

## **A Better Approach to Pain Management for Canada** *Canadian Chiropractors as Part of the Solution*

Opioids have quickly emerged as one of the primary means for managing acute and chronic non-cancer pain in primary care settings. Available evidence points to back pain and other musculoskeletal (MSK) conditions as a leading reason for opioid prescribing.<sup>1-3</sup>

The Canadian Chiropractic Association (CCA), representing Canada's 8,500 licensed chiropractors, believes in addressing this growing crisis. Canada desperately needs a better approach to chronic non-cancer pain management which would reduce the over-reliance on opioids.

The CCA is ready to play its part. The challenge is to increase awareness and accessibility to alternatives to opioids for Canadians in pain. Evidence-informed guidance for prescribing professions on these key alternatives, including chiropractic, is an important first step in a comprehensive interprofessional pain management strategy for Canada.

### **New Initiatives**

The CCA is committing to developing evidence-based professional practice recommendations and guidelines (based on the best available evidence and current best practice) to reduce reliance on opioids. The guidelines will aim to facilitate the appropriate triage and referral of Canadians suffering from chronic and acute MSK conditions. The recommendations will aim to:

1. Better understand the burden of pain related to MSK conditions
2. Develop key recommendations for the appropriate role of chiropractic care (in anticipation of similar efforts for other key alternatives to opioids)
3. Facilitate dissemination of key recommendations

The practice recommendations and guidelines are expected to support ongoing activities that address the opioids crisis by enhancing access to alternatives to opioids such as conservative care. The end goal of our process is to 1) raise awareness of the burden of chronic pain and MSK conditions, including among the most vulnerable and marginalized, and the underlying cause of the rise of opioids use in treating MSK conditions; 2) facilitate a better understanding of the potential roles and competencies of chiropractors in primary care settings; and 3) enhance access to chiropractic through appropriate triage and referrals for patients suffering from MSK conditions.

### **Milestone**

The practice recommendations and guidelines should be complete by the end of the second quarter of 2017. On completion, dissemination efforts will commence and will include outreach to other healthcare providers—including professions with the authority to prescribe opioids for MSK-related acute and chronic pain—and educational institutions.

### **Measurement**

Guidelines and associated tools will be publicly accessible through an online space providing ongoing metrics and evaluation opportunities. CCA communication channels, with collaborating partners, will be employed to amplify reach and impact.

### **References**

1. Deyo RA, Von Korff M, Dhrkoop D. Opioids for low back pain. *BMJ*. 2015; 350.
2. Hudson TJ, Edlund MJ, Steffick DE, Tripathi SP, Sullivan MD. Epidemiology of regular prescribed opioid use: results from a national, population-based survey. *J Pain Symptom Manage*. 2008; 36(3): 280-8.
3. Fischer B, Argento E. Prescription opioid related misuse, harms, diversion and interventions in Canada: a review. *Pain Physician*. 2012; 15(3 Suppl): ES191-203. Review.

