

Traditional Chinese Medicine Practitioners in Canada Stress Importance of Nondrug Approaches Such as Acupuncture for Addressing Chronic Pain

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We, as multiple Traditional Chinese Medicine and Acupuncture associations, unite together in response to the overuse of opioids in Ontario. We are comprised of the Chinese Medicine and Acupuncture Association of Canada (CMAAC), the Canadian Society of Chinese Medicine and Acupuncture (CSCMA), the Association of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (ATCMPAO), and Traditional Chinese Medicine Ontario (TCMO). We wish to thank the Ontario government for soliciting public input for consideration in the development of an action plan to combat opioid abuse. We strongly believe that the best course of action to address this crisis is through non-pharmacologic alternatives. Opioid abuse and opioid-related deaths are an epidemic in Ontario, and non-opioid alternatives have been proven to be effective, safer, and more cost-effective in the long-term treatment of chronic pain. Our healthcare system has become dependent on the use of opioid as a primary means of addressing chronic pain. However, supported evidence-based research has displayed significant potential for non-drug alternatives.

We, as Associations, have been in contact with the various Ministries of Health and Long-Term Care across Canada over many decades volunteering our time and efforts to promote TCM in Canada.

Most associations have been communicating with ministry employees to discuss the benefits of acupuncture as an alternative to pain relief. In the news release, *Ontario Taking Action to Prevent Opioid Abuse*¹, the Ontario government laid out its plans for implementing its first comprehensive opioid strategy to prevent opioid addiction and overdose, by modernizing pain management practices. Per the Ontario Drug Policy Research Network and their research on prescription opioid use in Ontario, the efficacy and safety of opioid use in treating chronic non-cancer pain has been widely questioned due to a lack of long-term studies. However, many acupuncture practitioners throughout Ontario have long advocated for non-drug approaches to pain treatment, and applauds the provincial government's attention to complementary therapies.

Research is showing that acupuncture can effectively stimulate the production of the body's own "endogenous opioids" as well as natural anti-inflammatory compounds^{2 3 4}. In other words, acupuncture can facilitate the better usage of the body's own natural chemistry creating the potential for similar or sometimes better benefits than synthetic drugs, without the risks of addiction or side effects. This being the case, acupuncture has the potential to reduce or even in some cases eliminate the need for opioids and non-opioid drugs while also helping to treat opioid addiction^{5 6 7 8}.

The U.S. Department of Health and Human Services National Center for Complementary and Integrative Health, released research in September 2016 validating the effectiveness of acupuncture and other non-drug health therapies for pain. The Mayo Clinic compiled evidence on non-pharmacological

¹ Ministry of Health and Long-Term Care. Ontario taking action to prevent opioid abuse: Province enhancing reporting system, connecting patients with high quality treatment. October 12, 2016.

² Zhang R, Lao L, Ren K, Berman BM. Mechanisms of acupuncture-electroacupuncture on persistent pain. *Anesthesiology*. 2014;120(2):482-503.

³ Zhao ZQ. Neural mechanism underlying acupuncture analgesia. *Progress in neurobiology*. 2008;85(4):355-75.

⁴ McDonald JL, Cripps AW, Smith PK. Mediators, receptors, and signalling pathways in the anti-inflammatory and antihyperalgesic effects of acupuncture. *Evidence-based complementary and alternative medicine: eCAM*. 2015;2015:975632.

⁵ Wen H, Cheung SYC. Treatment of drug addiction by acupuncture and electrical stimulation. *Asian J Med*. 1973;9:138-41.

⁶ Association NAD. National Acupuncture Detoxification Association <http://www.acudetox.com/about-nada/12-faqs2013>.

⁷ Raith W, Schmolzer GM, Resch B, Reiterer F, Avian A, Koestenberger M, et al. Laser acupuncture for neonatal abstinence syndrome: a randomized controlled trial. *Pediatrics*. 2015;136(5):876-84.

⁸ Wu LZ, Chi CL, Tian JB, Ji D, Han JS. Suppression of morphine withdrawal by electroacupuncture in rats: dynorphin, and kappa-opioid receptor implicated. *Brain research*. 1999;851(1-2):290-6.

approaches to pain management and concluded that acupuncture is an effective intervention⁹.

