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# Why Seeing a Chiropractor Before Taking Pain Medication Prevents Opioid Addiction: A Research Report

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## 1. Introduction: The Intersection of Pain Management and a Public Health Crisis

The United States is in the grip of a devastating public health crisis fueled by opioid addiction and overdose. What began as a well-intentioned effort to better manage patient pain has spiraled into a national emergency, leaving a trail of shattered lives, grieving families, and overburdened healthcare systems. From 1999 to 2023, an estimated 806,000 people died from an opioid overdose, a figure that includes both prescription and illicit substances [1]. The crisis has evolved through distinct waves, with the first wave beginning in the 1990s, directly linked to a significant increase in the prescribing of opioid painkillers [1]. While these medications can offer powerful short-term relief, their long-term use is fraught with peril, including the high risk of dependence, addiction, and fatal overdose [2][3].

For millions of Americans, the path to addiction does not start in a dark alley but in a doctor's office with a legitimate prescription for pain. An estimated 2 million people were regularly abusing opioids in 2018, and a significant portion of this problem originates from the management of common conditions like acute and chronic pain [4]. This reality exposes a fundamental flaw in the conventional pain management paradigm—one that has historically prioritized pharmacological symptom suppression over addressing the root cause of the pain itself. The very act of writing a prescription, intended to heal, can inadvertently open a door to a lifetime of struggle. A single day's supply of opioids carries a 6% chance of the patient still being on the medication a year later; for a month-long prescription, that risk skyrockets to 30% [5].

It is at this critical juncture—the initial consultation for pain—that the greatest opportunity for prevention exists. This research report argues for a paradigm shift in the standard of care for musculoskeletal pain, advocating for the adoption of non-pharmacological, evidence-based interventions as the first line of treatment. Specifically, it will demonstrate how utilizing chiropractic care *before* resorting to opioid medication can serve as a powerful preventative measure against opioid addiction. By providing effective, safe, and patient-centered treatment that addresses the biomechanical origins of pain, chiropractic care can interrupt the cycle of addiction before it even begins. This report will explore the staggering data of the opioid crisis, present compelling evidence for the efficacy and superiority of chiropractic treatment for many pain conditions, and offer practical recommendations for patients, providers, and policymakers to foster a healthcare system that prioritizes long-term wellness over short-term chemical relief.

## 2. The Opioid Crisis: A Catastrophe Born from Prescription Pads

To understand the solution, one must first grasp the sheer scale of the problem. The opioid crisis is not a distant, abstract issue; it is a daily tragedy unfolding in communities across the nation. In 2023, an average of 217 people died each day from an opioid overdose [1]. Provisional data from the Centers for Disease Control and Prevention (CDC) estimated that nearly 110,000 Americans died from drug overdoses in 2022, with over 81,000 of those deaths involving opioids [6]. This marks an approximate 400% increase in just over a decade, a statistic that underscores the crisis's relentless acceleration [6].

The crisis was officially declared a nationwide Public Health Emergency on October 27, 2017, but its roots run much deeper [6]. The first wave of overdose deaths, beginning around 1999, was directly tied to the increased prescribing of opioid analgesics for pain management [1]. This proliferation was fueled by a confluence of factors, including marketing campaigns that downplayed addiction risks and a cultural shift in medicine that emphasized the aggressive treatment of pain as a "fifth vital sign." Doctors now write enough opioid prescriptions for 30.5% to 44.2% of all residents in some areas to have one, creating a landscape saturated with these high-risk medications [7].

### 2.1 The Slippery Slope: From Legitimate Prescription to Addiction

The most insidious aspect of the opioid crisis is how easily a legitimate medical need can morph into a devastating addiction. Anyone who takes prescription opioids is at risk of developing an opioid use disorder (OUD) [2]. The risk is not limited to a small, susceptible fraction of the population; studies show that between 3% and 19% of individuals who are prescribed opioids for pain will develop a chronic dependency [5]. In primary care settings, as many as one in four people receiving long-term opioid therapy struggle with addiction [3].

