

Appendix

A Response to the Opioid Epidemic:
Integrating TCM Practitioners in American Medical Centers

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Use this appendix to prepare yourself for successful entry into an integrative clinic. Work with this document from start to finish, reviewing information clinics will be looking for, templates on writing resumes, and research supporting your craft. Feel free to fill in your information and take this directly to your target audience or just take what elements you want. This is still just a starting off point. We encourage you to expand your research and always stay present with the times. More information becomes available daily regarding the Opioid Crisis and the effectiveness of acupuncture.

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Professional Resources

An Overview and Guidance for Hospital Administrators, Acupuncturists, and Educators

[Credentialing AOM Professionals](#)

Appendix C: Basic Credentialing Checklist: All Practitioners

1. Application
2. National Provider Identifier (<https://npiregistry.cms.hhs.gov/>)
3. Malpractice insurance face sheet (what's a good malpractice for acupuncturist for hospitals)
4. Malpractice claims history
5. Photo ID
6. DEA certificate and any Board Certifications, if applicable
7. Confirmation of undergraduate, graduate and post-graduate education (eg: official transcripts)
8. Professional references (3)
9. Curriculum vitae (<https://owl.english.purdue.edu/owl/resource/641/1/>)
10. Health form/history
11. Occupation Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA) training certificate (may be an institutional requirement)
12. Verification of HBV vaccination
13. Confirmation of required/elective continuing education (last 5 years)
14. Agreement delineating hospital privileges, if applicable

[HIPAA](#)

Everything you need to know

[Vaccination](#)

Where to get vaccinated

State Licensing Requirements

[Counsel of College of Acupuncture and Oriental Medicine](#)

[National Certification Commission \(NCCAOM\) State Licensure Interactive Map](#)

Education Requirements

<p>School Requirements</p> <p># of classroom hours</p> <p># of clinical hours</p> <p># patients treated - <i>you can get this from your school</i></p> <p># herbal training, body work, ect.</p> <p>Board examinations</p>	<p>Example</p> <p>200 credits (2,898 hours) total:</p> <p>1) 159.5 didactic credits (1926 hours)</p> <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">Credits</td> <td style="text-align: center;">Hours</td> </tr> <tr> <td>Acupuncture</td> <td style="text-align: center;">63</td> <td style="text-align: center;">756</td> </tr> <tr> <td>Herbal</td> <td style="text-align: center;">42.5</td> <td style="text-align: center;">522</td> </tr> <tr> <td>Integral 14</td> <td style="text-align: center;">168</td> <td></td> </tr> <tr> <td>Biomedicine</td> <td style="text-align: center;">40</td> <td style="text-align: center;">480</td> </tr> </table> <p>2) 40.5 clinical credits (972 hours)- 450 patient encounters</p> <table border="0" style="margin-left: 40px;"> <tr> <td>Observation</td> <td style="text-align: right;">72</td> </tr> <tr> <td>Clinic Theater</td> <td style="text-align: right;">108</td> </tr> <tr> <td>Acupuncture</td> <td style="text-align: right;">588</td> </tr> <tr> <td>Herbal</td> <td style="text-align: right;">72</td> </tr> <tr> <td>Community</td> <td style="text-align: right;">60</td> </tr> <tr> <td>Focus/Specialty</td> <td style="text-align: right;">72</td> </tr> </table>		Credits	Hours	Acupuncture	63	756	Herbal	42.5	522	Integral 14	168		Biomedicine	40	480	Observation	72	Clinic Theater	108	Acupuncture	588	Herbal	72	Community	60	Focus/Specialty	72
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[From CCAOM “Know Your Acupuncturist”](#)

