BlueCross BlueShield of North Carolina

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Dear Colleague,

I know you are busy providing excellent care to your patients, but as a fellow practitioner, I wanted to take a moment to discuss with you how we can continue to provide this quality care when prescribing opioids.

One need only watch the news or read the newspaper to understand that we are in the midst of an opioid epidemic in the United States. According to the US Centers for Disease Control and Prevention, more than 183,000 Americans died from overdoses of prescription opioids between 1999 and 2015; that's more than 1,000 people each month. And the rate of these deaths is increasing. In 2015 alone, there were more than 20,000 fatal overdoses from prescription pain medicines in our nation.

This epidemic of preventable deaths continues to affect North Carolina as well. According to the North Carolina Department of Health and Human Services, the number of these deaths has increased by nearly 400 percent in recent years, from 279 deaths in 1999 to 1,370 in 2015. The vast majority of unintentional deaths are drug or medication-related and occur when people misuse or abuse these drugs.

In particular, opioid analgesic deaths involving medications such as methadone, oxycodone, and hydrocodone have increased significantly in North Carolina. A 2016 Robert Wood Johnson Foundation study found the counties with the highest rates of drug overdose deaths are all in western or southeastern North Carolina. If current trends continue, unintentional poisoning deaths will surpass motor vehicle deaths as the leading cause of injury death in North Carolina by the end of 2017.

While the statistics seem dismal, clinicians and providers can effect change. While this may not be easy, we have many tools to manage pain while preventing addiction. One of the most important tools is our own education. Recently, the Centers for Disease Control and Prevention released recommendations on prescribing opioids for chronic pain:

- Do not use opioids as first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits, risks and availability of nonopioid therapies with patients
- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe extended release/long-acting opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed
- Evaluate risk factors for opioid-related harms

- Check prescription drug monitoring program (PDMP) for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

Lawmakers and medical professionals are working together to find policy solutions that will help control the growing problem of prescription painkiller addiction. We are obligated as clinicians to do our part to help solve this problem.

Addiction has no face, no race or gender, no age or education level. Anyone from young people to grandmothers can become opioid abusers. I encourage you as providers on the front line to continue to educate yourselves on the CDC recommendations, utilization of the PDMP, DEA compliant e-prescribing software, proper risk assessments at the first visit, pain management contracts, ensuring patients have a clear understanding that medicines must be used responsibly, discussing the risks and benefits of starting on opioids (informed consent), and considering alternatives to opioids for managing pain.

As clinicians, we are the gateway to the first opioid prescription and, therefore, we must to play a leading role in the fight against the opioid epidemic. Thank you for taking the time to read my email, for continuing to educate yourselves on opioid prescribing and addiction prevention, and for the outstanding care that you provide daily to the people of North Carolina.

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