The biological and psychological mechanisms of this transition are well-understood. Opioids work by binding to receptors in the brain, blocking pain signals and producing feelings of euphoria. Over time, the body develops a tolerance, requiring higher doses to achieve the same effect. This leads to physical dependence, where the body adapts to the drug's presence and experiences severe withdrawal symptoms—such as nausea, muscle aches, anxiety, and insomnia—if the medication is stopped or reduced. This powerful negative reinforcement makes cessation incredibly difficult.

The duration of the initial prescription is a critical factor in determining long-term risk. Even a brief exposure can be dangerous. As noted, a one-day prescription carries a 6% risk of continued use after one year, while an eight-day prescription more than doubles that risk to 13.5% [5]. Each subsequent refill further amplifies the danger, creating a feedback loop where short-term treatment decisions can lead to long-term catastrophic consequences.

### 2.2 The Escalation to Illicit Drugs and Overdose

As tolerance builds and prescriptions become harder to obtain or insufficient to satisfy the body's dependence, many individuals are driven to seek opioids from illicit sources. This marks the transition from the first wave of the crisis (prescription opioids) to the second and third waves, characterized by heroin and, most recently, potent synthetic opioids like fentanyl [1]. Fentanyl, which is 50 to 100 times more potent than morphine, is now a primary driver of overdose deaths. By June 2021, synthetic opioids were implicated in an estimated 87% of all opioid-related deaths and 65% of all drug overdose deaths in the U.S. [6]. This escalation pathway highlights the profound danger of the initial prescription; it is often the gateway that leads users down a progressively more dangerous road, culminating in exposure to illicit

substances of unknown purity and lethal potency. The data is clear: the opioid crisis is inextricably linked to the prescribing habits within our healthcare system, and preventing the first prescription is the most effective way to prevent the tragic outcomes that follow.

### **3. Chiropractic Care: A Safer First-Line Defense Against Pain**

In the face of the opioid crisis, the medical community and policymakers have been forced to re-evaluate the foundational principles of pain management. Clinical practice guidelines from numerous leading health organizations are now converging on a powerful, evidence-based consensus: non-pharmacological therapies should be the first line of treatment for many common musculoskeletal pain conditions, particularly low back and neck pain [8]. Among these therapies, chiropractic care stands out as a highly effective, safe, and patient-centered approach that directly addresses the biomechanical sources of pain, thereby reducing or eliminating the need for opioid prescriptions from the outset.

Chiropractic is a healthcare profession focused on the diagnosis, treatment, and prevention of disorders of the musculoskeletal system and their effects on the nervous system and general health. The cornerstone of chiropractic care is spinal manipulative therapy (SMT), also known as a skilled specific chiropractic adjustment. This precise, hands-on procedure is designed to restore joint mobility, alleviate nerve irritation, and reduce inflammation. Unlike opioids, which merely mask pain signals in the brain, chiropractic care aims to correct the underlying structural and functional problems causing the pain.

#### **3.1 Evidence for Efficacy: How Chiropractic Outperforms Standard Medical Care**

A growing body of high-quality research demonstrates the effectiveness of chiropractic care, often showing it to be superior to conventional medical approaches that rely heavily on medication. By providing tangible pain relief and improving function, chiropractic care directly reduces the primary driver for opioid prescriptions.

Numerous studies and systematic reviews have established the benefits of SMT for acute and chronic low back pain, one of the most common reasons for seeking medical care and a frequent trigger for initial opioid prescriptions. Research consistently shows that patients receiving chiropractic care experience greater reductions in pain and disability compared to those receiving usual medical care.