<i>Contact Hours in Acupuncture Education</i>	<i>Practitioner Title</i>	<i>Application</i>
3-4 years (1500 - 2000 hours in acupuncture)*	Typically a Licensed Acupuncturist (LAc)** who has obtained a degree/diploma from an ACAOM-accredited college and has passed the national certification exams administered by the NCCAOM.***	A broad range of health issues, including chronic disease, pain, internal medicine, rehabilitation, and prevention
300 hours or less in acupuncture	Typically a medical doctor, osteopath, naturopath, or chiropractor who uses acupuncture as an adjunctive technique. The World Health Organization recommends that medical doctors have a minimum of 200 hours of training to know when to refer to a more fully-trained Acupuncturist or Oriental Medicine practitioner.	Pain, basic ailments
100 hours or less in acupuncture	Typically a detox/auricular acupuncture technician or chiropractor (detox techs are generally limited to 5 points on the ear)	Addiction & pain

Templates

Resume Template

Personal Information		
First and Last Name		
Contact Information		
Objective or Personal Statement		
What are you all about, what are you trying to achieve		
Qualifications		
Education		
Formal education (start with highest level of education)		
Certifications and Honors		
Achievements, special training, awards		
Example: cupping certification, sports medicine training, scholarships		
Experience		
Job Title		
Date of employment		
Description of duties		
Relationships		
References		
First and Last Name	Phone and email	Relationship or Profession

Cover Letter Template

Introduction

- Where you saw or heard about the position
- A brief background on the organization and its goals
- How your experience matches the position
- How you will help the organization achieve its goals
- Your objective: an interview

Body Paragraph 1

- More detail on company goals/mission
- More detail supporting your claim that you can help them achieve goals/mission
- Specific example based on information in résumé
- How you will help the organization

Body Paragraph 2

- More detail on position requirements
- More detail supporting your claim that your experience fulfills these requirements
- Specific example based on information in résumé
- How you will help the organization

Closing

- Repeat your main objective: an interview
- Provide contact information
- Close the letter in a professional manner
- Provide signature block
- Provide enclosure information

Curriculum Vitae

Templates and Instructions

A CV is more personal and creative than most resumes. Check out these examples but also look for others. Why do they catch your attention?

Helpful Links

Elevator Pitch

[How does acupuncture work?](#)

There are so many YouTube links describing how acupuncture works, do not just stop at this link. Watch a few and come up with your own pitch.

[Dry Needling](#)

The controversy over dry needling is another topic for another person to address. We just want to say that you will be asked about it, so have an answer to “What’s your take on dry needling?”. In our discussions with practitioners currently in integrative positions, even patients will ask if you do “dry needling”, so this is an opportunity for us to have access to and educate more people.

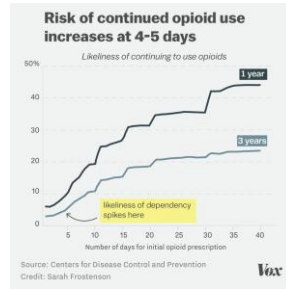
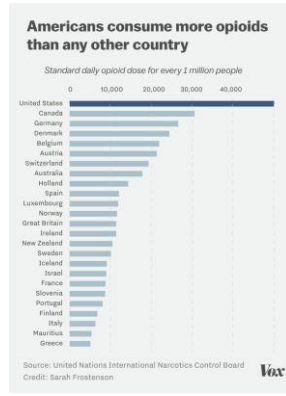
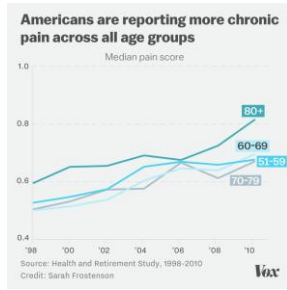
Keeping up with the Media

The NCCAOM does an amazing job of collecting updates about acupuncture in the media and where we’re helping to change the conversation, [here](#).

[NCCAOM External News](#)

Infographics

Click the image to link to the source if the infographic.



