CHIROPRACTIC AND THE OPIOID PANDEMIC - STRATEGIES TO MITIGATE HARM AND PROMOTE EVIDENCE-BASED CARE (PART 2: SUMMARY)

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ABSTRACT

This paper summarises the current opioid crisis in Australia and offers recommendations and strategies where chiropractic, on both an individual practitioner and professional level, can engage with the problem, with a view to mitigating the risks of harm of opioid overuse. The authors also describe how engaging with the opioid crisis may indeed assist in promoting and lobbying for evidence-based, guideline-concordant management for non-cancer spinal pain.

Keywords: Opioid Crisis, Chiropractic, Back Pain, Evidence-based Practice, Guideline Adherence

INTRODUCTION

A full description of the opioid pandemic has been provided in a separate paper (Part 1), the main consequences being (1, 2):

- On average, every day in Australia 3 people die and 150 are hospitalised because of harm from opioids, with most of these being pharmaceutical opioids;
- Opioids can be an effective component of the management of various forms of pain, but the problem of overuse, misuse and overdose (typically accidental) has been characterised as a public health crisis;
- Opioids carry significant risk of harm - around 80% of people taking opioids for 3 months or more experience harms, which range from mild through to severe or fatal.
- Effects of opioids include unwelcome neuroplastic changes such as tolerance, dependence, sensitisation, hyperalgesia, adaptation, and addiction (3).

Further to the crisis, pharmaceutical opioids are often used for non-cancer musculoskeletal pain, for which there is equivocal research evidence and where effectiveness is unpredictable (4). Consequently, many treatments and services for non-cancer spinal pain, are non-concordant with known international clinical guidelines (5).

Chiropractors, as primary contact providers offering non-pharmacological, non-surgical, evidence-based management for people with spinal pain, such as spinal manipulation, exercise prescription, counselling and general health/wellness promotion including optimal dietary advice (6-9), play an important role in mitigating the consequences of inappropriate opioid use and promoting the use of guideline-concordant care. We emphasise that prescribing opioids or even recommending a patient discontinue taking prescribed opioids is clearly outside the scope of chiropractic practice (SOCP). Nevertheless it is important for chiropractors to contribute and comment on this topic since they are experts in diagnoses and management of non-cancer pain, especially pain of the spinal and peripheral joints of (neuro)musculoskeletal (NMSK) origin.

We also draw the attention of readers to examples of numerous recent studies that have found that implementation of chiropractic care greatly reduces the use of opioid painkillers; patients with spinal pain who saw a chiropractor had half the risk of filling an opioid prescription:

1. Among those who saw a chiropractor within 30 days of diagnosis, the reduction in risk was greater as compared with those with their first visit after the acute phase (10).
2. A higher per-capita supply of chiropractors and Medicare spending on CMT were inversely associated with younger, disabled Medicare beneficiaries obtaining an opioid prescription (11).
3. Where chiropractic is offered in the military system, 59% reported a reduction in narcotic painkillers use (12).
4. For those patients with pain scores by modality, the largest portion (between 32-100%) had unchanged pain scores, with the exceptions of chiropractic, massage, recreational therapy, superficial heat, and ultrasonography, where veterans experienced a decrease in pain scores. (13).
5. Nearly one-third of veterans receiving chiropractic services also received an opioid prescription, yet the frequency of opioid prescriptions was lower after the index chiropractic visit than before (14).
6. Initial visits to chiropractors or physical therapists were associated with substantially decreased early and long-term use of opioids (15);.

7. A recent systematic review/meta-analysis found in a random-effects analysis, chiropractic users had 64% lower odds of receiving an opioid prescription than nonusers (16).

The key features of how individual chiropractors or professional organisations may engage with the opioid problem are thus (17, 18);

●Continued professional development to enhance the knowledge and skills of chiropractors related to pain management;

●Promotion of evidence-based chiropractic care for non-cancer musculoskeletal spinal pain;

●Educating and informing healthcare practitioners and patients about opioids and alternatives;

●Support for multi-disciplinary care;

●Ongoing lobbying for funding, rebates and health system collaboration; and

●Investment or participate in in research.

