Author's response to reviews

Title: Predictors of Substance Misuse in Patients with Chronic Pain, A Prospective Cohort Study

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To The Editors:

Please consider our manuscript, *Predictors of substance misuse in patients with chronic pain, a prospective cohort study* for publication as a Research Article in *BioMed Central Health Services Research*. This study represents original inquiry and is not currently under consideration for publication at any other journal. All authors listed have contributed in a substantive manner that meets criteria for authorship. The findings were originally presented in abstract form at the 2004 Society of General Internal Medicine Annual Meeting.

The data and analyses of this manuscript are a product of a chronic pain disease management program developed and implemented in the internal medicine practice at the University of North Carolina at Chapel Hill. A prior publication in your journal focused on pain, depression, and disability outcomes in a subset of the same patient cohort studied in this manuscript (reference 31).

Our program grew out of a keen awareness that chronic pain patients in our practice were not receiving organized management of their pain and its attendant psychiatric comorbidities, especially depression. We also suspected a substantial burden of substance misuse in our population. To our knowledge, this is the first study to prospectively monitor substance misuse in a primary care setting, and it describes a systematic process for monitoring substance misuse in opioid-treated patients.

As the editors may know, the diversion and non-medical use of prescription drugs has become a pressing public health problem. Indeed, national surveys demonstrate that the non-medical use of opioids and sedatives have surpassed heroin and cocaine as the principal drugs of abuse in the United States. Both North Carolina and more recently Utah have reported a surge in deaths related to diverted prescriptions drugs, especially oxycodone and methadone products. In response, many states have implemented opioid surveillance systems.

We believe that opioids can and must be used to relieve suffering and improve function in patients with chronic pain. Though the high rates of substance misuse in our study are a source of concern, our program may serve as an example of how to organize care to reduce misuse without eschewing the benefits of opioids. Our findings may provide insights and lessons to practitioners who want to be certain that they are prescribing opioids appropriately. Use of similar transparent and systematic approaches may also protect physicians from unfounded regulatory scrutiny and sanction as they strive to improve pain outcomes in their patients.

We propose four potential reviewers for our manuscripts: Dr. David Fiellin at Yale (http://info.med.yale.edu/intmed/genmed/pages/fiellin.html), Dr. Patrick O’Connor at Yale (http://por.med.yale.edu/listings/poconnor.html), Dr. Daniel Alford of Boston University (Dan.Alford@bmc.org) and Dr. Mark Pletcher at UCSF (MPletcher@epi.ucsf.edu)

Sincerely,

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