Acupuncture: A Key Solution for Treating America's Painkiller Epidemic

THE US PAIN EPIDEMIC: 4x Rates of Prescription Opioid Abuse, 17,000 Deaths, 80,000 Annual Excess Cost of Care, \$635 Billion Annual Excess Cost of Care

TRY ACUPUNCTURE: 1. Lower Cost to Insurance Companies, 2. Fewer Inpatient Expenses, 3. Non-Addictive, 4. Happier Patients, 5. Low Cost, 6. Evidence Based

Acupuncture is Safe, Proven, Effective & Non-Addictive

The Opioid Epidemic: By the Numbers

Drug overdose deaths, United States, 2014*

Share of Pain from Opioid Abuse in Dependence and Abuse of Opioids

Estimated impact of the Opioid Epidemic: 20 million in health and social costs, 20 million in emergency department and treatment costs, 100 people die from heroin use, 100 people die from opioid-related overdose

MOVING BEYOND MEDICATIONS

Non-Pharmacological Approaches to Pain Management and Well-Being

1. Assess needs: Assess a patient's individual needs, including social, financial, and cultural factors.

2. Set Goals: Set goals for pain management, functional improvement, and patient satisfaction.

3. Educate: Educate patients on non-pharmacological approaches to pain management.

4. Develop a plan: Develop a plan for pain management that includes non-pharmacological approaches.

5. Follow up: Follow up with patients to ensure that their pain is managed and their needs are met.

Fact Sheet: Cost-effectiveness of Acupuncture

I. Cost-effectiveness of Acupuncture: Acupuncture is a cost-effective, safe, and effective treatment for a variety of health care settings.

II. Clinical Efficacy: Acupuncture is a safe and effective treatment for a variety of health care settings.

III. Acupuncture Training: Acupuncture training is a safe and effective way to train health care professionals.

IV. Acupuncture treatments are safe and result in very few side effects.

Know Your Acupuncturist

Acupuncture is a safe and effective treatment for a variety of health care settings.

Acupuncture is a safe and effective treatment for a variety of health care settings.

The amount of opioids prescribed per person was three times higher in 2015 than in 1999.

100 MORE (1999) vs **300 MORE** (2015)

Source: Administration of Reports and Compliance System (ORCS) of the Drug Enforcement Administration, 1999-2015

Promising actions for safer opioid prescribing.

Problem: High prescribing
Solution: Safer prescribing practices

Problem: Too many prescriptions
Solution: Favor prescriptions

Problem: Too long days
Solution: Lower doses

Problem: Too high doses
Solution: Lower doses

Research & Other Resources

This section is designed to be a jumping-off point for your personal resources. It is important to have a collection of relevant research and related articles about the efficacy of acupuncture and TCM. Since new studies are emerging everyday, it is also important to stay on top of things by checking journals and research websites routinely.

Research on Acupuncture in the Treatment of Pain

Just a few of our favorites that often paved the way for future studies.

1. [Vickers, A. J., Cronin, A. M., Maschino, A. C., Lewith, G., Macpherson, H., Victor, N., ... Linde, K. \(2010\). Acupuncture for chronic pain: individual patient data meta-analysis. Arch Intern Med. 2012 Oct 22; 172\(19\): 1444–1453. doi: 10.1001/archinternmed.2012.3654](#)
 - a. A systematic review and meta-analysis of randomized acupuncture trials, almost 18,000 patients analyzed. They concluded:
"Acupuncture is effective for the treatment of chronic pain and is therefore a reasonable referral option. Significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo. However, these differences are relatively modest, suggesting that factors in addition to the specific effects of needling are important contributors to the therapeutic effects of acupuncture."
2. [Harris, R. E., Zubieta, J., Scott, D. J., Napadow, V., Gracely, R. H., & Clauw, D. J. \(2009\). Traditional Chinese acupuncture and placebo \(sham\) acupuncture are differentiated by their effects on \$\mu\$ -opioid receptors \(MORs\). NeuroImage, 47\(3\), 1077-1085. doi:10.1016/j.neuroimage.2009.05.083](#)
 - a. "Acupuncture therapy evoked short-term increases in MOR binding potential, in multiple pain and sensory processing regions including the cingulate (dorsal and subgenual), insula, caudate, thalamus, and amygdala. Acupuncture therapy also evoked long-term increases in MOR binding potential in some of the same structures including the cingulate (dorsal and perigenual), caudate, and amygdala. These short- and long-term effects were absent in the sham group where small reductions were observed, an effect more consistent with previous placebo PET studies. Long-term increases in MOR BP following TA were also associated with greater reductions in clinical pain. These findings suggest that divergent MOR processes may mediate clinically relevant analgesic effects for acupuncture and sham acupuncture."
3. [Carlsson C, Sjolund B. Acupuncture for chronic low back pain: a randomized placebo-controlled study with long-term follow-up. Clinical Journal of Pain 2001;17 \(4\) :296-305.](#)
 - a. One of the first studies evaluating acupuncture as an intervention from chronic low back pain with long-term follow-up. "A significant decrease in pain intensities occurred at 1 and 3 months in the acupuncture groups compared with the placebo group. There was a significant improvement in return to work, quality of sleep, and analgesic intake in subjects treated with acupuncture."
 - b. Also summarized with related studies in this [Acupuncture Today article](#).