We distilled insights from various papers and authors (5, 17-21), to inform the following recommendations:

●Commission high-quality research and clinical trials in treatment and therapies for non-cancer spinal pain;

●Incentivise funding of evidence-based, guideline-concordant care and lobby for appropriate funding;

●Identify and re-orientate workforce to support guideline-concordant care;

●Optimise front-line evidence-based care by improving health providers' knowledge and skill in providing evidence-based management;

●Improve on multi-disciplinary approaches for healthcare providers interested in this approach to practice;

●Invest in and incentivise eHealth and Telehealth care, where amenable and appropriate; and

●Inform the public about appropriate management and improve their health literacy.

With these recommendations, all stakeholders from practising chiropractors to professional organisations, educators, researchers and commercial enterprises can plan and engage with this sector of healthcare with greater knowledge, confidence and influence.

Strategies for Participation and Delivery

We further propose that with coordinated efforts, at the individual practitioner and at a chiropractic professional level, targeting specific aspects of the health system, change is possible.

Individual practitioner level:

1. Expand on knowledge and management skills of acute and chronic pain, and be aware of current evidence-based clinical guideline recommendations;
2. Be proactive in health promotion and patient education;
3. Offer patients with non-cancer spinal pain evidence-based care and management strategies;
4. Develop further knowledge and skills in working in multi-disciplinary settings;
5. Be open to inter-disciplinary and multi-disciplinary communication and collaboration;
6. Support professional initiatives that promote better management of acute and chronic non-cancer pain; and
7. Support research through participation and/or donations.

Professional and Organisational level:

1. Offer continued professional development, through training and learning opportunities, to enhance the knowledge and skills of chiropractors related to pain, pain management and multi-disciplinary cooperation;
2. Advocate and promote evidence-based chiropractic care with relevant third-party payers and national health services to fund and incentivise evidence-based care;
3. Promote chiropractic care and multi-disciplinary approaches to the public for non-cancer spinal pain; and
4. Support and invest in relevant research activities.

Our tabulated recommendations for chiropractors and chiropractic organisations for participation and delivery are stated below, based on frameworks suggested in healthcare literature (4, 5) are;

Table 1: Model of Participation and Delivery

Issue/Topic	Barrier	Action or Solution
Misunderstandings and misconceptions about non-cancer spinal pain and the role of opioids.	Insufficient understanding by healthcare providers and need for training/learning. Deficient public health literacy and knowledge about spinal pain and opioid use. Unsatisfactory shared decision-making and adherence to evidence-based care related to non-cancer spinal pain. The prognosis and self-care are poorly understood by the public and patients.	*Individual chiropractor:* Attend CPD-approved training courses on topics of pain, evidence-based care for non-cancer spinal pain, and principles of shared decision-making. For those chiropractors interested, further training in multidisciplinary working for spinal pain care. Create and implement patient education and health literacy opportunities in clinical practice to inform patients (and staff) about spinal pain and appropriate care.

		Encourage shared decision-making between clinician and patient, promote health and wellness, and assist patients in making informed decisions about their health conditions, particularly spinal pain. Participate in local pain groups and networks to increase participation and shared evidence-based strategies to manage spinal pain. *Professional organisations:* Increase learning and training opportunities for chiropractors and other stakeholders in the topics such as pain, evidence-based pain management, health promotion, shared decision-making and multi-disciplinary working. Create marketing and media campaigns informing the public about self-management of spinal pain, access to appropriate healthcare providers, when to seek care and how to identify incorrect treatment claims. Create health literacy programmes about spinal pain and disorders, e.g. podcasts, pamphlets, consumer group presentations.
Implementation of evidence-based care for spinal pain, health promotion and multidisciplinary working.	Clinicians often under time pressure to do full assessment and care for spinal pain. Clinicians may need additional skills and knowledge regarding pain management and guideline-concordant care. The public (patients) and other healthcare providers need to know how to access appropriate care, including spinal manipulation and	*Individual chiropractor:* Update themselves on evidence-based management of spinal pain and chronic pain. For those chiropractors interested, participate in learning training courses on shared decision making and multi-disciplinary learning working for spinal pain care. Encourage shared decision-making between clinician and patient on care, which can also increase informed decision-

