

# A NATURAL SOLUTION TO THE OPIOID CRISIS

**\$874,000,000,000**

“Musculoskeletal pain, led by spinal disorders, costs the US healthcare system 874 billion dollars per year and is the most common cause of severe long-term pain and disability.”<sup>(1,2,3)</sup>

Most musculoskeletal problems are caused by “mechanical” triggers, like falls, poor posture, and strains that are not well addressed by “chemical” drug treatments. In fact, some chemical treatments trigger undesired consequences.

**20,000  
OVERDOSES**

“In 2015, two million Americans had a substance use disorder involving prescription pain relievers... with 20,101 overdose deaths related to prescription pain relievers.”<sup>(4)</sup>

HHS



**4 X  
INCREASE**

“From 1999 to 2008, overdose death rates and substance use rates quadrupled in parallel to sales of prescription pain relievers.”<sup>(5)</sup>

CDC

# CHIROPRACTIC CARE IS AN EFFECTIVE NON-DRUG ALTERNATIVE BECAUSE IT ADDRESSES THE UNDERLYING MECHANICAL CAUSE.

“The American College of Physicians Clinical Practice Guideline recommends that for acute, subacute, or chronic low back pain, physicians and patients initially utilize spinal manipulation and delay pharmacologic management.” (6)

*American College of Physicians*

“Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse.” (7)

*JMPT*

“For low back pain: “manipulation provides greater short-term reductions in self-reported disability and pain compared with usual medical care. 94% of the manipulation group achieved greater than 30% reduction in pain compared with 69% of usual medical care.” (8)

*Spine Journal*

“Evidence suggests that manual therapy and exercise are more effective than alternative strategies for patients with neck pain.” (9)

*Bone & Joint Decade Task Force*

In addition to manipulation, chiropractors employ a variety of effective tools to address the mechanical cause of musculoskeletal problems that are **safer** alternatives



**Exercise**



**Therapy Modalities**



**Massage**



**Acupuncture**



**Lifestyle Advice**

“Among patients with acute low back pain, spinal manipulative therapy was associated with improvements in pain and function with only transient minor musculoskeletal harms.” (10)

*Journal of the AMA*

“It is unlikely that chiropractic care is a significant cause of injury in older adults. In fact, among Medicare beneficiaries aged 66 to 99 years, risk of injury to the head, neck, or trunk within 7 days was 76% lower among subjects with a chiropractic office visit than those who saw a primary care physician.” (11)

*Spine Journal*

# FOR PATIENTS, INSURERS, EMPLOYERS, AND GOVERNMENT:

## CHIROPRACTIC CARE CARRIES A SIGNIFICANTLY LOWER SOCIAL COST WHEN COMPARED TO OPIOIDS.



“The rate of opioid use was lower for recipients of chiropractic services (19%) as compared to non-recipients (35%). The likelihood of filling a prescription for opioids was 55% lower in the chiropractic recipient cohort. Average annual per-person charges for opioid prescription fills were 78% lower for recipients of chiropractic services as compared to non-recipients. Average per person charges for clinical services for low back pain were also significantly lower for recipients of chiropractic services. (Avg. \$1513 for chiropractic management vs. \$6766 for medical management)” (12)



## ...AND SIGNIFICANT HEALTHCARE SAVINGS

# 2:1

“Healthcare plans that formally incorporate chiropractic typically realize a 2:1 return for every dollar spent.” (13)

*Optum*

# 30X

“Following work-related low back injury, patients who visited a chiropractor were nearly 30 times less likely to require surgery as compared to those who chose a surgeon as their first provider (42.7 vs. 1.5%).” (14)

*Spine Journal*

# 40%

“Low back pain care initiated with a doctor of chiropractic (DC) saves 40 percent on health care costs when compared with care initiated through a medical doctor (MD).” (15)

*BCBS of TN*

## AVAILABILITY IS KEY

“For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of \$83.5 million.” (16)

*American Board of Family Medicine*

# CHIROPRACTIC CARE IS ENDORSED BY OPINIONS THAT MATTER



"Chiropractic management shows significant improvement and high patient satisfaction." (17)



"Non-pharmacologic therapies, including chiropractic, should be used" (18)



"Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred" (19)



Nonpharmacologic strategies, including chiropractic, have a role (20)



37 states: "Prescribe non-opioid alternatives including chiropractic" (21)