Furthermore, recent research directly links the utilization of chiropractic services with a significant reduction in opioid use. A 2025 study highlighted that chiropractic care is recommended as a first-line treatment for low back pain and that its use is associated with lower opioid prescriptions [9]. Another 2025 report reinforces this, stating that chiropractic patients have "increasing success in reducing opioids" and that these outcomes provide strong evidence for why chiropractic should be a first-line provider for low back pain [10]. This is not an isolated finding. A 2023 study found that skilled specific chiropractic spinal adjustments were associated with reduced odds of receiving prescriptions for both opioids and benzodiazepines in patients with radicular low back pain [11]. This evidence strongly suggests a direct, preventative relationship: when patients have access to and utilize chiropractic care, they are less likely to be exposed to the risks of addictive medications.

#### **3.2 The Safety Profile: "First, Do No Harm"**

The ethical principle of *primum non nocere*, or "first, do no harm," is a cornerstone of medicine.

When viewed through this lens, the routine prescribing of opioids as a first-line treatment for many musculoskeletal conditions represents a profound ethical failure. The known risks of

dependence, addiction, overdose, and death associated with opioids are substantial and well-documented [2][3].

In stark contrast, chiropractic care boasts an exceptional safety profile. The risks associated with SMT are rare and typically minor and self-limiting, such as temporary muscle soreness or stiffness. Serious adverse events are exceedingly uncommon. When comparing the risk profile of a treatment that may cause temporary soreness to one that contributes to hundreds of deaths per day, the choice for a first-line intervention becomes clear. Adopting a "chiropractic first" model for appropriate conditions realigns pain management with its core ethical duty to prioritize patient safety and long-term well-being. This approach is not about withholding relief but about providing effective relief through safer means, reserving high-risk interventions like opioids for cases where they are truly necessary and when other options have been exhausted.

### **3.3 A Holistic, Patient-Centered Approach**

Beyond the adjustment itself, chiropractic care embodies a holistic and patient-centered philosophy. A typical chiropractic treatment plan extends beyond passive care and actively involves the patient in their recovery. Chiropractors provide education on posture, ergonomics, and lifestyle modifications. They often prescribe therapeutic exercises and stretches to improve strength, flexibility, and resilience, empowering patients to take an active role in managing their condition and preventing recurrence.

This approach fosters self-efficacy and reduces the sense of helplessness that can accompany chronic pain. It shifts the locus of control from an external substance (a pill) to the patient's own actions and behaviors. This psychological empowerment is a critical, yet often overlooked, component of effective pain management and is entirely absent in a purely pharmacological model. By treating the whole person—not just the symptom—chiropractic care builds a foundation for lasting health and wellness, making it a truly preventative form of medicine. This proactive, empowering model is precisely what is needed to turn the tide against the passive, high-risk model of care that has fueled the opioid epidemic.

## **4. Interrupting the Pathway to Addiction: The "Chiropractic First" Model**

The pathway from acute pain to opioid addiction is a predictable, multi-stage process. It begins with a pain event, followed by a healthcare encounter that results in an initial opioid prescription. This exposure can lead to tolerance, dependence, dose escalation, and, for some, a transition to illicit use. The most logical and effective point of intervention is at the very beginning of this chain: preventing the initial prescription. The "Chiropractic First" model proposes a fundamental reordering of the standard of care for non-cancer musculoskeletal pain, positioning chiropractic and other non-pharmacological treatments as the default, go-to option.

