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# Submission to the Standing Committee on Health Study on Opioid Epidemic and Toxic Drug Crisis in Canada



**February 2024**

Submitted by:  
Canadian Chiropractic Association

## Overview:

The Standing Committee on Health adopted a motion to undertake a study on the Opioid Epidemic and Toxic Drug Crisis in Canada and the response by federal, provincial, and territorial governments.

A challenge Canadians face that must be addressed are the lack of access to non-opioid (non-pharmaceutical) related options to treat and manage pain. The Canadian Pain Task Force's (CPTF) final report, *An Action Plan for Pain in Canada*, found that the lack of access to non-opioid options to treat pain is one of the factors contributing to the opioid crisis.<sup>i</sup>

The Canadian Chiropractic Association recommends the government take the following steps to ensure that non-opioid related options are available to Canadians seeking care:

- **Recommendation:** Embed manual therapy, such as chiropractic care, as part of essential healthcare in Canada.
- **Recommendation:** Federal leadership on addressing the burden of MSK conditions by funding pilot projects that demonstrate innovative alternative approaches to treat or manage pain.

## Contact

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## Introduction

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed Doctors of Chiropractic across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians.

Chiropractors are one of Canada's largest primary contact healthcare professions and experts in the assessment, diagnosis, and treatment of musculoskeletal (MSK) conditions, such as back pain, headaches, arm or neck strain and diseases of the muscles and joints, as well as the management of pain caused by these conditions.

There are more than 9,000 licensed chiropractors practicing in Canada and each practitioner has completed a rigorous academic and practical education to become a Doctor of Chiropractic. This process includes meeting national and international standardized curriculum requirements and passing a licensing examination.

Each year, **more than 11 million Canadians** suffer from musculoskeletal conditions and by 2031 this number is projected to **grow to an alarming 15 million.**<sup>ii</sup> Musculoskeletal conditions are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy.

According to Health Canada, the total direct (healthcare) and indirect (lost production) cost of chronic pain in 2019 was \$38.2 - \$40.3 billion. Over the next decade the total cost is expected to increase by 36.2 per cent and reach \$55 billion.<sup>iii</sup>

Doctors of Chiropractic are well-positioned to aid in tackling the opioid epidemic and toxic drug crisis, while also improving the access to musculoskeletal healthcare for Canadians and helping in the management and treatment for chronic pain.

## Training, Expertise and Experience

Doctors of Chiropractic complete eight years of post-secondary education and complete extensive training and clinical education as part of their studies. They are regulated in all Canadian provinces and because of their extensive training are designated to use the title doctor, like physicians, optometrists, and dentists. As experts in non-pharmacological pain management, chiropractors can lead and facilitate an inter-professional, evidence-based, and patient-centred approach to pain care.

## **Embed manual therapy, such as chiropractic care, as part of essential healthcare in Canada.**

The current opioid crisis in Canada has become an epidemic. In 2023, we saw a total of 3,970 apparent opioid toxicity deaths occurred between January-June 2023. This is an average of 22 deaths per day.<sup>iv</sup> Opioids have emerged as one of the primary means for managing chronic non-cancer pain in primary care settings. In fact, low back pain and neck pain are one of the primary causes for over-use of prescribed opioids in Canada.<sup>v</sup> It is clear that better approaches are needed to manage chronic pain in Canada, and improving access to manual therapies, like chiropractic care, may help reduce the heavy reliance on opioids.

Our approach must look at alternatives to manage the causes of pain, and how these alternatives can be better integrated into primary care settings to help Canadians suffering, particularly for those in chronic pain. As licensed primary health care providers, who are muscle, joint and nervous system experts, Canada's chiropractors can play a bigger role in reducing over-reliance of opioids by managing musculoskeletal conditions and pain.

However, access to evidence-based, non-invasive services to help address chronic musculoskeletal pain are typically available outside the public healthcare system. Approximately 60% of Canadians have access to extended healthcare benefits through their employers. The lack of access to non-pharmacological care was cited as a barrier by the Canadian Pain Task Force who recommended that federal and provincial tax credits for eligible medical and paramedical expenses be considered to reduce the financial burden on people living with pain who must pay out-of-pocket for pain management services.<sup>vi</sup> The simple process of facilitating appropriate triage could optimize the use of these extended benefits in a manner that will be key to helping relieve the burden that opioids have caused.<sup>vii</sup>

By facilitating access to appropriate community-based care, it can also significantly reduce wait times, as well as the need for diagnostic imaging and specialist visits.<sup>viii</sup> By following clinical practice guidelines, it is suggested that back pain patients should be first referred to triage therapy, which includes manual therapies performed by chiropractors.<sup>ix</sup> For example, in Ontario, by addressing early triage, the Interprofessional Spine Assessment and Education Clinics (ISAECs) triage model has reduced wait times and enhanced access to education for acute and chronic low back pain patients. The result was accomplished by employing chiropractors and advanced practice physiotherapists to assess patients early.

Canada's current reluctance to coordinate between the public sector and community-based services is a critical limitation to ensuring fair and equitable access for all in need, especially vulnerable populations. Canada currently has several unique collaborative projects underway with organizational structures designed to best support collaborative

care where chiropractors were introduced and integrated into the interprofessional healthcare team. These projects have shown great promise in effectively managing acute and chronic musculoskeletal pain and reducing the pressure to prescribe opioids.

