

TABLE 2—Per Cent of Indian and Non-Indian High School Seniors Who Have Ever Tried Drugs and Who Have Used Them in the Past Month: 1986–87

| Drugs | Ever Tried | | Used in Last Month | |
|-------------------|-----------------|-------------------------------------|--------------------|-------------------------------------|
| | Indian N=325 | Non-Indian ^a N=15,200 | Indian N=325 | Non-Indian ^a N=15,200 |
| Alcohol | 90.8 | 91.3 | 58.5 | 65.3 |
| Get Drunk | 69.8 | — | 38.7 | — |
| Marijuana | 77.5 | 50.9 | 36.5 | 23.4 |
| Inhalants | 16.6 | 15.9 | 1.8 | 2.5 |
| Cocaine | 12.3 | 16.9 | 3.7 | 6.2 |
| Stimulants | 37.2 | 23.4 | 9.1 | 5.5 |
| Legal Stimulants | 17.5 | — | 2.1 | — |
| Sedatives | 11.5 | 8.4 | 3.4 | 1.8 |
| Heroin | 5.5 | 1.1 | 0.3 | 0.2 |
| Psychedelics | 11.7 | 9.7 | 0.6 | 2.5 |
| Tranquilizers | 8.1 | 10.9 | 1.2 | 2.1 |
| PCP | 8.6 | 4.8 | 0.6 | 1.3 |
| Cigarettes | 80.3 | 67.6 | 38.3 | 29.6 |
| Smokeless Tobacco | 56.8 | — | 31.4 | — |

^aNational High School Senior Survey⁹

elementary school years. For example, by the time they are in the 7th grade, 28 per cent of Indian youth report at least one episode of getting drunk, 44 per cent have tried marijuana, 22 per cent inhalants, 12 per cent stimulants, and 72 per cent cigarettes.

Comparison with Non-Indian Youth

Table 2 shows the 1986–87 comparison between Indian and non-Indian high school seniors⁹ for lifetime and last 30 days prevalence. The Indian seniors have higher rates for six

drugs but lower rates for only one drug—cocaine. Note in particular that on both prevalence measures, Indian students are showing considerably higher rates of marijuana use.

Since very high dropout rates have been reported for Indian students, it is likely that the rates reported for them in Table 2 would be even more elevated if all potential high school seniors were surveyed.¹⁰

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Family Physicians' Views of Chiropractors: Hostile or Hospitable?

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Abstract: Family physicians in the State of Washington were surveyed about their knowledge and views about chiropractors; 79 per cent (476) responded. Sixty-six per cent indicated discomfort with what they believed chiropractors do while acknowledging their effectiveness for some patients; 25 per cent viewed chiropractors as an excellent source of care for some musculoskeletal problems and only 3 per cent dismissed chiropractors as quacks that patients should avoid; 57 per cent admitted having encouraged patients to see a chiropractor. These views are less negative than those of organized medicine. (*Am J Public Health* 1989; 79:636–637.)

Introduction

Chiropractic began 100 years ago when its founder, a grocer and “magnetic healer,” discovered what he believed to be the universal cause of all disease (vertebral subluxations) and its cure (spinal manipulation). After a shaky start, chiropractic is now recognized in all 50 states and is reimbursed under Medicare, Medicaid and by private insurers.¹

The American Medical Association (AMA) has denounced chiropractic as “quackery and cultism” for decades, and in 1965 declared it unethical for physicians to have

any professional association with chiropractors. Organized medicine's hostility toward chiropractic has left the public and many physicians² with the impression that physicians in general believe that chiropractors are quacks. This study describes practicing physicians' actual views of chiropractors.

Methods

All 181 family physicians employed by Group Health Cooperative of Puget Sound (GHC) and a 50 per cent random sample of the 847 non-GHC members of the Washington Academy of Family Physicians were surveyed about their management of low back pain. Approximately 75 per cent of family physicians in Washington are members of the

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Academy.* The questionnaire included four questions about chiropractors. Usable responses were received from 79 per cent (476/605) of the physicians. Since HMO (health maintenance organization) and non-HMO physicians' views about chiropractors were similar, data for the two samples were combined. A more detailed description of the study methods is reported elsewhere.³

The relation between the four study questions and the following physician variables were compared: years in practice, practice type, community size, comfort managing low back pain, and confidence that their low back pain patients were satisfied with their care.

Results

Fifty per cent of the family physicians claimed to feel at least "moderately" informed about what chiropractors do, 44 per cent felt "slightly" informed, and 6 per cent "not at all" informed. Two-thirds of the physicians indicated a desire to "know more about what chiropractors do."

When asked to choose which of four statements best reflected their view of chiropractors, 66 per cent of family physicians chose "I am uncomfortable with what they do but they are effective for some patients." Twenty-six per cent of physicians viewed chiropractors as "an excellent source of care for some musculoskeletal problems" and only 3 per cent felt that "they are quacks and patients should avoid them." Six per cent did not feel informed enough to comment. Physicians more likely to view chiropractors as an excellent source of musculoskeletal care were more informed about chiropractors (33 per cent vs 18 per cent), felt more comfortable managing patients with back pain (29 per cent vs 15 per cent), and had practiced less than 20 years (30 per cent vs 16 per cent).

Fifty-seven per cent of respondents claimed to have "encouraged" a patient to see a chiropractor at some time. Physicians more likely to have claimed they had encouraged patients to see a chiropractor were more informed about chiropractors (63 per cent vs 50 per cent), had practiced for fewer than 20 years (62 per cent vs 42 per cent), and considered chiropractors an excellent source of care for musculoskeletal problems (93 per cent vs 45 per cent).

Discussion

Organized medicine's stance on chiropractic does not appear to reflect the views of a substantial fraction of family physicians in Washington State. Most physicians in this study expressed interest in learning more about chiropractors and those who felt more informed were more likely to view chiropractors favorably. In spite of the AMA's injunction against referring patients to chiropractors, most family physicians had "encouraged" patients to see chiropractors and those who had done so were more likely to view chiroprac-

tors favorably and to feel comfortable managing back pain patients. This suggests that the physicians who have encouraged patients to see chiropractors were not merely "dumping" difficult patients but actually expected these patients to receive potentially effective care that they themselves could not provide.

Family physicians reportedly have negative views about managing patients with musculoskeletal problems⁴ and often feel frustrated by back pain patients.³ Furthermore, we found that patients who received care for back pain from chiropractors were more satisfied than patients who received their care from family physicians.⁵ Since there are no diagnostic tests that yield precise diagnoses for most back pain⁶ and since there appear to be no clearly effective therapies for most back pain patients,^{7,8} the medical model may have little to offer such patients.⁹

While many family physicians believe chiropractors can help some patients with musculoskeletal problems and are reluctant to dismiss chiropractors as mere quacks, a large proportion of physicians are uncomfortable with some of the chiropractor's activities. Most would probably not be comfortable having chiropractors care for patients with such problems as gall bladder disease or diabetes. In fact, the proportion of chiropractor patients who are seen for non-neuromusculoskeletal problems has reportedly decreased from 21 per cent in 1979 to 13 per cent in 1985.¹ Hence, chiropractors seem to be increasingly restricting their practices to those problems which are least likely to engender opposition from allopathic physicians. If this trend continues, and if the more accommodating attitudes of rank and file family physicians in the State of Washington prevail over those who speak for medicine, physicians and chiropractors may reach a point of peaceful coexistence.

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*Personal communication from Carolyn Palmer, Executive Director of the Washington Academy of Family Physicians.