

Framing Cancer Survivors' Access to and Use and Disposal of Prescribed Opioids Within the Opioid Epidemic

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PURPOSE: To explore cancer survivors' access to and use and disposal of opioids in the context of the opioid epidemic.

PARTICIPANTS & SETTING: Community-based recruitment strategies were employed for individuals aged 18 years or older who were previously diagnosed with cancer, completed cancer treatment within the past five years, or were cancer free, and who were prescribed opioids for cancer-related pain.

METHODOLOGIC APPROACH: This qualitative study used semistructured interviews. Data were analyzed using applied thematic analysis techniques.

FINDINGS: Themes included the following: (a) restrictive policies affecting opioid access and supply, (b) decreased opioid use because of concerns of addiction and other opioid-related side effects, and (c) lack of clarity on safeguarding and disposal of opioids.

IMPLICATIONS FOR NURSING: Cancer survivors may encounter barriers to opioid access, alter medication-taking behavior over fear of addiction and side effects, and face inadequate education regarding proper disposal of opioids. Nurses can advocate for appropriate access to prescribed opioids, assess opioid-taking behavior, provide education regarding storage and disposal, and implement educational interventions accordingly.

KEYWORDS cancer survivorship; opioids; disposal; safe handling; storage

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About 18.2 million cancer survivors are living in the United States, and that number is expected to steadily increase to more than 22.5 million in the next decade (National Cancer Institute, 2022). The increase in the number of survivors is largely influenced by earlier cancer detection and advancements in cancer treatments (American Cancer Society, 2016, 2019). Regardless of their cancer type or treatment trajectory, cancer survivors can experience several long-term effects of the disease or treatment, including pain (Glare et al., 2014; Sanford et al., 2019). "Cancer survivor" can be defined in many ways. For the purpose of this article, a cancer survivor is defined as an individual who has completed curative treatment or who has transitioned to maintenance or prophylactic treatment.

Pain is a common symptom experienced by cancer survivors (Glare et al., 2014). It is estimated that 40%–50% of survivors experience chronic pain despite the completion of curative cancer treatment (Kurtin & Fuoto, 2019; Sanford et al., 2019; van den Beuken-van Everdingen et al., 2007). Pain, which can be related to the cancer itself or cancer treatment, can present as somatic, visceral, and/or neuropathic (Glare et al., 2014; Levy et al., 2008). For example, widespread tumor progression can compress the surrounding structures, organs, tissues, or nerves, causing pain. Pain can also result from tissue damage from surgery, radiation therapy, chemotherapy, and various procedural tests (Glare et al., 2014; Levy et al., 2008). Pain syndromes, such as phantom breast pain or pain related to breast reconstruction after mastectomy, can be chronic (Levy et al., 2008; Lovelace et al., 2019). Individuals completing radiation therapy may experience conditions, such as brachial plexopathy, which can present as neuropathic pain or paresthesia