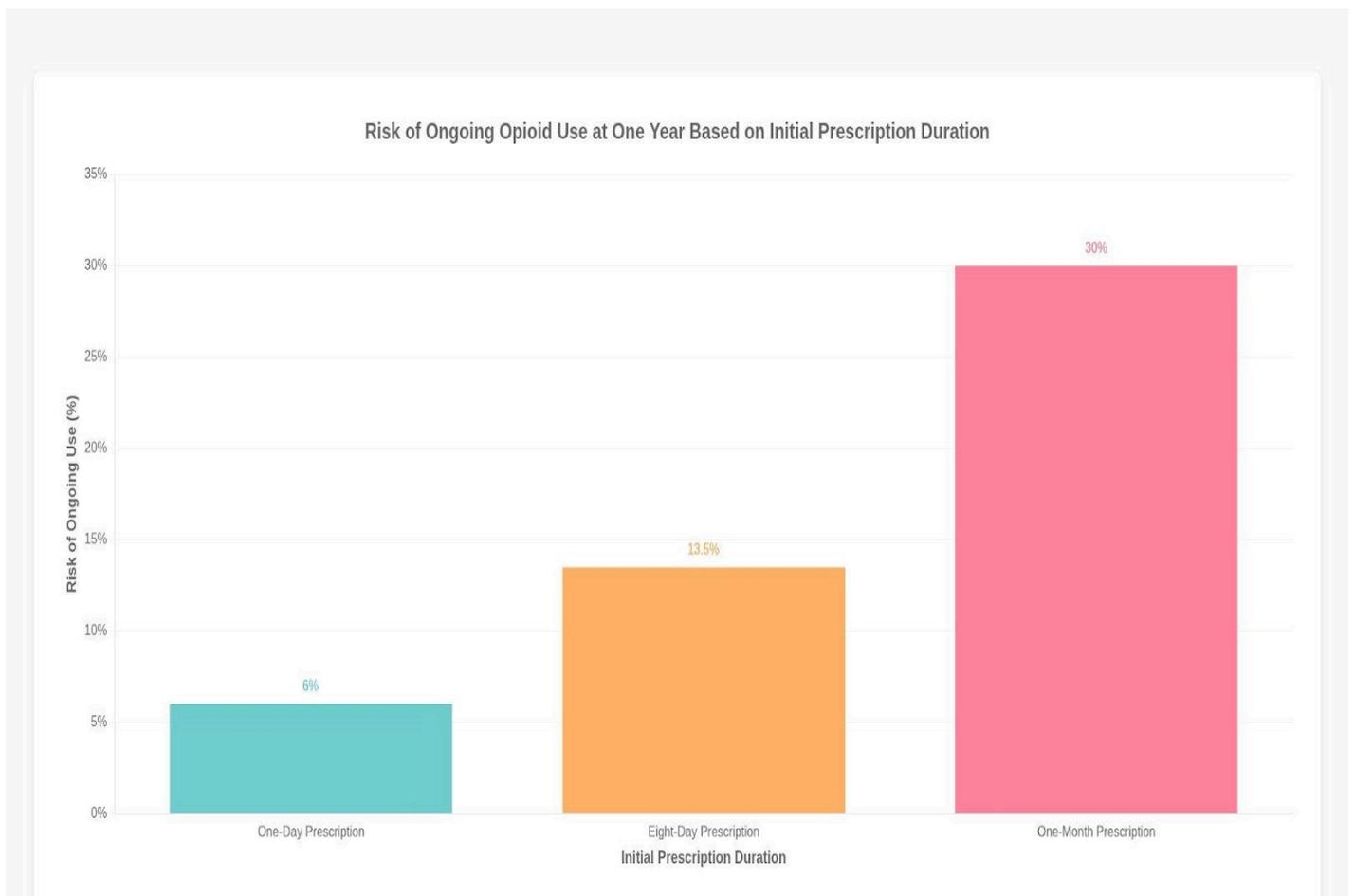
### **4.1 How Early Intervention Changes Outcomes**

When a patient presents with a condition like acute low back pain, the initial clinical encounter is a critical gateway that directs their entire subsequent treatment journey.

- **Conventional Pathway:** The patient sees a primary care physician or visits an emergency room. Lacking time for a detailed biomechanical assessment or training in non-pharmacological techniques, the provider's quickest and most familiar tool is the prescription pad. The patient leaves with a bottle of opioids, initiating their exposure and starting them down a path of potential risk.
- **Chiropractic First Pathway:** The patient's first point of contact is a chiropractor. The chiropractor performs a thorough physical examination to diagnose the underlying mechanical cause of the pain.

