resorted to legal action.[14,15] Are the one third of physicians in British Columbia who are not registered to prescribe regulated analgesics adequately equipped to care for patients with cancer? Have licensing bodies approached unregistered physicians to warn them of the high prevalence of undertreatment of pain?

We need a balanced approach unclouded by opiophobia, attention to the undertreatment of pain and the unjudicious use of analgesics and more widely available multidisciplinary and multimodal care.[16,17] We encourage provincial colleges of physicians and surgeons to use their triplicate prescription programs (TPPs) for such positive ends, rather than to police the profession.

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[One of the authors responds:]

Drs. Hagen, Flynne and Macdonald request clarification of our statement that "narcotics . . . are often abused by patients addicted to them." This statement is not meant to imply that most patients with chronic pain will develop a substance-use disorder if they are treated with opioids. Instead, it refers to the potential for opioids to create problems for the subpopulation of patients with chronic pain who also have a substance-use disorder. In a recent Swedish study,[1] 23% (97/414) of patients with chronic pain referred for evaluation and rehabilitation met the criteria in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* for a diagnosis of chemical dependence. Dependence was most common among those taking analgesics, including opioids. This study provides a strong argument for screening patients with chronic pain for a substance-use disorder, for providing addiction assessment and treatment to patients with a positive screen result and for avoiding analgesics that can exacerbate substance-use disorders.

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Our biggest concern about the modification of prescribing practices for regulated drugs is the underlying assumption that the highest prescribers of regulated drugs are practising bad medicine. This is not necessarily the case. This study has made no attempt to identify whether the prescription of a regulated drug was appropriate or inappropriate.

Among pain specialists, it is now agreed that a subgroup of patients who suffer from chronic pain can benefit from the long-term use of opioids. Benefits include improved level of functioning and better quality of life. Guidelines have been established for the prescribing of long-term opioid therapy for non-malignant pain.[1] In Canada these guidelines have been endorsed by the licensing bodies in two provinces. The guidelines clearly indicate that physicians should educate patients concerning approaches to pain management other than drug