

Chapter 11

The Intersectionality of the Opioid Crisis and Cancer Treatment

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ABSTRACT

Since the 1990s, more than 500,000 deaths have been recorded in the U.S. due to opioids, and the opioid crisis has become a leading cause of death. This risk is higher for individuals with cancer as they are prone to becoming addicted but need these drugs to manage chronic pain. In fact, about 75% of cancer patients use opioids but at least 19% of them show signs of misuse. The crisis has cost the U.S. billions of dollars in federal funding. Although the U.S. has increased the accessibility of substance abuse treatments and patient education programs, the stigma of seeking treatment for substance abuse and the necessity of opioids as an analgesic for cancer patients remain. To solve the American opioid crisis's impact on individuals with cancer, an awareness campaign is proposed, allowing for a decrease in stigmatization.

INTRODUCTION

The term “opioid” refers to a wide variety of drugs that can bind to opioid receptors (Krieger, n.d.). Opioids can be naturally derived from poppy plants or manufactured synthetically (Krieger, n.d.), with the latter becoming more popular in recent years due to greater potency (Synthetic opioids, 2020). Both methods of production create an analgesic that binds to opioid receptors, blocking those receptors from receiving

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pain signals. This creates a numbing feeling which can be essential for those who suffer from severe chronic pain, like in the case of cancer patients (Bruera & Paice, 2015). However, these drugs are not without risk of side effects, including nausea, constipation, sedation, and addiction (Bruera & Paice, 2015). Higher doses have been shown to increase the threat of addiction, as have certain genetic factors (Bugada et al., 2020). However, genetic testing is not widely accessible, and higher doses may be necessary for individuals experiencing particularly severe pain, such as cancer patients (Bennett et al., 2018). Therefore, these issues regarding opioids are especially pertinent to Americans with cancer.

The first wave of the opioid crisis began in 1996 due to an increase in pharmaceutical advertising and an increased focus on patient comfort and quality of life, which led to more opioids being prescribed and about 20,000 opioid-related deaths occurring annually during this period (Understanding the opioid overdose epidemic, 2023; U.S. Congress Congressional Budget Office, 2022). The opioid crisis has continued in waves. The second wave occurred in 2010, with the rise of heroin, accounting for about 25,000 deaths each year. The third wave in 2013, occurring as fentanyl use increased, led to approximately 50,000 deaths per year (Understanding the opioid overdose epidemic, 2023; U.S. Congress Congressional Budget Office, 2022). A fourth wave seems to be imminent as more and more Americans begin mixing manufactured opioids with psycho-stimulants, such as cocaine and methamphetamine (Understanding the opioid overdose epidemic, 2023; U.S. Congress Congressional Budget Office, 2022).

In the last 30 years, more than 500,000 opioid-related deaths have been recorded, making them one of the top 10 leading causes of death in the United States (U.S. Congress Congressional Budget Office, 2022). The U.S. has spent billions of dollars and instituted several bills to attempt to mitigate this crisis by increasing access to substance abuse treatments, educating communities about opioids, and providing services to those affected by substance abuse disorders (U.S. Congress Congressional Budget Office, 2022). However, opioids are a necessary analgesic for many patients with chronic conditions, namely those with cancer, and these bills have not been effective in curbing the crisis in this unique population.

BACKGROUND

Prevalence

According to a 2017 study, more than 40 million people worldwide use opioids (Cheetham et al., 2022). This overuse of a powerful and addictive drug has caused concern in the U.S. as opioid drugs have become one of the top 10 causes of death

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