

Opioid Misuse

An organizational response while managing cancer-related pain

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BACKGROUND: Opioids are commonly prescribed to manage cancer pain. Similar to the general population, patients with cancer are not excluded from the risk for opioid misuse and dependence. This situation can contribute to clinician reluctance to prescribe and manage pain using opioids.

OBJECTIVES: The purpose of this article is to provide an overview of how opioid misuse may affect pain management in patients with cancer and to describe a comprehensive cancer center's approach to safely managing cancer pain.

METHODS: Based on a literature review, the project team developed a stewardship program. Project components included selecting a validated screening tool for risk of opioid misuse, determining if a history of addiction affects pain management in patients with cancer, and establishing a task force to focus on the opioid crisis and to follow the Joint Commission's revised pain assessment and management standards.

FINDINGS: The project established a hospitalwide opioid stewardship program. Through the use of a multidisciplinary, universal precautions approach to assessing misuse in all patients with cancer who are prescribed opioids, healthcare teams can potentially reduce risks associated with misuse while safely managing cancer pain.

KEYWORDS

opioid misuse; screening tool; patients with cancer; pain management; addiction

DIGITAL OBJECT IDENTIFIER

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OPIOID ABUSE AND ADDICTION ARE CONSIDERED a national public health crisis and are at an all-time high in the United States (National Institute on Drug Abuse [NIDA], 2017). The U.S. Department of Health and Human Services (USDHHS, 2019) estimates that from 2017 to 2018, 2.1 million people experienced opioid use disorder (OUD) and more than 130 people died daily from opioid-related drug overdoses. In that same year, prescription opioids were involved in more than 35% of all opioid overdose deaths (Centers for Disease Control and Prevention [CDC], 2018). In 2017, almost 58 opioid prescriptions were written for every 100 Americans (CDC, 2018). That year, 11.4 million people misused prescription opioids (USDHHS, 2019). These statistics are alarming and potentially contribute to provider reluctance and fear in prescribing opioids to patients with moderate to severe pain (Razouki et al., 2019; Spitz et al., 2011). Globally, the three major causes of pain for which opioids are prescribed are terminal cancer, fatal injuries, and end-stage HIV/AIDS (Duthey & Scholten, 2014). Opioids continue to play an important role in the management of severe pain, particularly in the oncologic population. To provide adequate and safe analgesia to patients with cancer, clinicians are aware of patients at risk for opioid misuse and ways to reduce that risk (Portenoy et al., 2019). This article provides an overview of how opioid misuse may affect pain management in patients with cancer and to describe a comprehensive cancer center's multidisciplinary approach to reduce misuse risks and safely manage cancer pain.

Background

Effects of addiction can complicate the course of cancer treatment (Miaskowski, 2008). Healthcare professionals can mitigate this risk and ensure that pain is managed appropriately with a universal precautions approach to assess for opioid misuse. To safely and appropriately manage pain in patients with cancer, a multidisciplinary approach to pain management includes risk assessment and stratification for OUD, frequent monitoring and assessment of pain control, and periodic screening for aberrant behaviors (Compton & Chang, 2017; National Comprehensive Cancer Network [NCCN], 2019).

To assess patients' risk of opioid misuse, multiple validated screening tools are available to identify and monitor for OUD in the general population (Carmichael et al., 2016). Tools that have been validated in the general population and in patients with nonmalignant chronic pain include the Cut Down, Annoyed, Guilty, Eye-Opener-Adapted to Include Drugs (CAGE-AID) (Brown & Rounds, 1995), Opioid Risk Tool (ORT) (Webster & Webster,