Naloxone Training: An Opportunity for Oncology Nurses to Save Lives

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Opioids are commonly prescribed for pain management in oncology; however, there is a growing concern for nonmedical opioid use in patients with cancer. The oncology practice can implement harm-reducing strategies such as providing naloxone and overdose response training. A hospitalwide survey of interprofessional oncology providers evaluating experiences and knowledge related to opioid use disorders was distributed via email. This article focuses on survey responses about naloxone administration from nurses, including advanced practice providers (APPs). Many oncology nurses and APPs report that they would feel comfortable administering naloxone in the community with training, and the majority were interested in attending a training course. These results represent an opportunity for oncology nurses and APPs to positively affect the opioid epidemic, not only for patients with cancer but also for families and communities.

AT A GLANCE

- People using opioids for cancer-related pain are at risk for nonmedical opioid use and overdose.
- Oncology nurses and APPs indicate high interest in further training on naloxone administration in the community.
- Access to naloxone and training to respond to an opioid overdose in the community is an opportunity to save lives.

KEYWORDS
opioids; naloxone; pain management; opioid misuse

DIGITAL OBJECT IDENTIFIER
10.1188/22.CJON.668-672

Overdose deaths have increased during the COVID-19 pandemic, with more than 75,000 opioid-related deaths reported from May 2020 to the end of April 2021 (Johnson, 2021). These increased deaths are partially attributed to dangerous drug combinations that include potent synthetic opioids, such as fentanyl and fentanyl analogs (Mahonski et al., 2019). Opioids are frequently used to treat cancer-related pain, and opioid misuse and addiction are receiving more attention in people with cancer (Sager & Childers, 2019). People living with cancer may be at risk for nonmedical opioid use (i.e., the use of opioids without a prescription or in ways other than medically prescribed), which may contribute to the development of an opioid use disorder (OUD) (Arthur & Bruera, 2019). Intranasal administration of naloxone is effective in reversing opioid overdoses and preventing related deaths (Mahonski et al., 2019).

Although the prevalence of nonmedical opioid use in patients with cancer is not well understood or described, data suggest patients with cancer may be at higher risk for nonmedical opioid use than previously thought (Arthur & Bruera, 2019). For example, one study reported nearly 20% of patients receiving opioids for cancer-related pain displayed at least one concerning behavior possibly indicating nonmedical use (Yennurajalingam et al., 2021). Some of these behaviors included elf-escalating the opioid dose for an excessive increase inconsistent with the patient's pain syndrome, resisting changes in the opioid regimen, using nonprescribed restricted medications or illicit drugs, requesting specific opioids, reporting lost or stolen opioid prescriptions, and frequently visiting emergency departments for opioids. The most common concerning behavior—making up 29% of all concerning behaviors—was making unscheduled clinic visits or telephone calls requesting early refills (Yennurajalingam et al., 2021). Another study examined 840 patients with cancer-related pain and reported 34% of patients had at least one abnormal urine toxicology result, with the presence of nonprescribed medications accounting for 52% of abnormal toxicology results (Leap et al., 2021). A systematic review summarized 21 studies published between 1995 and 2018 focusing on substance use in people with cancer (Yusufov et al., 2019). Among the seven studies examining opioid use, none reported opioid use prior to 2006, and the median opioid misuse rate was 18%. Although current reports indicate concerns around opioid prescribing, the inconsistencies among definitions, terminology, and measures used across studies present challenges for clinical oncology providers determining risk