers
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The opioid epidemic is a public health crisis, devastating families and communities in the United States in lives lost and economic expenditures. In 2019, 10.1 million Americans aged 12 years or older reported opioid misuse, with 92.1% involving only prescription medications, 3.4% using only heroin, and 4% using prescription medications and heroin (Substance Abuse and Mental Health Services Administration, 2020a). Opioid use disorders (OUDs), a subtype of substance use disorders (SUDs), are complex, caused by underlying changes in the brain circuitry, resulting in a pathologic pattern of behaviors (American Psychiatric Association, 2013). An OUD is considered a medical illness, although misconceptions exist, with the belief by some that addiction is a weakness, lifestyle choice, and moral failing (Adams et al., 2021). These misbeliefs drive barriers to receiving high-quality care and may result in dismal outcomes, such as disease progression from treatment delays related to nonadherence or complications, increased symptoms, and ultimately death (Yusufov et al., 2019).

Severe pain is a feared consequence associated with a cancer diagnosis. A meta-analysis by van den Beuken-van Everdingen et al. in 2016 reported the prevalence of pain as 55% during curative treatment and nearly 40% following, with 38% of all patients rating pain as moderate to severe. Opioid exposure to treat cancer-related pain may increase the likelihood of individuals relapsing or developing an OUD (Amaram-Davila et al., 2020; Dowell et al., 2016; Pinkerton & Hardy, 2017). There is an increased awareness of the risks of opioid addiction and misuse among individuals with cancer (Sager & Childers, 2019). Understandably, the prevalence of OUDs

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