



**TESTIMONY OF DR. BRYAN LUDWIG
ON BEHALF OF THE NEW YORK CHIROPRACTIC COUNCIL
BEFORE THE
JOINT SENATE TASK FORCE ON OPIOIDS,
ADDICTION & OVERDOSE PREVENTION**

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ALBANY, NY**

Honorable Chairs and Members of the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention, I am Bryan Ludwig, and I thank you for the opportunity to submit this testimony on behalf of the New York Chiropractic Council (“the Council”). The Council is grateful that the Task Force has agreed with our request to include a panel today consisting of non-pharmacological healthcare providers. The Council was also encouraged by your positive reception to our prior testimony in August, in which we highlighted the importance of taking the time to discuss non-pharmacological healthcare options as an alternative to prescription drugs, and we hope today’s panel of non-pharmacological representatives can fully express how, collectively, we are an important component of the solution to the opioid crisis.

The opioid and heroin epidemic has hit many of our communities, both in New York and nationally. Overdose deaths resulting from opioid abuse have risen sharply in every county of every state across the country in recent years. Though government is appropriately seeking to resolve the crisis and to treat those suffering from addiction, it is our position that more effort needs to be placed on *preventative* goals to eliminate unnecessary exposure to prescription opioids. A non-pharmacological approach – healthcare options that do not utilize prescription drugs – should be one part of the many solutions to some of the interconnected problems contributing to

the crisis. But until today, non-pharmacological care (whether chiropractic or otherwise) has not received the attention it deserves.

Montgomery County Public Health Director Sara Boerenko has said, “The opioid crisis is the thing we’re all talking about.” However, she added, “But unless we address the underlying issues, people are just going to keep finding other substances.” Simply put, we need to increase access to non-pharmacological services that allow the body to heal and be healthy without the use of addictive drugs. And to just that point, the Council initiated and has engaged the other Title 8 Professions to come up with proposed legislation that would help change the culture of healthcare in New York state. We are now working together to present a unified plan for the public and legislators.

Our practice, Chiropractic, dates to 1895, treating neuro-musculoskeletal conditions **without the use of drugs**. In fact, Chiropractic use is inversely related to opioid use! This means that the more Chiropractic care is utilized, the less opioids are prescribed to mask patients’ pain. For well over a century, Doctors of Chiropractic (“DCs”) have studied the relationship between structure (primarily the spine) and function (primarily of the nervous system), and how this interrelationship impacts health and wellbeing. Due to this emphasis on the spine, chiropractors have become associated with spinal and skeletal pain syndromes, and we bring our **non-surgical, non-drug rationale to the management of these problems**. DCs are the quintessential example of non-pharmacologic providers of health care, with particular expertise in neuro-musculoskeletal conditions. **In other words, every day we successfully treat pain without the use of addictive drugs and studies bear this out.**

In a study from the Journal of Manipulative and Physiological Therapeutics, a cross-sectional analysis of per capita supply of DCs and opioid use in younger Medicare beneficiaries

illustrated that a higher per-capita supply of DCs and of Medicare spending on Chiropractic Manipulative Treatment (“CMT”) were inversely associated with younger, disabled Medicare beneficiaries obtaining an opioid prescription.¹ This study was discussed by Council representatives during the hearing in August, and we provided copies to the Task Force.

Additionally, a new study led by Kelsey L. Corcoran of the Yale School of Medicine, published in September 2019, further illustrates the inverse relationship between Chiropractic use and opioid prescriptions. Specifically, the results of the study indicated that “[i]n a random-effects analysis, chiropractic users had 64% lower odds of receiving an opioid prescription than nonusers” with a 95% confidence interval.² We are working on securing the full study to provide to the task force. The British Medical Journal reported, “Compared with seeing a [primary care physician (“PCP”)] as initial provider, patients who first saw conservative therapists (chiropractor, acupuncturists and physical therapists) all had significantly decreased odds of both early and long-term opioid use. For early opioid use, patients initially visiting chiropractors had 90% decreased odds ... while those visiting an acupuncturist had 91% decreased odds ... and those visiting physical therapists had 85% decreased odds Chiropractors, acupuncturists and physical therapists all had major decreased odds of long-term opioid use compared with those who initially saw PCPs”³ In a 2007 study, a large HMO used Chiropractors as their main gatekeepers for

¹ Whedon, James. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids. J Altern Complement Med. 2018 Jun;24(6):552-556. doi: 10.1089/acm.2017.0131. Epub 2018 Feb 22. <https://www.ncbi.nlm.nih.gov/pubmed/29470104>

² Kelsey L Corcoran, Lori A Bastian, Craig G Gunderson, Catherine Steffens, Alexandria Brackett, Anthony J Lisi, Association Between Chiropractic Use and Opioid Receipt Among Patients with Spinal Pain: A Systematic Review and Meta-analysis, Pain Medicine, pnz219, <https://doi.org/10.1093/pm/pnz219>.

³ Kazis LE, Ameli O, Rothendler J, et al. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. BMJ Open 2019;9:e028633. doi: 10.1136/bmjopen-2018-028633, <https://bmjopen.bmj.com/content/9/9/e028633>.

seven years and, in addition to other costs going down: for outpatient surgeries and hospital admissions, their pharmaceutical costs went down by 85%.⁴

Studies clearly show, and our direct experiences correlate, that Chiropractic and other non-pharmacological services are effective at reducing opioid prescriptions. The New York Chiropractic Council recently participated in a panel (including myself) last month at the NYS Recovery Conference put on by Friends of Recovery NY (“FOR-NY”). We presented on the contrast of the “Normal Brain vs. the Addicted Brain” and how Chiropractic care both prevents addiction and improves recovery rates. When a physical “subluxation” is present, it actually changes the chemical makeup of the brain. Through this and many mechanisms, variations in the reward center of the brain may increase a person’s tendency to develop an addiction. This affects both the person who does not yet have an addiction as well as the person who already developed one. Chiropractic care thus directly addresses the root cause of pain: (1) without risking increased tendency towards addiction; and (2) without introducing addictive substances into the process, thus reducing both exposure to and addictions from opioids.

When meeting with the FOR-NY team and with recovery centers and providers participating at the conference, it was clear that this and other “holistic tracts” presented at the conference are the current standard *already in use* at recovery centers. Health strategies such as massage, yoga, mindfulness, music, mental health support, animal interaction, art – and yes, even Chiropractic – are their standard, not the exception.

The New York Chiropractic Council’s mission is to provide awareness of access to and the benefits of such non-pharmacological healthcare options, both to treat those currently addicted to

⁴ Richard L. Samat, MD, James Winterstein, DC, Jerrilyn A. Cambron, DC, PhD. Clinical Utilization and Cost Outcomes from an Integrative Medicine Independent Physician Association: An Additional 3-year Update. J Manipulative Physiol Ther 2007 (May); 30 (4): 263–269), DOI: 10.1016/j.jmpt.2007.03.004 <https://www.ncbi.nlm.nih.gov/pubmed/17509435>.

opioids and to prevent new addictions from taking hold in the first place. The Council has put on two Community Connects, a community service to raise awareness of non-pharmacological approaches to health care. Our inaugural Community Connect was held in Albany, and another in Harlem – which was covered by FOX TV. We plan to continue this program throughout the state. Non-pharmacological alternatives for pain treatment must be a part of any ongoing dialogue to find real, workable solutions to end the opioid epidemic. We thank you for your support and appreciate the Task Force’s willingness to hold today’s panel to discuss our solutions to resolve this opioid crisis. The Council is happy to answer any questions you may have.