Studies on Mechanisms of Acupuncture

4. [Huang, W., Pach, D., Napadow, V., Park, K., Maeda, Y., Nierhaus, T., ... Witt, C. \(2010\). Characterizing acupuncture stimuli using brain imaging with fMRI—A systematic review of the literature. *European Journal of Integrative Medicine*, 2\(4\), 209. doi:10.1016/j.eujim.2010.09.078](#)
 - a. A meta-analysis of fMRI brain scans with acupuncture, 34 total studies examined. "Most studies suggest that acupuncture can modulate the activity within specific brain areas, and the evidence based on meta-analyses confirmed some of these results".
 - b. More explained [in this video](#).
5. [Theysohn, N., Choi, K., Gizewski, E. R., Wen, M., Rampp, T., Gasser, T., ... Musial, F. \(2014\). Acupuncture-Related Modulation of Pain-Associated Brain Networks During Electrical Pain Stimulation: A Functional Magnetic Resonance Imaging Study. *The Journal of Alternative and Complementary Medicine*, 20\(12\), 893-900. doi:10.1089/acm.2014.0105](#)
 - a. Another study about fMRI imaging published in [Time magazine's "Alternative Medicine" 2014 edition](#).
 - b. "Compared with baseline, volunteers showed modulated brain activity under pain conditions in the cingulate gyrus, insula, primary somatosensory cortex, and prefrontal areas after the acupuncture session. In accordance with the literature, anterior insular and prefrontal activity seemed to be correlated with acupuncture treatment. This study supports the existence of analgesic acupuncture effects that outlast the needling period. Pain-associated brain areas were modulated in direct response to a preceding acupuncture treatment."
6. [Langevin, H. M., & Yandow, J. A. \(2002\). Relationship of acupuncture points and meridians to connective tissue planes. *The Anatomical Record*, 269\(6\), 257-265. doi:10.1002/ar.10185](#)
 - a. "We found an 80% correspondence between the sites of acupuncture points and the location of intermuscular or intramuscular connective tissue planes in postmortem tissue sections. We propose that the anatomical relationship of acupuncture points and meridians to connective tissue planes is relevant to acupuncture's mechanism of action and suggests a potentially important integrative role for interstitial connective tissue"
7. [Takayama, S., Watanabe, M., Kusuyama, H., Nagase, S., Seki, T., Nakazawa, T., & Yaegashi, N. \(2012\). Evaluation of the effects of acupuncture on blood flow in humans with ultrasound color doppler imaging. *Evidence-Based Complementary and Alternative Medicine*, 2012, 1-8. doi:10.1155/2012/513638](#)
 - a. "Our results suggest that acupuncture can affect blood flow of the peripheral, mesenteric, and retrobulbar arteries, and CDI can be useful to evaluate hemodynamic changes by acupuncture."

