



California Chiropractic Association 2019 OPIOID Crisis Talking Points

Doctors of Chiropractic are highly trained healthcare providers that are in nearly every community.

- We provide non-pharmaceutical care and rehabilitation to individuals suffering from acute and chronic pain like low back pain, headaches, musculoskeletal conditions and other related neurological conditions.
- As portal-of-entry practitioners, Doctors of Chiropractic provide diagnosis, management and patient-centered care of neuromusculoskeletal conditions. This care is focused on many chronic pain conditions like low back pain and headaches.
- As drugless, non-surgical practitioners, Doctors of Chiropractic are well-equipped to successfully care for a wide range of conditions utilizing a scope of practice that includes manual care, rehabilitation, wellness strategies and behavioral interventions. (3,4,5,6,7,8)

The opioid crisis is taking a huge toll on society.

- The misuse of and addiction to opioids—including prescription pain relievers, heroin and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. (20) Senate Concurrent Resolution 68).
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- According to the National Institute on Drug Abuse (21):
 - Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.
 - Every day, more than 115 Americans die after overdosing on opioids.
 - California's Opioid Death Toll: 11 deaths per 100,000 residents.
 - About 80 percent of people who use heroin initially misused prescription opioids.
- The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

Chiropractic care is a proven non-drug solution to pain that reduces or eliminates the need for opioids.

- In spite of the well-published opioid epidemic, there is little evidence that opioids improve chronic pain, function, or quality of life. (9,10)

- Recently issued guidelines on the management of both acute and chronic low back pain issued by the American College of Physicians recommend clinicians and patients initially select non-pharmacologic treatment for pain, including spinal manipulation, exercise, acupuncture, tai chi, yoga, exercise and similar therapies. (15)
- A diverse collection of organizations including the National Association of Attorneys General, Joint Commission, Food and Drug Administration, Centers for Disease Control and Prevention and Institute of Medicine, have formally stated that non-opioid, non-pharmacologic approaches to the management of pain are warranted. (11,12,13,14)
- Guidelines jointly produced by the Veterans Administration and Department of Defense for low back pain recommend alternative treatments, such as spinal manipulation, rather than medications like opioids. (16)
- 2016 and 2018 studies concluded that patients who received care by Doctors of Chiropractic have a lower likelihood of filling a prescription for an opioid analgesic. (1,2,18)
 - By analyzing health insurance claims data from 26 private and public third-party payers (including PPOs, HMOs and indemnity insurance plans), adults with chiropractic office visits for non-cancer low-back pain were 55% less likely to receive an opioid prescription compared to those who did not have chiropractic care for the same complaint. (1)

Doctors of Chiropractic are ready to team up with policymakers to help address the opioid crisis.

- Patients need to be better informed that Doctors of Chiropractic provide safe, effective, drug-free care for pain.
- Health care providers should, when appropriate, advocate for non-opioid forms of pain management before moving to opioids.
- Access and reimbursement to providers of non-pharmacologic therapies must be improved. (19)

(1) Whedon JM, Toler AWJ, Goehl JM, Kazal LA. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids. *J Altern Complement Med.* 2018 Feb 22.

From Results/conclusions: “The adjusted likelihood of filling a prescription for an opioid analgesic was 55% lower among recipients compared with non recipients (odds ratio 0.45; 95% confidence interval 0.40-0.47; $p < 0.0001$).”

(2) Weeks WB, Goertz CM, Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries, *J Manipulative Physiol Ther.* 2016 May;39(4):263-6.

From Conclusions/Results: "A higher per-capita supply of DCs and Medicare spending on CMT were inversely associated with younger, disabled Medicare beneficiaries obtaining an opioid prescription."

(3) Lin CW, Haas M, Maher CG, Machado LA, van Tulder MW. Cost-effectiveness of general practice care for low back pain: a systematic review. *Eur Spine J.* 2011;20(7):1012–23.

(4) Blanchette MA, Stochkendahl MJ, Borges Da Silva R, Boruff J, Harrison P, Bussi eres A. Effectiveness and economic evaluation of chiropractic care for the treatment of low back pain: a systematic review of pragmatic studies. *PLoS One.* 2016;11(8)

(5) Baldwin ML, C ot e P, Frank JW, Johnson WG. Cost-effectiveness studies of medical and chiropractic care for occupational low back pain. A critical review of the literature. *Spine J.* 2001;1(2):138–47.

(6) Brown A, Angus D, Chen S, Tang Z, Milne S, Pfaff J, et al. Costs and outcomes of chiropractic treatment for low back pain. Ottawa, ON: Canadian Coordinating Office for Health Technology Assessment; 2005. Technology report no 56.

(7) Dagenais S, Brady OD, Haldeman S, Manga P. A systematic review comparing the costs of chiropractic care to other interventions for spine pain in the United States. *BMC Health Serv Res.* 2015;15:474.

(8) Weeks WB, Leininger B, Whedon JM, Lurie JD, Tosteson TD, Swenson R, *et al.* The association between use of chiropractic care and costs of care among older Medicare patients with chronic low back pain and multiple comorbidities. *J Manipulative Physiol Ther.* 2016;39(2):63–75e1-2.

(9) Chou R, Turner JA, Devine EB, *et al.* The effectiveness and risks of long-term opioid therapy for chronic pain: A systematic review for a National Institutes of Health Pathways to Prevention Workshop. *Ann Intern Med* 2015;162:276–286

(10) Krebs EE, Gravely A, Nugent S, Jensen AC, DeRonne B, Goldsmith ES, Kroenke K, Bair MJ, Noorbaloochi S. Effect of Opioid vs Non Opioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain The SPACE Randomized Clinical Trial. *JAMA.* 2018;319(9):872–882.

(11) <http://www.naag.org/assets/redesign/files/sign-on-letter/Final%20NAAG%20CARE%202.0%20%26%20CARES%20letter%205.21.18.pdf>

(12) https://www.jointcommission.org/joint_commission_statement_on_pain_management/

(13) https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

(14) Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research, The National Academies, Washington, D.C., June 29, 2011

(15) Qaseem A, Wilt TJ, McLean RM, Forciea MA, Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians, Clinical Guidelines Committee of the American College of Physicians. *Ann Intern Med.* 2017 Apr 4; 166(7):514-530

(16) Full report:

<https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPG092917.pdf>

Pocket card summary:

<https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGPocketCard092917.pdf>

Summary

<https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGClinicianSummary092917.pdf>

Patient Summary:

<https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPCPGPatientSummary092917.pdf>

(17) Whedon JM, Toler AWJ, Goehl JM, and Kazal LA, Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids, *JACM*, 2018.

(18) Whedon JM, Toler AWJ, Goehl JM, and Kazal LA, Association Between Utilization of Chiropractic Services for Treatment of Low Back Pain and Risk of Adverse Drug Events, *JMPT*, 41:5, June 2018, 383-388.

(19) Affordable Care Act Section 2706 Non discrimination of providers. Recent law enactments in OH, Vt, OR, Nv, WA)

(20) . (Senate Concurrent Resolution 68.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SCR68)

(21) National Institute on Drug Abuse. www.drugabuse.gov/drugs-abuse/opioids