ASCO Policy Brief on Opioid Therapy and Access to Treatment

The American Society of Clinical Oncology (ASCO) supports federal and state efforts to address the widespread problems of opioid misuse and abuse. ASCO is fully aware, and concerned about, the epidemic of opioid use disorder. We stand ready to work with policymakers to address the widespread problems of opioid misuse and abuse, while ensuring that initiatives do not have the unintended consequences of limiting access to treatment of pain for cancer patients.

ASCO released a statement, “ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain,” that provides principles to balance the public health concerns regarding the abuse and misuse of prescription opioids, with the need to ensure access to appropriate pain management for cancer patients and survivors:

- **Cancer Patients Are a Special Population** - Cancer patients should be largely exempt from regulations restricting access to or limiting doses of prescription opioids in recognition of the unique nature of their disease, its treatment, and potentially life-long adverse health effects from having had cancer.

- **Provider Education** - The ASCO statement recommends that providers have a choice of sources of materials for opioid prescribing education.

- **Prescription Limits** - The society does not support prescription limits that would artificially impede access to medically necessary treatment for patients with cancer. ASCO does support exemptions to prescribing limits for cancer patients.

- **Patient Education** - Patient education on the medical use of opioids is best provided by a health professional. The society supports greater emphasis on safe storage and disposal of prescription medication, and believes such efforts should be strengthened.

- **Prescription Drug Monitoring Programs** - Providers who treat cancer-related pain may prescribe relatively large numbers of opioids or provide multiple controlled drugs at relatively high doses. Efforts to identify prescribing patterns must consider the provider's specialty, sub-specialization, patient populations, and other factors that legitimately influence these patterns.

- **Patient Screening and Assessment Before and During Opioid Treatment** - After the initial screening and assessment of patients with cancer, the type and timing of subsequent assessments should be determined by the treating physician. Compliance tools following an initial prescription may be valuable, but should not be mandatory for all patients receiving opioids.
• **Abuse Deterrent Formulations** - Depending on the clinical situation, the use of either an abuse deterrent formulation or non-abuse deterrent formulation of an opioid medication may be perfectly appropriate. The prescribing physician, in consultation with the patient, should decide which is preferred based on clinical and patient-specific circumstances.

• **Treatment for Misuse, Abuse, or Addiction** - Individuals with an opioid-related disorder should have rapid access to appropriate assessment, diagnosis, and treatment, regardless of the patient’s payer or geographic setting. ASCO fully supports efforts to expand the availability of medication-assisted treatment (MAT) and to expand coverage of such treatment.

• **Wider Availability of Naloxone** - ASCO supports increased access to naloxone—a life-saving medication in cases of opioid overdose by patients, caregivers, and first responders.

• **Prescription “Take-Back” Programs** - In order to decrease the availability of unused or unwanted opioid drugs, authorized collection sites should be readily available to patients.