Resources from Organizations & Agencies

1. [White Paper 2017- Acupuncture’s Role in Solving the Opioid Epidemic](#)
 - a. Seriously, check this out. It is a plethora of information collected by numerous experts in the field, recently published.
2. [National Certification Commission for Acupuncture and Oriental Medicine \(NCCAOM\)](#)
 - a. [“Credentialing of Acupuncturists for Hospital-Based Practice: A Resource Guide for NCCAOM Diplomates”](#).
3. [Academic Collaborative for Integrative Health \(ACIH\)](#)
 - a. Recently released a document [“Credentialing Licensed Acupuncture and Oriental Medicine Professionals for Practice in Healthcare Organizations: An Overview and Guidance for Hospital Administrators, Acupuncturists and Educators”](#), sponsored by the NCCAOM. See related NCCAOM document above.
4. [Acupuncture Now Foundation \(ANF\)](#)
 - a. [Recent article](#) from the President of the ANF about the results of a survey sent to 89,000 acupuncture patients treated between 2014 and 2015 that showed the levels of patient satisfaction exceeded national benchmark averages of conventional care providers. 95%-99% rated their overall quality of care as good to excellent. 80% – 87% rated their acupuncturists at a 9 or a 10 on a 1-10 point scale. 0.014% (13 out of 89,769) patients reported a minor adverse event and no serious ones. 88%-93% said their acupuncturist was successful in addressing their primary complaint.
 - i. Also found [here on Yahoo](#).
5. [The Joint Commission](#)
 - a. The Joint Commission, which accredits more than 21,000 hospitals, health care organizations, and programs in the United States and globally, recommends acupuncture as a first-line treatment in the management of pain.
 - b. [New standards released July 2017 to be implemented January 2018](#).
6. [Center for Disease Control \(CDC\)](#)
 - a. [Published statistics about the opioid epidemic](#).
 - b. [CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016](#)
 - c. [CDC Info about Opioid Prescribing](#)
7. [National Institutes of Health \(NIH\)](#)
 - a. The NIH has [published a list of conditions](#) acupuncture can treat on their National Center for Complementary and Integrative Health (NCCIH) site including low back pain, neck pain, fibromyalgia, headache, IBS, osteoarthritis, and rheumatoid arthritis.
 - b. The NCCIH also has [information about acupuncture and TCM](#) (although not the best sources used).
8. U.S. Department of Health & Human Services
 - a. [Opioids: The Prescription Drug & Heroin Overdose Epidemic](#)

b. [Determination that a Public Health Emergency Exists](#)

Other Agencies that Support Acupuncture

1. The Agency for Healthcare Research and Quality (AHRQ) guideline on [Non-invasive treatments for Low Back Pain](#) found acupuncture to be amongst the most effective treatments.
2. [The Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society on the Diagnosis and Treatment of Low Back Pain recommends acupuncture.](#)
3. [The American Academy of Family Physicians recommends acupuncture for a variety of pain conditions.](#)
4. [The American college of occupational and environmental medicine practice guidelines recommend acupuncture.](#)
5. [The U.S. Department of Health and Human Services – National Institutes of Health Guidance on Low Back Pain](#) recommend acupuncture.
6. [The State of Colorado Division of Workers’ Compensation Medical Treatment Guidelines for Low Back Pain](#) recommends acupuncture.
7. The Institute for Health Economics Evidence-Informed Primary Care Management of Low Back Pain Alberta, Canada recommend a course of acupuncture for chronic low back pain.
8. [Scotland’s National Clinical Guideline for the Management of chronic pain](#) recommends acupuncture for low back pain and osteoarthritis, characterising the strength of the evidence as Grade A (the highest support available).
9. The 4th Edition of [“Acute Pain Management: Scientific Evidence,”](#) Produced by the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine, found Level I evidence for acupuncture for five different clinical indications.
10. The [World Health Organisation](#) has developed a list of 27 conditions for which it recommends acupuncture after its evidence review.

