

Dear Chairmen Steinberg, Gerratana, and Somers:

My Name is Dr. Keith Overland. I am the past president of the American Chiropractic Association, Connecticut Chiropractic Association, a past chairman of the Connecticut Governor's Council on Physical Fitness and maintain a full time integrative practice in Norwalk.

I would like to thank you and your committee for taking the time to hold a hearing and allowing testimony on one of the most important public health issues we face in Connecticut on Raised bill 511 : " AN ACT CONCERNING OPIODS." As outlined the bill has a goal " to establish and evaluate methods of combating the opiod crisis in the state" . It is my opinion that this bill is important and should be favorably considered but only **with a vital modification.**

While there are many key issues discussed in the proposed bill that will help mitigate the opiod epidemic in the state, there is one glaring omission--- **PREVENTION.**

Studies tell us that over 60 percent of opiod addicted patients began their potentially deadly journey taking a prescription medication for some form of non-cancer related musculoskeletal pain. Alarmingly, often after routine visits to their primary care or orthopedic physician for a routine injury or arthritic pain. According to an article published in the "Journal of the American Academy of Orthopedic Surgeons" in 2015, it was shown that among providers that treat pain related conditions... Primary care MD's prescribed- 28.8 %, Internists- 14.6% Orthopedic surgeons 7.7 percent of all opioids in the United states. That is in contrast to 0.0% from Chiropractic physicians.

According to the National Association of Attorneys General, (NAAG) the opiod epidemic is the preeminent public health care crisis of our time. Statistics from the Surgeon General of the United States indicate that as many as 2 million Americans are currently addicted to prescription opioids. They claimed that the "human cost is staggering" .. as opiod overdoses kill 91 Americans every single day. While not nearly as impactful to loved ones, the economic toll of the epidemic, according to the NAAG, is costing the United States economy 78.5 billion dollars annually. State and local governments spend nearly 8 billion dollars a year on criminal justice costs related to opiod abuse.

While this bill highlights many areas of concern surrounding how to manage those already addicted. There is no significant discussion focused on the non opiod pain management options that may be appropriate at the first contact a chronic pain patient has with a provider. Utilizing preventive approaches to pain management, specifically non- pharmacological options **before** a patients first prescription is a key step in the comprehensive effort to address and end the opiod epidemic.

Recently reports from the FDA, the Joint Commission, the CDC and the Presidents Commission on opiod crisis all have come to similar conclusions as the NAAG which states "When patients seek treatment for any of the myriad of conditions that cause non cancer related chronic pain, doctors should be encouraged to explore effective non- opiod alternatives including physical therapy, acupuncture, massage and chiropractic care."

Recently completed studies in the states of Rhode Island and New Hampshire found that when patients who presented with chronic pain were referred for non pharmacologic care such as chiropractic and acupuncture treatments they had incredible outcomes. They found that Emergency visits were reduced by 13 to 42 percent. Total prescriptions were reduced by 21 to 60 percent. Opioid prescriptions were reduced by 33-77 percent and costs of care reduced by 12 – to 30 percent. The studies also found a large reduction in inpatient days, out patient procedures and a whopping 85 percent reduction in pharmaceutical utilization.

In conclusion, there is ample, evidence that prevention works. It significantly reduces the human toll and the multiple costs to society of opioid prescription addiction.

If we are to successfully tackle the opioid epidemic in Connecticut, This ( proposed bill 511) and other proposals must not only add prevention to its list of priorities but, in my opinion, add at least two health care providers to the proposed working group and/or task force. First, an MD/DO who is an expert in non opioid medical pain management and Second, an expert in non- pharmacologic management of pain such as a chiropractic physician.

It is time that we look at the first-line treatment for chronic pain management in a different light. One that includes non opioid medications and non medication approaches such as chiropractic, behavioral health, physical therapy, massage and acupuncture. This is not a novel idea- it is one being recommended by the most credible public health experts and organizations in our country as well as many multi- disciplinary and integrative offices like mine across the state. Connecticut has always been ranked among the most healthy states in the nation. We promote health living and lifestyles and have some of the finest health care providers in the nation. Bill 511 and any others that addresses the opioid epidemic must not ignore the power of prevention in ALL aspects of health and our health care delivery system.

Thank you again for the opportunity to submit my testimony. I can be reached if there are any questions or comments. My contact information is Dr. Keith Overland 83 East Ave suite 313 Norwalk, CT. (P) 203 838-9795 or [doco57@aol.com](mailto:doco57@aol.com)

CC: Senator Bob Duff

Senator Toni Boucher

Representative Gail Lavielle

Congressman Jim Himes

Senators Richard Blumenthal and Chris Murphy

