What is the Opioid Crisis and How Does It Impact Patients With Cancer?

In October 2017, President Trump declared the opioid crisis in America a national public health emergency and, on November 1st, the President’s Commission on Combating Drug Addiction released a report with disturbing statistics about opioid addiction, including that approximately 175 opioid overdose deaths occur each day. In response to the ongoing crisis, Congress passed the 21st Century Cures Act in 2016, which provided grants to states to expand opioid treatment and prevention programs. Since then, Congress has held numerous hearings and introduced a variety of opioid-related bills, and state governments have introduced regulations to limit opioids dispensed in pain clinics. In September, the pharmacy chain CVS took action to restrict filling prescriptions for opioids, dispensing a limited seven-day supply to patients who are new to pain therapy.

With expertise in the practice, education, administration, and research into how to improve cancer care pain management, ONS shares the nation’s alarm over the devastating opioid crisis. At the same time, we want to ensure that policies to combat opioid abuse do not inadvertently restrict access for patients with cancer who need prescribed opioids to alleviate cancer pain. ONS urges a balanced policy approach that does not undermine the availability of opioids for patients with pain from serious illnesses, such as cancer, and those at end of life. To the extent that opioid addiction could become an issue for long-term cancer survivors and/or certain patients with cancer, oncology nurses are well-trained in pain management and uniquely positioned to take a proactive role in preventing opioid abuse. Nurses in cancer care are experts in pain assessment, and oncology nurse practitioners are trained to effectively use opioids as one component of effective pain management. To advance pain management and address the potential for opioid addiction and abuse, ONS supports policies to increase educational opportunities for nurses to address the misuse of opioids.

Why are Opioids Prescribed to Treat Cancer Pain?

Patients with cancer commonly experience pain as a result of their disease or its treatment and often suffer significant physical and psychosocial burdens (ONS, 2017). Individuals experience pain in different ways that can diminish quality of life and functioning, and increase the patient’s vulnerability and dependence on healthcare providers for access to adequate pain management (National Comprehensive Cancer Network, 2017; Paice et al., 2016).

Opioids are one component of cancer pain management when other medications and nonpharmacologic interventions are not effective. Undertreated pain may result from a tumor expanding and pressing on parts of the body, as well as pain caused by various neuropathies. Opioids are particularly beneficial in relieving the severe pain that results when a cancer metastasizes to the bone, which is common in advanced stages of lung, breast, and colon cancers. The availability of opioids to treat cancer pain is vital to ensure that patients are comfortable during their illness and treatment, and especially at the end of life.
What is the Role of the Nurse and Nurse Practitioner in Managing Cancer Pain With Opioids?

As healthcare professionals caring for patients with cancer, ONS believes oncology nurses have an ethical responsibility to acquire and use current knowledge and skills to assess cancer pain and implement evidence-based management guidelines for opioids (ONS, 2017). Oncology nurses are educated in comprehensive cancer pain management and routinely screen patients for pain at each encounter, continually assessing and evaluating pain levels to ensure adequate pain relief (ONS, 2017). Nurse practitioners in cancer care frequently manage cancer-related pain with thorough assessment, prescription of pain medications (including opioids), and evaluation of pain relief.

How Do Nurses Educate Patients on Proper Use of Opioids to Prevent Misuse?

Nurses educate both patients and family caregivers in how to assess and manage their pain symptoms and discuss the risks and benefits of long-term opioid therapy and how to safely use, store, and dispose of opioids (ONS, 2017). Nurses explain proper dosing and ensure that patients clearly understand side effects, including avoidance of taking opioids with alcohol and other drugs and the potential risk of addiction and overdose. This upfront patient education by the nurse on use of opioids is critical and is best delivered directly to the patient and family caregivers. In rural and underserved areas where patients may have opioids delivered by mail-order pharmacy, ONS supports the increased use and availability of telehealth to make sure patients with cancer can have these important discussions with nurses.