The Canadian Pain Coalition is a partnership of pain consumer groups, health professionals who care for people in pain, and scientists studying better and non-drug approaches for treating pain. Canadian provinces should take note of the lead British Columbia and Nova Scotia has taken in adopting recommendations of the U.S. Centers for Disease Control and Prevention. Doctors must now have discussions with patients about nonpharmacologic therapy, or alternatives, to opioids for chronic pain.

“As addictions to, and deaths from prescription opioids such as oxycodone, hydrocodone, and methadone continue to rise, raising awareness on complementary and alternative pain therapies like acupuncture is more important than ever,” said Kory Ward-Cook, PhD, MT(ASCP), CAE, CEO of the National Certification Commission for Acupuncture and Oriental Medicine. In 2005–2006, prescription opioids were identified as the presenting problem substance by 10.6% of individuals seeking addiction treatment in Ontario. By 2012–2013, the numbers had increased to 18.2%. [Centre for Addiction and Mental Health. (July 2013). Drug and Alcohol Treatment Information System, data collected up to March 31, 2013]. Data from the Office of the Chief Coroner show that opioid-related deaths in Ontario increased dramatically from 2004 through 2011. Deaths related to oxycodone increased from less than 60 in 2004 to 160 in 2011. Deaths related to fentanyl also increased substantially over this period. [Office of the Chief Coroner of Ontario. (2013). Report for 2009–2011. Toronto, Ont.: Ministry of Community Safety and Correctional Services.]

Chronic pain management has been shown to safely treat headaches, low back pain, and osteoarthritis. From a study of 454,920 patients, minor adverse events (needling pain, hematoma, and bleeding) were reported in 7.9% of patients, while only 0.003% (13 patients) experienced severe

⁹ Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States. *Mayo Clinic Proceedings*. 2016;91(9):1292-1306.

adverse events (pneumothorax, acute hyper- or hypotensive crisis, erysipelas, asthma attack, and aggravation of suicidal thoughts) ¹⁰.

Researchers studied outcomes from 50 years of controlled clinical trials published from 1966 through March 2016 conducted in North America, culling evidence of the efficacy, effectiveness, and safety of seven widely-used complementary approaches or groups of approaches: acupuncture, spinal manipulation or osteopathic manipulation, massage therapy, tai chi, yoga, relaxation techniques including meditation, and selected natural product supplements. The top five pain conditions commonly treated in primary care settings – back pain, osteoarthritis, neck pain, severe headaches and migraine, and fibromyalgia – were evaluated. Results of the study show that acupuncture in combination with yoga was the most effective therapy for back pain and acupuncture with tai chi is the most effective treatment for osteoarthritis pain of the knee. Kelly Lanktree from London Ontario, was prescribed OxyContin after a knee injury in 2009. Within a few months, Ms. Lanktree, 27, grew dependent on the pills. She began chewing, snorting and eventually shooting the drugs to get high. ¹¹

Medical professionals need to act now to change the over-prescribing of opioids to turn around the staggering fatality and addiction statistics plaguing our cities. Opioids are dangerous, highly addictive, and do not treat chronic pain. To solve the opioid epidemic, innovative approaches to address the root cause of pain within the human body must be applied. Some studies have reported reduced consumption of opioid-like medication (OLM) by more than 60% following surgery when acupuncture is used. ^{12 13}

A pilot project was launched at Toronto General Hospital (June 2014) aimed at stopping pain

¹⁰ Weidenhammer W., Streng A., Linde K., Hoppe A., Melchart D. Acupuncture for chronic pain within the research program of 10 German Health Insurance Funds – basic results from an observational study. *Complementary therapies in medicine*. 2007;15(4): 238-46.

¹¹ Weeks C, Howlett K. Prescriptions of opioid drugs skyrocketing in Canada. *The globe and mail*. April 5, 2016.

¹² Lin JG, Lo MW, Wen YR, Hsieh CL, Tsai SK, Sun WZ. The effect of high and low frequency electroacupuncture in pain after lower abdominal surgery. *Pain*. 2002;99(3):509-14.