## References

1. United States Bone and Joint Initiative: *The Burden of Musculoskeletal Diseases in the United States (BMUS)*, Third Edition, 2014. Rosemont, IL. Available at <http://www.boneandjointburden.org>. Accessed on (date).
2. The Bone and Joint Decade 2000–2010 for prevention and treatment of musculoskeletal disorders. Lund, Sweden, April 17–18, 1998. Conference proceedings. *Acta Orthop Scand Suppl* 1998;218:1-86.
3. Elton D. The distribution and analysis of annualized claims data for more than 3.7 million commercial health plan members. Data retrieved from the UnitedHealthcare national commercial claims database, July 1, 2013–June 30, 2014. November 10, 2014.
4. Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>
5. Paulozzi MD, Jones PharmD, et al. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999–2008. Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Center for Disease Control and Prevention. 2011;60:5.
6. Qaseem A, et al. for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017;166(7):514-530.
7. Nyiendo, Joanne et al. Patient characteristics, practice activities, and one-month outcomes for chronic, recurrent low-back pain treated by chiropractors and family medicine physicians: A practice-based feasibility study JMPT, Volume 23, Issue 4, 239 - 245
8. Schneider et al. Comparison of spinal manipulation methods and usual medical care for acute and subacute low back pain: a randomized clinical trial. *Spine* 2015 Feb 15;40(4):209-17.
9. Hurwitz EL et al. Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine* 2008 Feb 15;33(4 Suppl):S123-52.
10. Paige NM, Miake-Lye IM, Booth MS, et al. Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain; Systematic Review and Meta-analysis. *JAMA*. 2017;317(14):1451-1460.
11. Whedon JM, et al. Risk of Traumatic Injury Associated With Chiropractic Spinal Manipulation in Medicare Beneficiaries Aged 66 to 99 Years. *Spine* 2015;40:264–270
12. Whedon J. Association between Utilization of Chiropractic Services and Use of Prescription Opioids among Patients with Low Back Pain. Presented ahead of print at the National Press Club in Washington DC on March 14, 2017. Accessed online at: [http://c.jmcdn.com/sites/www.cocsa.org/resource/resmgr/docs/NH\\_Opioids\\_Whedon.pdf](http://c.jmcdn.com/sites/www.cocsa.org/resource/resmgr/docs/NH_Opioids_Whedon.pdf)
13. Feldman V. Return on investment analysis of Optum offerings — assumes Network/UM/Claims services; Optum Book of Business Analytics 2013. Analysis as of 12/8/2014.
14. Benjamin J. Keeney, PhD, et al. Early Predictors of Lumbar Spine Surgery After Occupational Back Injury. *SPINE* Volume 38, Number 11, pp 953–964
15. Liljedahl RL, Finch MD, Axene DV, Goertz CM. Cost of care for common back pain conditions initiated with a chiropractic doctor vs medical doctor/ doctor of osteopathy as first line physician: experience of one Tennessee-based general health insurer. *J Manipulative Physiol Ther*. 2010;33:640–643.
16. Davis MA, et al. Regional Supply of Chiropractic Care and Visits to Primary Care Physicians for Back and Neck Pain. *Journal of the American Board of Family Medicine: JABFM*. 2015;28(4):481-490.
17. Green BN, et al. Integration of Chiropractic Services in Military and Veteran Health Care Facilities: A Systematic Review of the Literature. *Journal of Evidence-Based Complementary & Alternative Medicine*. 2016 Apr;21(2):115-30.
18. FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain. May 2017. Accessed on May 12, 2017
19. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49.
20. The Official Newsletter of The Joint Commission. Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals. July 2017 Volume 37 Number 7. Ahead of print in 2018 Comprehensive Accreditation Manual for Hospitals. Joint Commission Online. Revision to Pain Management Standards. [http://www.jointcommission.org/assets/1/23/jonline\\_november\\_12\\_14.pdf](http://www.jointcommission.org/assets/1/23/jonline_november_12_14.pdf)
21. Attorney General Janet Mills Joins 37 States, Territories in Fight against Opioid Incentives. Accessed 9/19/17 from <http://www.maine.gov/ag/news/article.shtml?id=766715>

**CHOOSE THE NATURAL SOLUTION TO THE OPIOID CRISIS.  
SUPPORT LEGISLATION THAT PROVIDES GREATER ACCESS TO  
SAFE AND EFFECTIVE CHIROPRACTIC SERVICES.**