Treatment, beginning with spinal manipulation, is initiated on the same day. The patient experiences pain relief and improved function without any exposure to addictive drugs. They are also educated on self-care strategies and active rehabilitation. The need for an opioid prescription is completely averted.

This diversion at the initial point of care is the core mechanism of prevention. Research consistently supports this effect. Studies have shown that patients who receive chiropractic care are significantly less likely to fill an opioid prescription. This model aligns with modern clinical guidelines that recommend non-pharmacological approaches as the preferred first-line therapy [8][12]. By implementing practices like chiropractic as the first line of defense, the healthcare system can build a powerful bulwark against the creation of new cases of opioid dependence [13].



## 4.2 System-Wide Benefits: Cost-Effectiveness and Public Health

Beyond the profound benefit to individual patients, a widespread shift to a "Chiropractic First" model offers substantial advantages for the healthcare system and public health as a whole. The economic burden of the opioid crisis is staggering, encompassing costs for addiction treatment, emergency services for overdoses, the criminal justice system, and lost workplace productivity.

Conversely, studies have shown that care pathways beginning with chiropractic services are often more cost-effective. By resolving pain efficiently and avoiding the downstream costs associated with opioid addiction and its complications, this approach can lead to significant long-term savings. A 2023 study noted the importance of analyzing the utilization and costs associated with the timing of first-line services, suggesting that early incorporation of chiropractic care could be beneficial from both a clinical and economic perspective [14]. When patients get the right care at the right time, the system avoids the expensive and tragic consequences of a failed treatment strategy.

From a public health standpoint, prevention is always superior to treatment. By reducing the overall volume of opioids circulating in society, we not only prevent new cases of addiction but also reduce the supply of drugs available for diversion and non-medical use. This strategy attacks the problem at its source, offering a sustainable, long-term solution to a crisis that has been exacerbated by a reliance on reactive, symptom-based treatments.

## **5. Recommendations and Conclusion: Forging a New Path in Pain Management**

The evidence is clear and compelling: prioritizing chiropractic care as a first-line treatment for musculoskeletal pain is a powerful, evidence-based strategy to combat the opioid epidemic. It offers a safer, more effective, and more sustainable approach to pain management that aligns with the best interests of patients, providers, and society. To translate this knowledge into widespread practice, however, requires concerted action from all stakeholders.

### **5.1 Recommendations for Action**

**1. For Patients:** Individuals experiencing back pain, neck pain, or other musculoskeletal issues should actively seek out conservative, non-pharmacological options first. Ask your doctor about alternatives to opioids, including a referral to a doctor of chiropractic. Understand that while a pill may offer fast relief, it often comes with significant long-term risks. Empower yourself with information and advocate for a treatment plan that addresses the root cause of your pain, not just the symptoms.

**2. For Healthcare Providers (MDs, DOs, NPs, PAs):** Re-evaluate ingrained prescribing habits for musculoskeletal pain. Familiarize yourself with the latest clinical guidelines that recommend non-pharmacological care as the first line of treatment. Establish referral networks with qualified chiropractors in your community to create a seamless, integrated care pathway for your patients. Frame opioids as a last resort, not a first option, and engage in thorough shared decision-making that fully discloses the profound risks of addiction associated with even short-term prescriptions.

**3. For Policymakers and Insurers:** Policies must be enacted to remove barriers and promote access to conservative care. This includes ensuring insurance parity, so that chiropractic care is covered as comprehensively as pharmacological treatments and other medical procedures. Support public health campaigns that educate the population about the dangers of opioids and the benefits of safer alternatives. Fund further research into the comparative effectiveness and cost-effectiveness of non-pharmacological interventions to continue building the evidence base.

