

Chiropractors Can Help End the Opioid Crisis

Opioids Are Not the Answer to Back Pain

Back pain is the most common diagnosis for opioid prescriptions by both emergency and family physicians¹ and is reported in over half of regular opioid users.²

People with back pain need timely access to non-drug pain management, provided by chiropractors and other musculoskeletal (MSK) experts who treat back, neck and shoulder pain. Chiropractors provide treatment for those who may be opioid dependant and need a non-drug option to manage their pain.



The **2017 Canadian Guideline for Opioid Therapy and Chronic Non-Cancer Pain** recommends the optimization of non-opioid medication and non-drug therapy, including chiropractic care, before considering opioids.

Primary Care Low Back Pain Programs Reduce Opioid Use

Ending the opioid crisis needs a pragmatic approach and requires innovative ways of connecting patients to treatment and rehabilitation services. In addition to including chiropractors' participation in MOHLTC's new Consumption and Treatment Services model, **we recommend the Ontario government expand its Primary Care Low Back Pain Programs.**

1. Chiropractors offer treatment to patients who are tapering off opioids so they can resolve their pain and successfully move forward with other treatment and rehabilitation services.
2. By expanding the **Primary Care Low Back Pain Programs**, fewer patients will be prescribed opioids in the first place, minimizing risk of opioid use and dependence.

¹ Borgundvaag, B., McLeod, S., Khuu, W., Varner, C., Tadrous, M., & Gomes, T. (2018). Opioid prescribing and adverse events in opioid-naive patients treated by emergency physicians versus family physicians: a population-based cohort study. *CMAJ open*, 6(1), E110.

² Deyo, R. A., Von Korff, M., & Duhkooop, D. (2015). Opioids for low back pain. *BMJ*, 350, g6380

Pragmatic Approach to the Consumption and Treatment Services Model

Research supports chiropractic care and the effectiveness of spinal manipulation therapy in relieving back pain and improving short-term function.³ Chiropractors also offer a range of services including patient education, mobilization, soft tissue therapy and rehabilitative exercises to help manage pain.

Accessible treatment for back, neck and shoulder pain is critical to the success of the Consumption and Treatment Services model. Treating the cause of pain will help reduce opioid dependency. This will enable patients to successfully move forward with other rehabilitation services, including mental health and addiction treatments.

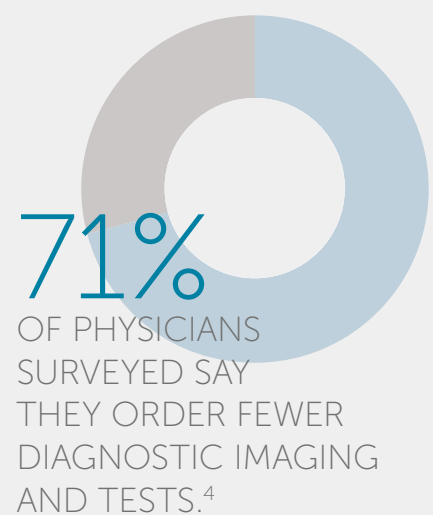
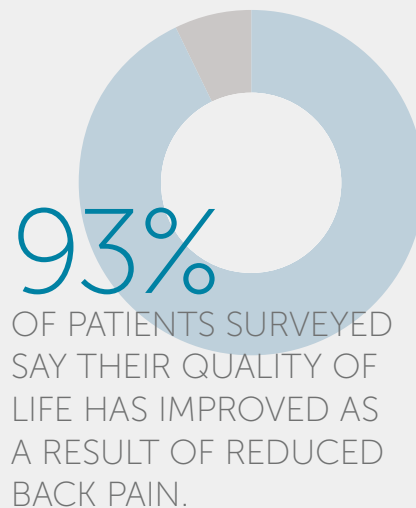
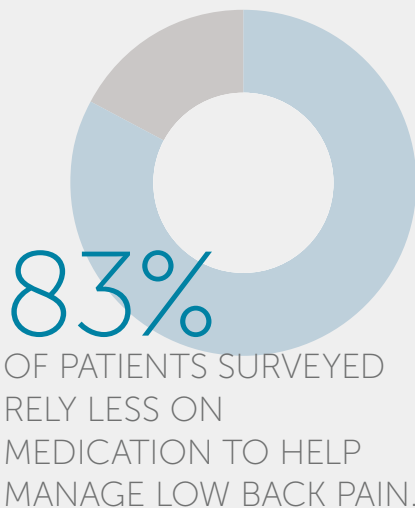
Primary Care Low Back Pain Programs

Chiropractors are treating patients in seven **Primary Care Low Back Pain Programs** across Ontario, which empower primary care teams of physicians and nurse practitioners to collaborate with MSK experts to better manage patients with back pain.

Accessible solutions, like the **Primary Care Low Back Pain Programs**, are needed to reduce and prevent opioid use so patients do not have to rely on pain medication as a first treatment option.

Primary Care Low Back Pain Programs Results

Significant reductions in opioids, prescription pain medication, pain, emergency room utilization and referrals for diagnostic imaging.



³ Qaseem, A., Wilt, T. J., McLean, R. M., & Forciea, M. A. (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain. *Annals of internal medicine*, 166(7), 514-530.

⁴ Centre for Effective Practice (March 31, 2017). *Primary Care Low Back Pain Pilot Evaluation: Final Report*. Toronto: ON.

Patients Excel When Offered Non-Pharma Options

"Thank you [to my chiropractor] for helping me with the back pain I have suffered over eleven years... I was taking 6 Percocet per day, along with 6 Tylenol #3... I have (now) eliminated the Percocet and Tylenol #3 and now have no pain."

– PRIMARY CARE LOW BACK PAIN PROGRAM PATIENT

"I got hit back in 2005 on my bike. I was taking percs [percocets], buying them off the street, I was taking anything I can get to stop the pain. Now [after chiropractic care] I'm right off the percs!"

– PRIMARY CARE LOW BACK PAIN PROGRAM PATIENT

"Acupuncture, physio, chiro, something called cognitive behavioural therapy – all those modalities that are much better at treating chronic pain are not covered. So the vast majority of the population has no access to those services."

– DR. MIKE FRANKLYN, PRIMARY CARE ADDICTIONS DOCTOR