ONS is aware that, despite nurses’ best efforts to educate patients on proper storage and disposal of unused opioids, misuse and abuse may occur by vulnerable patients, family members, or others with access to the medication. To address this unfortunate situation, nurses may probe patients with questions if they suspect the patient has addiction issues or if someone other than the patient is accessing opioid medications; however, it is difficult to monitor what happens with leftover pills unless the patient confides in the nurse. ONS is interested in exploring ways in which nurses can better identify and respond to signs that patients are not adhering to treatment plans and/or if someone other than the patient is using the medications.

What Role Can Nurses Play to Prevent and Address Opioid Addiction and Abuse?

According to a Brookings Institute article by Doctor and Menchine (2017), “opioids are best used for short periods of time to treat acute pain, for the treatment of cancer and at the end of life.” Since the risk of opioid tolerance and addiction increases for those taking them for longer periods of time, ONS is interested in addressing the issue of opioid addiction in cancer survivors who may use opioids for many years to relieve pain from their cancer treatments and side effects. Nurses can play an important role in addressing potential opioid addiction by frequently screening drug usage, monitoring reactions, encouraging patient communication, and seeking or prescribing substance abuse treatment for patients when needed.

ONS is interested in the President’s Commission on Combating Drug Addiction’s (2017) proposed “model training program” to better equip healthcare providers, including oncology nurses, to identify and respond to patients most likely to become addicted or misuse opioids prescribed for cancer pain. ONS also sees merit in the Commission’s proposal to require some refresher continuing
Why the Undertreatment of Cancer Pain by Restricting Access to Opioids Can Harm Patients and Increase Health Costs

The opioid crisis has focused attention on risks associated with overprescribing opioids, but a lack of access to opioids and undertreatment of pain can be particularly harmful for patients with cancer. If patients are fearful of opioid addiction, or if their access to opioids is restricted by laws, regulations, or prohibitive costs, they may stop adhering to the prescribed treatment for their pain. Undertreatment of pain can worsen patient health and increase emergency room and inpatient hospital visits, driving up healthcare costs. ONS supports the use of pain surveys that capture patient-reported outcomes to ensure that patients are receiving effective treatment to alleviate cancer pain. ONS also believes that healthcare systems should establish mechanisms to continuously evaluate pain outcomes in patients at risk for cancer pain (ONS, 2017).

Are There Alternative Pain Medications for Patients With Cancer?

Although opioids are a safe and effective standard of care to treat cancer pain, ONS also supports research into alternatives to opioids that are less addictive and that provide similar pain relief. As viable alternatives to opioids are approved by the U.S. Food and Drug Administration for patients with cancer, ONS supports programs to raise awareness and educate prescribers on availability, efficacy, and use of such alternatives. ONS supports research on alternative medications and nonpharmacologic interventions that are effective in alleviating cancer pain.

Eliminating Barriers to Opioids for Patients With Cancer

ONS believes that legislative, regulatory, economic, and other barriers to the use of medically prescribed opioids as a standard for effective cancer pain management must be eliminated to alleviate the burden of cancer pain on patients and their families (ONS, 2017). Careful thought must be given to the impact of new restrictions on pharmacies and prescribers, including mandatory wait times, dose and packaging restrictions, and cumbersome prior authorizations. ONS urges Congress and regulatory officials to make policy exceptions where possible for patients with cancer to prevent unnecessary suffering and improve quality of life.

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About ONS

The Oncology Nursing Society (ONS) is a professional association of 40,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve quality of life and outcomes for patients with cancer and their families. Together, ONS and the cancer community seek to reduce the risks, incidence, and burden of cancer by encouraging healthy lifestyles, promoting early detection, and improving the management of cancer symptoms and side effects throughout the disease trajectory.
ONS’s strategic priorities are to advance the quality of cancer care and the safety of patients and staff, and to grow the Society by recruiting, engaging, and retaining a diverse mix of nurses caring for patients with cancer.

References