Research on Facilities that Offer CAM

1. [Highfield, E., Kaptchuk, T., Ott, M., Barnes, L., & Kemper, K. \(2003\). Availability of acupuncture in the hospitals of a major academic medical center: a pilot study. Complementary Therapies in Medicine, 11\(3\), 177-183. doi:10.1016/s0965-2299\(03\)00069-4](#)

2. [Horrigan, B., Lewis, S., Abrams, D., & Pechura, C. \(2012\). Integrative medicine in America: How integrative medicine is being practiced in clinical centers across the United States. Minneapolis, MN: Bravewell Collaborative.](#)
 - a. “In a survey of 29 U.S. integrative medicine centers, 75 percent reported success using integrative practices to treat chronic pain and more than half reported positive results for gastrointestinal conditions, depression and anxiety, cancer and chronic stress.”
3. [Samueli Institute, & Health Forum \(Organization\). \(2011\). 2010 complementary and alternative medicine survey of hospitals: Summary of results. Alexandria, VA: Samueli Institute.](#)
 - a. “The 2010 Complementary and Alternative Medicine Survey of Hospitals, a 42-question instrument, was mailed to 5,858 hospitals from American Hospital Association’s inventory of opened and operating member and nonmember hospitals in March 2010... A total of 714 responses were received for a response rate of 12%. Of responding hospitals, 299 (42%) stated that they offered one or more CAM therapies in the hospital—which could be either in the form of services provided to patients or employees.”
 - b. “In fact, a 2007 McKinsey and Company report found that 41% of patients’ choice of hospital is based on their offerings of ‘amenities’ that included complementary and alternative therapies.”

Successful Integrative Models

1. [MD Anderson Cancer Center](#)
 - a. [Acupuncture FAQ page](#)
 - b. “Acupuncture is a practice of traditional Chinese medicine. It has been used for thousands of years. The Integrative Medicine Center (IMC) at MD Anderson pairs this practice with current research. Research has shown it helps with side effects of cancer and related treatments, including:
 - Nausea and vomiting
 - Pain (such as joint pain)
 - Neuropathy (numbness or tingling in the hands or feet)
 - Dry Mouth
 - Hot flashes
 - Fatigue”
2. [Baylor Scott & White Health](#)

Cost Effectiveness & Safety of Acupuncture

1. [PAINS Project](#)
 - a. PAINS is a collaborative engagement of over 40 key stakeholders whose mission is to change the way pain is perceived, judged, and treated.
 - b. “Overall, CAM users had lower average expenditures than nonusers (\$3,797 versus \$4,153). Their outpatient expenses were higher, but offset by lower expenses for inpatient care and imaging. People who had the heaviest disease burdens accounted for the highest levels of savings, an average of \$1,420.”
2. [Maine Association of Acupuncture and Oriental Medicine \(MAAOM\)](#)
 - a. Published a [Fact Sheet](#) about the cost-effectiveness, clinical efficacy, and safety of acupuncture.
 - b. “Post Stroke Rehabilitation \$26,000 savings per patient with acupuncture treatment (Johansson, K. et al (1994) Neurology 43:2189-2192)
Angina Pectoris \$32,000/5yrs savings per patient with acupuncture treatment and reduction of hospitalization by 90% and a 70% reduction in surgery. (Altern, J. Complement Med 5:405-413)
Severe Osteoarthritis \$9,000 savings per patient with acupuncture treatment compared to arthroplasty surgery, “Acupuncture in the Treatment of Severe Osteoarthritis: a long term study”.
Carpal Tunnel Syndrome (CTS) \$4246 savings per patient with acupuncture treatment
Laser acupuncture treatments vs. medically treated without surgery.”
 - c. “Acupuncture has been rated at the highest level of effectiveness in the treatment of low back pain in two large studies (Cochrane and the British Government), and as a result of these studies the British and German health care systems now pay for acupuncture treatment.
According to a study in Washington State, costs actually decreased for acupuncture and complementary medicine users in high disease burden groups due to a reduction of more expensive conventional care.
In these studies, inclusion of acupuncture did not significantly escalate health care costs, perhaps decreasing costs if preventive care, whose results are hard to factor in, were included.”
3. [Acupuncture Today](#) article:
 - a. “A British study, which focused specifically on acupuncture's cost-effectiveness in treating chronic knee pain, concluded that one-third of patients with knee osteoarthritis and were candidates for total knee replacement surgery had achieved long-term symptom relief after two years. The study, published on Sept. 12, 2012, determined that the acupuncture treatments had saved at least 100,000 pounds (about \$162,000) per year within the study group.”
4. [Kim, S., Lee, H., Chae, Y., Park, H., & Lee, H. \(2012, 10\). A systematic review of cost-effectiveness analyses alongside randomised controlled trials of acupuncture. Acupuncture in Medicine, 30\(4\), 273-285. doi:10.1136/acupmed-2012-010178](#)
 - a. Also reported that no severe adverse effects occurred in all studies examined.
5. [Ernst, E., & White, A. R. \(2001, 04\). Prospective studies of the safety of acupuncture: A systematic review. The American Journal of Medicine, 110\(6\), 481-485. doi:10.1016/s0002-9343\(01\)00651-9](#)

