

Practices of Oncology Health Care Professionals

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Editorial

Prescription opioid use in Canada has steadily increased over the last two decades, accompanied by significant increases in the number of opioid overdoses and opioid-related deaths. To address the opioid crisis, national strategies and guidelines have been developed, but they primarily focus on opioid use in chronic non-cancer pain populations. Despite a scarcity of supporting research, there is a widespread belief in oncology and palliative care that the risk of opioid use disorder (OUD) is low. Evidence is mounting that cancer patients may be at a higher risk of nonmedical opioid use (NMOU) than previously thought [1].

According to Carmichael, at least one in every five cancer patients is at risk of OUD. Despite this, there is a paucity of literature on opioid risk assessment and mitigation in the cancer population, as well as few guidelines on how to manage NMOU and substance use disorders in cancer patients. Screening, a multidisciplinary approach, the use of adjuvant agents, structured dispensing, pill counts, urine drug tests, and treatment contracts are among the risk mitigation strategies outlined in the limited literature for the chronic non-cancer pain population. Unfortunately, there is a lack of evidence to support the use of these approaches in cancer patients [2,3].

Because of the rising incidence and survival rates of cancer, as well as the increased emphasis on early palliative care, more patients are being exposed to opioids for longer periods of time. To maximise quality of life while minimising risk, it is critical that both clinicians and patients are educated on the safe and effective use of opioids. Evidence is mounting that patients with cancer may be more vulnerable to NMOU and opioid-related harm than previously thought. However, it is unclear how well-equipped oncology professionals are in recognising, mitigating, and managing these behaviours and associated risks [4].

Oncology care professionals' attitudes, confidence, and practises regarding opioid safety in cancer patients appear to vary greatly. Overall, confidence in managing and mitigating opioid risk appears to be low, and

safety practises appear to be rare. This raises concerns that there may be gaps in oncology clinicians' knowledge, education, and training in the area of opioid safety for this unique patient population. This study fills in the gaps that may be causing unsafe opioid prescribing, uncontrolled cancer pain, under-recognition of NMOU and OUD, and unnecessary risk. There is an urgent need for research, guidelines, and educational tools to effectively and sustainably close these gaps in order to minimise opioid-related harm while optimising symptom management and quality of life in cancer patients. Larger, multicentre studies are required to confirm our findings and guide future research in this area [5].

Conflict of Interest

None.

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