	other services provided by chiropractors.	making for other health conditions. Participate in local pain groups or networks and gain experience in group working and shared learning. *Professional organisations:* Increase learning and training opportunities for chiropractors and other stakeholders in the topics such as pain, evidence-based pain management, health promotion, shared decision-making and multi-disciplinary working.
Access to non-pharmacological care	Inadequate early referral for nonpharmacological treatment for those at risk of a poor outcome; Insufficient marketing and lobbying of non-pharmacological care, including manual and manipulative therapy.	*Individual chiropractor:* Participate in local pain groups and networks to increase participation and share evidence-based strategies to manage spinal pain. Encourage referral. Lobbying local health networks/ alliances and government services. *Professional organisations:* Provide locally relevant care pathways for spinal pain; Lobbying health networks/alliances and government services and government.
Prioritising care for initial and ongoing management/care – both pharmacological and non-pharmacological.	Limited access to coordinated, evidence-based healthcare; Physical and psychological therapies for spinal pain may be unaffordable; Evidence-based nonpharmacological treatment for low spinal pain is poorly integrated with medical care; Lack of time and training for healthcare providers.	*Individual chiropractor:* Require regular health technology assessments and reassessments of health services for low spinal pain *Professional organisations:* Enhance and market the role of chiropractors in primary care as providers for spinal pain, especially care where there is less reliance on opioids (16). Identifying the appropriate healthcare providers and workforce re-orientation

		towards providers of evidence-based care for spinal pain.
Vested interests and funding arrangements	Public or private insurance schemes reimburse patients for spinal pain care that is not concordant with guidelines. Funds often go to treatment that is non-concordant with guidelines, implying maldistribution and waste of funding.	*Individual chiropractor:* Reinforce the cost-effectiveness and value-for-money of evidence-based care for spinal pain with patients and at local pain groups/networks. *Professional organisations:* Design frameworks of reimbursement of chiropractors for the expertise and services needed to manage patients with complex chronic spinal pain; Lobby and petition for fund programmes for guideline-adherent non-pharmacological treatment for spinal pain, e.g. those at risk of chronic pain. Petition to limit or remove expensive, non-evidence-based treatments for spinal pain from funding schedules and private health insurance; Campaign to have indications for health-care coverage/funding tightened or removed, e.g. only fund treatments for spinal pain where there is evidence for clear benefit or, if there is absence of evidence.
Research	Slow progress in research into non-pharmacological interventions for spinal pain, including public health and cost evaluation research.	*Individual chiropractor:* Participate in or support/donate to local and national research programmes or studies. Contribute to research by participating in practice-based research or data collection. *Professional organisations:* Assess the cost–effectiveness of using healthcare practitioners, such as chiropractors, who could provide equivalent spinal pain care to medical practitioners; Encourage evaluations, embedded in routine care, of

		the cost– effectiveness of any new model of spinal pain care Research into quality of life outcomes using evidence-based principles of health promotion and wellness. Research into identifying the appropriate healthcare providers and workforce re-orientation for spinal pain. Further research testing manual manipulative therapies and comparing effectiveness for spinal conditions.

CONCLUSION

This paper offers a summary (as a supplement to our previous Part 1 paper in this issue) of the opioid epidemic and ways in which chiropractors and the chiropractic profession may help to mitigate the problems associated with opioid misuse and abuse. Chiropractic also has an existential opportunity to participate in and deliver evidence-based, guideline-concordant management of spinal and musculoskeletal pain, thereby expanding on its current role in the healthcare system.

DECLARATIONS

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Competing Interests

The authors declare that they have no competing interests.

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