Article
Improving use of narcotics for nonmalignant chronic pain: A lesson from Community Care of North Carolina
Ed Bujold, MD, FAAFP; Jessica Huff, MPH; Elizabeth W. Staton, MSTC; Wilson D. Pace, MD, FAAFP
November/December 2012; pages 363-367

Abstract
Objective: To describe the development, implementation, and effects of collaborative effort to reduce diversion of prescription drugs in Caldwell County, NC.

Design: Development and implementation of practice guideline, statewide opioid registry, and survey of all primary care providers.

Setting: Rural Caldwell County, NC, has a population of 83,029, of which 89 percent are non-Hispanic White; 2009 median household income of $35,489. Patients, participants: All primary care clinicians in the county (N = 35). Interventions: A taskforce developed and implemented a practice guideline that encouraged the following: 1) signing of pain contracts; 2) requiring patients to undergo random urine drug testing; and 3) requiring random pill counts. North Carolina implemented a statewide registry in 2007 that contained information on virtually all opioid prescriptions filled by pharmacies. Main outcome measure(s): Opioid pill confiscations by the Caldwell County Narcotics Division 24 months prior to implementation of the guidelines, the first 12 months during guideline implementation, and 12 months after the guideline was fully implemented.

Results: From 2005 to 2007, opioid pill confiscations decreased by 300 percent. Of the 35 physicians who were sent surveys, 27 responded (77 percent response rate). Ninety percent of respondents who prescribe opioids use the chronic pain guidelines. Sixty percent report an improvement in the overall management of patients with chronic pain; 65 percent reported having more confidence in treating patients with chronic pain; and 60 percent reported using the opioid registry.

Conclusions: This countywide medical initiative appears to have resulted in a significant improvement in the abuse and diversion of medically derived opioids. Keywords: law enforcement, collaboration, practice guideline, primary care DOI:10.5055/jom.2012.0136