- a. “The most common adverse events were needle pain (1% to 45%) from treatments, tiredness (2% to 41%), and bleeding (0.03% to 38%). Feelings of faintness and syncope were uncommon, with an incidence of 0% to 0.3%. Feelings of relaxation were reported by as many as 86% of patients. Pneumothorax was rare, occurring only twice in nearly a quarter of a million treatments.”
6. [Lao L. Acupuncture Practice, Past and Present: Is it Safe and Effective? Journal of the Society of Integrative Oncology. 2006;4\(1\):13-5.](#)
 - a. A systematic review suggests that acupuncture performed by trained practitioners using clean needle technique is a generally safe procedure.

Other Implications of Opioid Use

Absenteeism and the cost of opioid dependence in the workplace has become a real issue to American employers. More information visit [this website](#).

1. [Absenteeism due to opioid addiction cost American employers \\$1.1 billion in 2007.](#)
2. [Study](#): On average, workers who use prescription opioids non-medically are absent from work about three extra days per year. In fact, the effect of nonmedical opioid use on absenteeism is greater than heavy alcohol use.
3. [On average, people with at-risk opioid use \(possible addiction\) cost employers nearly twice as much in annual healthcare expenses as those without at-risk use.](#)
4. [If prescribed, the medications themselves are costly. And opioid use is associated with a long list of other health problems, such as breathing problems, depression, infertility, poor digestion, and tooth decay, all of which can increase healthcare costs for employers.](#)
5. [Research suggests that family members of people with addiction tend to incur more health care costs as well, which employers often cover.](#)
6. [A Minneapolis VA study found that patients with chronic pain fared no better with the potentially addictive painkillers than they did with non-opioid meds.](#)
 - a. [The U.S. Department of Veterans Affairs IIR 11-125 – HSR&D Study](#)
7. [Updated Cochrane Review examining opioids compared with placebo or other treatments for chronic low back pain.](#)

References

1. American Pain Society, American Academy of Pain Medicine Opioids Guidelines Panel. Guideline for the use of chronic opioid therapy in chronic noncancer pain: evidence review. Chicago, IL: American Pain Society; 2009.
<http://americanpainsociety.org/uploads/education/guidelines/chronic-opioid-therapy-cnccp.pdf>
2. Ault, A. (2013, 01). Family physicians strive to integrate acupuncture into care. *Family Practice News*, 43(1), 1-62. doi:10.1016/s0300-7073(13)70002-1
3. Bauer, M. (2016). Great News! Results of a Survey sent to 89,000 Acupuncture Patients. Retrieved from <https://acupuncturenowfoundation.org/2016/12/great-news-results-of-a-survey-sent-to-89000-acupuncture-patients/>
4. Benyamin, R., Trescot, A. M., Datta, S., Buenaventura, R., Adlaka, R., Sehgal, N., ... Glaser, S. E. (2008). Opioid complications and side effects. *Pain Physician*, 11(2), 105-120.
5. Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L. (2011). Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Med Pain Medicine*, 12(4), 657-667.

6. Boudreau, D., Korff, M. V., Rutter, C. M., Saunders, K., Ray, G. T., Sullivan, M. D., . . . Weisner, C. (2009, 12). Trends in long-term opioid therapy for chronic non-cancer pain. *Pharmacoepidemiology and Drug Safety*, 18(12), 1166-1175. doi:10.1002/pds.1833
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