### **5.2 Conclusion**

The opioid crisis was not an unavoidable natural disaster; it was a man-made catastrophe born from a flawed approach to pain management—one that overvalued the immediate, symptomatic

relief offered by a pill and undervalued the long-term safety and well-being of the patient. We cannot undo the damage that has been done, but we have a moral and clinical imperative to change our course to prevent future harm.

Adopting a "Chiropractic First" model is not a radical idea; it is a rational, evidence-based return to the fundamental principle of "first, do no harm." It is about using the safest and most effective tools first. By leveraging the proven benefits of chiropractic care—effective pain relief, exceptional safety, and a patient-centered, functional approach—we can stop the cycle of opioid addiction before it begins. By diverting patients at the most critical juncture, the initial consultation for pain, we can prevent the first prescription that so often serves as the gateway to a lifetime of suffering. This shift in paradigm is one of the most powerful public health interventions available to us in the fight against the opioid epidemic, offering a path away from dependence and towards genuine healing and recovery.

## References

- [1] Understanding the Opioid Overdose Epidemic - CDC.  
<https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>
- [2] About Prescription Opioids | Overdose Prevention - CDC.  
<https://www.cdc.gov/overdose-prevention/about/prescription-opioids.html>
- [3] Risk Factors for Opioid Misuse, Addiction, and Overdose.  
<https://www.dol.gov/agencies/owcp/opioids/riskfactors>
- [4] Opioids' Long Shadow - AMA Journal of Ethics.  
<https://journalofethics.ama-assn.org/article/opioids-long-shadow/2020-08>
- [5] The role of healthcare professionals in opioid addiction prevention.  
<https://www.mayoclinic.org/medical-professionals/trauma/news/the-role-of-healthcare-professionals-in-opioid-addiction-prevention/mac-20561321>
- [6] Opioid Use Disorder - [Psychiatry.org](https://www.psychiatry.org).  
<https://www.psychiatry.org/patients-families/opioid-use-disorder>
- [7] Opioid Crisis Statistics [2025]: Prescription Opioid Abuse.  
<https://drugabusestatistics.org/opioid-epidemic/>
- [8] The impact of chiropractic care on prescription opioid use for non-cancer spine pain: protocol for a systematic review and meta-analysis.  
<https://link.springer.com/article/10.1186/s13643-024-02654-6>
- [9] The Impact of Chiropractic Care on Opioid Prescriptions in Veterans Health Administration Patients Receiving Low Back Pain Care: Lisi et al.  
<https://link.springer.com/article/10.1007/s11606-025-09556-w>
- [10] Chiropractic Patients Have Increasing Success in Reducing Opioids, Chiropractic Economics. [uschirodirectory.com](https://www.uschirodirectory.com).  
[https://www.uschirodirectory.com/index.php?option=com\\_k2&view=itemlist&task=category&id=77:neck-problems&Itemid=320](https://www.uschirodirectory.com/index.php?option=com_k2&view=itemlist&task=category&id=77:neck-problems&Itemid=320)

[11] Association between chiropractic spinal manipulation and gabapentin prescription in adults with radicular low back pain: retrospective cohort study using US data. BMJ open.

<https://bmjopen.bmj.com/content/13/7/e073258.abstract>

[12] Mapping evidence-based non-opioid and non-pharmacological pain management modalities across Minnesota: the non-opioid pain alleviation information network ....

<https://www.liebertpub.com/doi/abs/10.1089/jicm.2023.0031>

[13] Providers' Perceptions of Chiropractic Care in Treatment of Opioid Addiction.

[search.proquest.com](https://search.proquest.com).

<https://search.proquest.com/openview/f9632d373c6cc24a10d7a1ff0058ade4/1?pq-origsite=gsc&holar&cbl=18750&diss=y>

[14] Low back pain service utilization and costs: association with timing of first-line services for individuals initially contacting a physician specialist. A retrospective cohort .... medRxiv.

<https://www.medrxiv.org/content/10.1101/2023.03.22.23287530.abstract>

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Respectfully,



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