¹³ Wang B, Tang J, White PF, Naruse R, Sloninsky A, Kariger R, et al. Effect of the intensity of transcutaneous acupoint electrical stimulation on the postoperative analgesic requirement. *Anesthesia and analgesia*. 1997;85(2):406-13.

from becoming chronic after surgery. The Transitional Pain Service at Toronto General Hospital was regarded as the first of its kind, a program where “exercise prescriptions” and acupuncture are used to help manage pain.

The Rehab and Wellbeing Centre located within Mount Sinai hospital, founded by Adam Chen R. Ac., R. TCMP Ph.D., is a progressive step in the integration of eastern and western therapies for pain management. The centre draws referrals from other specialty clinics within the hospital including the Wesser Pain Management Centre, the S.C. Cooper Sport Medicine Clinic as well as orthopaedic surgeons who are turning to non-invasive treatments before recommending surgery. The Rehab and Wellbeing Centre serves as a model example of opioid use alternative.

The Center for Integrative Medicine is a partnership between the University of Toronto (U of T) and The Scarborough Hospital (TSH). The primary objective of the Centre is to evaluate and understand the inner workings of complimentary and alternative medicine (CAM) and their interactions with conventional medications. In delivering answers to needed questions, the Centre has outlined three main goals:

1. To conduct research to enable individuals to make evidence-informed decisions about the safe and effective use of CAM as part of their care. This will include basic science research to better understand how natural health products affect well being, as well as clinical research to know how patients are using CAM and its impact on health.
2. To identify evidence-informed practices that improve the planning, delivery, outcomes and cost-effectiveness of health care across diverse patient populations.
3. To educate health professionals and patients about CAM.

The Center's initiative may pave the road to other similar partnerships across Canada, with the hopes of bringing more awareness and openness to using CAM in place of opioid use for pain management.

Answering the mechanism of action of acupuncture may clear more barriers to its integration and acceptance by the medical community. Furthermore, Matthew Bauer, President of Acupuncture

Now, states “All evidence of acupuncture’s clinical effectiveness and cost effectiveness is measured through clinical research, differing from methods used to collect data in western medicine”.¹⁴ As practitioners, if a therapy is shown to provide greater improvements in pain and/or quality of life while also causing less harm than these higher risk drugs, it is an ethical imperative to promote the safer therapy. The evidence is clear that acupuncture has a better benefit-to-harm ratio for treating low back pain than conventional therapy. The principal of striving for the best benefit-to-harm ratio is found in the popular medical saying to “First, do no harm”.

A systematic review of eight cost-utility and cost-effectiveness studies of acupuncture for chronic pain, the cost per quality of adjusted life year (QALY) gained was below the thresholds used by the United Kingdom National Institute for Health and Clinical Excellence for “willingness to pay”. The chronic pain conditions included in the systematic review included low back pain, neck pain, dysmenorrhea, migraine and headache, and osteoarthritis.¹⁵ This evidence reaffirms that acupuncture is cost effective in the treatment of chronic pain.

Given the magnitude of the current crisis in Ontario concerning opioid abuse and death related to the abuse of opioids, non-opioid alternative approaches for the management of chronic pain have shown to be safer, be more cost-effective, and more effective in managing pain. Non-opioid alternatives should not only be considered, but be presented to patients as one of the main treatment options.

¹⁴ Bauer M. “First, do no... Placebo? How NICE got it Wrong on the Ethics and the Science. 2016.

<https://acupuncturenowfoundation.org/2016/12/first-do-no-placebo-how-nice-got-it-wrong-on-the-ethics-and-the-science/>

¹⁵ Ambrosio EM, Bloor K, MacPherson H. Costs and consequences of acupuncture as a treatment for chronic pain: a systematic review of economic evaluations conducted alongside randomised controlled trials. *Complementary therapies in medicine.* 2012;20(5):364-74.

Sincerely,

Signature:



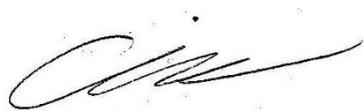
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