Update on Opioid Crises (2017)

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The research I'm citing today was published by Dr. Jane Ballantyne in 2017. Dr. Ballantyne is a physician and professor of Anesthesiology and Pain Medicine at the University of Washington. Her review paper addresses the prescription opioid drug epidemic that has crept into society since the late 1990's. To paint the picture, there are now 2,000 deaths per year in Canada, alone, from the misuse of prescription opioid drugs such as oxycodone (Oxycontin), fentanyl, hydrocodone, hydromorphine, Demerol and others.

This problem stems from the decision dating back to the 1990's whereby medical doctors were given the green light to start prescribing opioid drugs in a broader way in the management of pain control. Until that time these drugs were prescribed primarily to treat cancer pain, but in the late 1990's doctors were given permission to use these drugs to treat all kinds of chronic muscle and joint pains, low back pain, post-surgical pain and other painful conditions. Since 1999, prescriptions for opioids have quadrupled, and drug-related deaths have risen alongside them.

Most of the deaths from opioid ingestion are accidental, not suicide, stemming from the fact the body builds up tolerance to the drug and thus, patients use higher and higher doses to try to get the pain control or euphoric effect they are seeking. At high doses, opioids shut down the breathing centers in the nervous system, the patient becomes unconscious and they die. A 2014 study showed that nearly 1 in 8 deaths among individuals 25-34 yrs. of age was opioid-related in Canada. Studies also show that 100% of patients engaged in long-term opioid therapy will develop physical dependency, which means it will be very hard for them to stop or reduce their dose of opioids. Studies show that presently half of all opioid prescriptions in the U.S. are for mechanical low back pain and other musculoskeletal conditions. Similar findings in Canada show that arthritis and back pain were the most prevalent chronic physical health conditions among opioid users.

A disturbing aspect is the fact that a 2016 systemic review of all studies showed that opioids provide only modest short-term relief of chronic low back pain. So, they don't even work that well to block pain. Yet, opioid addiction occurs in about 10% of patients for whom they are prescribed and misuse of these drugs occurs in over 24% of patients who are prescribed opioids. So, it's a very slippery slope once you start putting these drugs into your body. Due to the mounting evidence showing that opioid addiction, dependency, misuse and opioid-related deaths are occurring at unacceptable levels, and that they don't provide highly effective pain relief for many of the conditions for which they have been prescribed, the 2016 Center for Disease Control Guidelines now encourages the use of non-pharmacologic, conservative care for non-cancer musculoskeletal pain, along with consideration of alternatives including behavioural changes, and non-addictive pain killers.

This means that for low back pain, arthritis and various other muscle and joint conditions doctors and patients should be seeking help from talented physiotherapist, chiropractors, massage therapists and/or acupuncturists, many of whom also use leading-edge technologies, such as spinal decompression therapy, shock wave therapy, lasers that reduce inflammation and enhance tissue repair, and so on. As well, some natural anti-inflammatories and an herbal-based supplement containing the extract from the California poppy have shown proven benefit in many human clinical trials, in reducing inflammation and blocking pain, without any major untoward side effects. These, too, may be included as part of conservative management of chronic pain.

As Dr. Ballantyne concludes in her article, "Canada has not handled pain management well, with millions of dollars and thousands of lives negatively impacted by an overreliance on opioids. But the tide is changing".

References:

Ballantyne J. Opioids: Patients deserve better. ON Chiropractic (publication of the Ontario Chiropractic Association) Features Story: Spring 2017:18-27

http://evidencenetwork.ca/archives/19635

https://www.verywell.com/how-does-an-opioid-overdose-kill-1298843