New Canadian Opioid Guidelines Recommend Chiropractic As Care Option

A new Canadian guideline published today (May 8, 2017) in the Canadian Medical Association Journal (CMAJ) strongly recommends doctors to consider non-pharmacologic therapy, including chiropractic, in preference to opioid therapy for chronic non-cancer pain.

The guideline ([http://www.cmaj.ca/content/189/18/E...](http://www.cmaj.ca/content/189/18/E...)) is the product of an extensive review of evidence involving stakeholders from medical, non-medical, regulatory, and patient stakeholders.

The lead author, Dr Jason Busse DC, PhD is a graduate of Canadian Memorial Chiropractic College and is an Associate Professor in the Department of Anaesthesia at McMaster University. Other authors of the guideline include those from the fields of physiotherapy, dentistry, public health and medicine.

Chronic non-cancer pain (CNCP) is defined as pain lasting more than 3 months that is not associated with malignancy. It is estimated that up to 20% of adult Canadians suffer with CNCP and, the guideline says, is the leading cause of health resource utilization and disability among working age adults.

Behind the USA, Canada has the second-highest level of opioid prescribing in the world. It is an enormous issue, with a doubling of admissions to publicly-funded opioid-related treatment programs between 2004 and 2012. In 2015, over 2000 Canadians died of opioid overdose, with final figures expected to be higher in 2016. Many of these deaths were associated with Fentanyl, the same opioid cited as being the cause of death of the musician Prince in 2016. Other commonly used opioid drugs are Percocet, OxyContin, Dilaudid and morphine.

The new guidelines significantly revise those published in 2010 with a clear message that opioids should not be the first-line therapy in CNCP and should only be used as a last, carefully dose-controlled resort after all other options have been exhausted.

Another key recommendation is that MDs do not simply keep raising the dose level of opioids if recommended levels are not providing effective relief, and to avoid opioids altogether where there is a history of substance abuse or mental health issues.
None of this is relevant to those already addicted to opioids. The guideline addresses this issue by advocating a tapering down of doses over time, utilizing multidisciplinary care options, such as chiropractic.

A keynote speaker at the joint WFC/ACC/ACA Conference, DC2017, Dr Brian Goldman, has spoken out strongly against MDs prescribing opioids, but says that the guideline must be supported by national programs to encourage compliance with the guideline’s recommendations (http://www.cbc.ca/radio/whitecoat/b...).

With many users of opioids doing so due to chronic back pain or other musculoskeletal disorders, the recommendation to primary care physicians to optimize their use of non-opioid medications and non-pharmacological therapy has the potential to increase utilization of chiropractic.

Secretary-General of the World Federation of Chiropractic, Richard Brown, commented: “The dangers of opioid therapy for chronic non-cancer pain are well documented, not just in Canada, but throughout the world. This new guideline sets out very clearly the recommendation to avoid prescribing opioids and to consider safer alternatives. The evidence for manual therapy in the treatment of back pain is strong and we are now seeing growing calls for its use as a first-line option.”

“Chiropractors as spine care experts are well-placed to deliver an effective and evidence-informed alternative as part of the solution to the opioid crisis. Chiropractors working in collaborative teams with other health professionals, such as in the US Veterans Administration, is resulting in very positive outcomes and we anticipate significant growth in the involvement of chiropractors in helping to tackle the opioid crisis. The WFC welcomes these recommendations and congratulates Dr Busse and his team on the publication of this important guideline.”

The WFC Public Health Committee has identified opioid overuse as one of its key priority areas. Its Chair, Dr Chris Cassirer D.Sc, MPH is clear on how chiropractors can make a difference. He remarked:

“As nations continue to struggle with the growing epidemic of opioid addiction, it is imperative that we underscore the importance of this new Canadian guideline. Recommending chiropractic care as a primary intervention for patients suffering from neck and spine related conditions recognizes the growing body of scientific evidence that chiropractic is no longer an ‘alternative’, and instead it is a clinically effective first line of intervention for all doctors to recommend.”

Later this month, the WFC will be in Geneva at the World Health Assembly and will meet with representatives of the World Health Organization to discuss how chiropractic is contributing to global public health initiatives. As the only chiropractic non-governmental organization in official relations with WHO, the
WFC is committed to supporting key strategies in a range of health areas, including the provision of non-pharmacologic health care around the world.