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Opioids should not be used for back pain.

Back pain is a common and sometimes disabling condition that affects more than 80% of people sometime in their lifetime. Over 20% of people have back pain at any given time and about 11% of the population are disabled by it.¹

There are many treatments for back pain. These include NSAIDs (ibuprofen, etc.), acetaminophen (Tylenol®), physical therapy, chiropractic or osteopathic manipulation, exercise, acupuncture, counseling, stretching, yoga, and TENS (transcutaneous electrical nerve stimulation) units. A systematic review in 2010 looked at all treatments for nonspecific low back pain and found all to have similar effectiveness and none were much better than placebo.²

There is, however, one treatment that science shows is worse than the others: opioids. Opioids are no better at treating pain than other modalities and *in all types of back pain* they result in worse outcomes.

- When used for acute episodes of back pain they result in higher medical costs, increased risk of surgery and delayed recovery.³ They also double the risk of future disability.⁴
- When used for acute exacerbations of chronic low back pain they dramatically increase the risk of future abuse and addiction.⁵
- When used prior to back surgery, they result in worse outcomes from surgery.⁶
- When used for chronic low back pain the effect on pain is felt to be clinically insignificant⁷ and they result in worse outcomes and worse quality of life.⁸ In fact, the American Academy of Neurology recommends against using opioids for chronic back pain.⁹

In summary, there is no study that shows that opioids are beneficial for any type of back pain in any situation. Back pain is the most common diagnosis in which opioids are used. Simply by stopping opioid use for back pain, we can greatly decrease the number of opioids prescribed, reduce abuse and addiction, reduce overdose deaths, and improve pain and quality of life for those with back pain.

Opioids should not be used for back pain. Period.

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