The St. Michael's Hospital Family Health Team in Toronto, Ontario is a great example of an interdisciplinary model, which was recognized as one of four centers of excellence by the Council of the Federation in 2013. The integrated, team-based model includes nine provider groups such as medical doctors, nurses, social workers, and chiropractors. Chiropractors' unique role in this model has focused on better assessment and treatment of MSK conditions. By physicians referring patients to chiropractors much earlier in the treatment process, the team has not only reduced wait lists while increasing primary care but provided the alternative first line of treatment necessary to move away from opioid prescription. This model has grown and continues to operate successfully to meet the needs of patients and the community at large. Facilitating triage and the integration of chiropractors and other community-based providers into primary healthcare teams improves timely access, reduces reliance on opioids, and improves overall health outcomes.

Another example includes the integration of chiropractic care within the publicly funded healthcare model in Mount Carmel Clinic serving an inner-city community in Winnipeg, Manitoba. Mount Carmel stands as a leading example of an effective interprofessional healthcare delivery model that could be replicated across the country and inform further research initiatives dedicated to improving the delivery of healthcare. Mount Carmel serves a diverse, multicultural population which, due to socioeconomic circumstances, typically experiences barriers to care. The clinic aims to improve determinants of health and outcomes by providing multidisciplinary and integrative health services, including chiropractic, to meet the specific health needs of its community members. This model provides an extraordinary approach to healthcare that offers broad services to address issues that affect the health of the whole community. Mount Carmel demonstrated in a preliminary study that the primary source of referrals for chiropractic treatment was from the clinic's physicians. As well, referrals were made for a variety of musculoskeletal conditions with back pain as the leading cause. Among those patients treated by the clinic chiropractor, there was a clinically significant reduction in musculoskeletal-related pain, as well as a reduction in wait lists, reduced unnecessary diagnostic imaging, higher patient satisfaction, reduced system costs, and improved health outcomes.

Better integration of allied healthcare providers, including chiropractors, is one solution to enhancing patient-centred care. As the health needs of the population evolve, so should healthcare delivery. Within integrated healthcare teams, providers who can practice to the maximum extent of their scope and abilities are better able to meet the health needs of Canadians. For musculoskeletal conditions, the key is to prioritize non-invasive, conservative alternatives before prescribing opioids or other drugs for chronic pain.

Addressing the opioid crisis will require a broader understanding of structural issues. For example, the shortage of healthcare professionals in rural and remote communities is a particularly serious barrier to care, forcing many people to travel hours even in emergencies. A June 2021 report from the Government of Alberta, found that rates of apparent accidental opioid drug poisoning deaths of First Nations people were seven times higher compared to Non-First Nations people.<sup>x</sup> This is compounded by the fact that twenty per cent of Canadians live in rural communities but are served by only eight per cent of the physicians.<sup>6</sup>

The CCA advocates for a health system change designed to eliminate barriers to interprofessional collaboration, and supports an evidence-based, patient-centred and, where appropriate, an inter-disciplinary approach to care. Sustaining and improving Canada's health care system requires co-operation and collaboration among all healthcare professionals, governments, regulatory and professional bodies, and the patient public.

## **Federal leadership on addressing the burden of MSK conditions by funding pilot projects that demonstrate innovative alternative approaches to pain.**

The federal government should fund pilot projects that demonstrate innovative, alternative approaches to pain management. The Cross Lake First Nation project is an example of a government funded initiative that has shown successful results for the community. Funded in part by the Government of Canada and Health Canada's Substance Use and Addictions Program (SUAP), World Spine Care Canada and the Indigenous leadership of Parikrama Okimawin (Cross Lake First Nation) launched a research project in health service in Cross Lake, Manitoba, Canada. This project facilitates access to high-quality, low-cost, non-pharmaceutical, and non-invasive care for lower back and neck pain as the first step in a comprehensive spine care model. The clinician triages patients and streamlines referrals to the most effective and appropriate care when warranted. This project outlines a successful outcome of federal leadership and funding for projects that move away from pharmaceuticals as a first line of treatment for patients experiencing lower back pain and neck pain, especially for Indigenous populations. The services are now fully integrated and funded by the province of Manitoba. Preliminary results demonstrated a significant reduction in musculoskeletal pain and improvements in function for those patients referred for chiropractic services.<sup>xi</sup> Similar results have been demonstrated with chiropractic integration into hospital settings<sup>xii</sup> and healthcare teams serving military and veterans.<sup>xiii</sup> Effective triage away from expensive and unnecessary services has been reported to be cost-effective and sustainable.

Another successful example is the two Ontario low back pain pilot programs funded by the Government of Ontario. Chiropractors and advanced practice physiotherapists were

employed to help triage and manage acute and chronic low back pain patients. First, as mentioned previously, the Inter-professional Spine Assessment and Education Clinics (ISAECs)<sup>xiv</sup> have demonstrated that engaging chiropractors in the assessment and co-management role of low back pain decreases the need for unnecessary diagnostic imaging and specialist visits and their associated costs.<sup>xv</sup> A second example is an ongoing project in the assessment stage called the Primary Care Low Back Pain Pilot program. This program aims to demonstrate the benefits of an interprofessional approach to musculoskeletal management that includes chiropractors and physiotherapists as part of the team. Anecdotal results show a reduced use of imaging, specialist referrals, and use of opioids, while positively impacting patient function and mobility.

## Conclusion

The CCA urges the Government of Canada to immediately consider implementing these recommendations to facilitate access to manual therapies like chiropractic care for pain. The federal government can play an important role in ensuring that Canadians have manual therapies by funding pilot projects that demonstrate innovative multi-disciplinary care and ensure that allied healthcare professionals, such as Doctors of Chiropractic, are better integrated into the healthcare system.

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