

Chairman Folmer, members of the Senate State Government Committee, Senators, Ladies and Gentlemen and especially those in need of relief and their friends and family; Good morning. I appreciate the opportunity to testify at this very important hearing; addressing a great injustice and a great need that deserves our immediate attention and action.

I am Thomas Trite, PD, I am a pharmacist working in PA, MD, and DE and have been working in a pharmacy since I was 15 years old. I attained my pharmacy degree from the Philadelphia College of Pharmacy and Science in 1974. My career has focused on Long Term Care; working with pediatric, adult, elderly, and Hospice patients and their caregivers for over 40 years. I am also past-president of the Senior Care Pharmacy Association and board member of the National Senior Care Pharmacy Association.

First, I want to complement this chamber on last session's SB 1182. Prior to the last-minute amendment inserted in an attempt to appease the previous administration, the bill was one of the best in the nation. Unfortunately, the session expired and SB 1182 never made it to the governor's desk. You now have a chance to make SB 3 what SB 1182 set-out to be.

SB 1182 took lessons learned in other states and improved upon them. It addressed the needs and use of medical cannabis in a responsible manner. SB 3 builds on that effort; addressing issues that could be used by future states and the Federal Government as a model, should they choose to follow PA's leadership. To date, 23 other states and the District of Columbia have passed legislation addressing some form of medical cannabis access. PA can join them and help make a difference in the quality of life for people suffering various diseases and their families: You have a chance to make a difference.

Unfortunately, the amended SB 1182 was one of the worst bills in the country. The amendments took away methods of administration and struck diseases for a large number of your constituents whose hopes relied on SB 1182 as it was introduced. These constituents need a medication that will improve their quality of life; and in many cases eliminate their suffering: symptoms such as seizures, nausea, pain, and PTSD. Medical cannabis provides that relief and the route of administration, whether it's an oil, vaping pen, or other method has an impact on that relief.

Reinstating the changes made to SB 1182 would have a far-reaching impact. Patients relying on the opportunity to use medical cannabis find current therapies either ineffective or with terribly negative side effects. In addition, passage of medical cannabis legislation can affect the opiate abuse problem plaguing so many of your districts today. In fact, states with approved medical cannabis have seen significant reduction in cases of opiate overdose deaths; in some states as much as 25%. This occurs by being able to greatly reduce the dosage of opiates or in many instances, eliminating the need altogether when the patient is on medical cannabis for their symptoms.

Specific to PA's proposed legislation; the areas where SB 1182 became compromised were in the removal of several diseases shown to benefit from the use of medical

cannabis and in the removal of vaporization as a route of administration. I feel these changes were made based on an uninformed notion of abuse, rather than an educated knowledge of treatment options.

I'd like to address the route of administration issue and the consequences of removing vaporization.

Dosage is the most complex and important factor in using medication properly. Improper dosage is frequently the cause of serious injury or death with many medications; especially opiates. Many anti-epileptic drugs, anti-anxiety, and sedatives rely on higher doses to bring a disease or symptom under control. Correct dosage includes the appropriate amount of the drug as well as the route of administration.

Natural cannabis has a remarkably high margin of safety and it is virtually impossible to overdose on it. As stated by Arthur McBay, Chief Toxicologist for the state of North Carolina in 1997 – a person would have to consume 1500 pounds in 15 minutes to get a lethal dose. No one has ever died from an overdose of Cannabis, but I have seen individual become incapacitated and often die from overdoses of pain pills and other medications. The key to the proper dosage for cannabis is to find the lowest dose that yields the intended benefit.

Use of a cannabis vaporizer is the most recommended method as an alternative to smoking. A vaporizer is a device that gently heats up cannabis to a lower temperature, achieved with digital accuracy. This releases the active medicinal properties in a vapor that can be inhaled, but not to the point of combustion that would create smoke.

This route of administration allows for rapid onset of action and easy titration without the contaminants found in smoke.

For patients using it to stop nausea and vomiting, vaporization can be very effective when they would not be able to hold down an oral preparation.

The consumed cannabis effect is very different compared to vaporizing. Edibles are slower to kick in, slow to wear off, and usually give more of a body vs head effect described as heavier or deeper than if inhaled. This can be particularly beneficial for those with chronic severe body pain.

A word of caution to those choosing to medicate with edible cannabis, unlike with vaporizing, it is much easier to over-consume and therefore over-medicate with ingestion. Because it can take longer to feel the effect patients are warned to start with a small amount wait an hour or two before ingesting more, and to be extra careful in consumption so as not to exceed recommended dosage.

Cannabis edibles are particularly helpful to relieve pain, spasticity and sleep disorders. But for obvious reasons, edibles are not the best method for someone experiencing nausea, vomiting, or extreme break through pain requiring immediate relief.

Medical Cannabis can also be made into tinctures and tonics, which are then added to food and liquids, applied on the skin, or consumed directly in small amounts. As with edibles, it is best to start slow and use only a small portion until relief from symptoms is achieved.

Vaporizing is a necessary tool for the physician and the patient to address specific diseases, symptoms, or patient conditions in order to provide appropriate, optimal therapy. Not allowing vaporization as an option when needed is comparable telling a physician he can prescribe long acting nitroglycerin to hopefully prevent a heart attack but he cannot prescribe nitroglycerin sublingually when a heart attack is occurring to provide immediate effect and reduce the symptoms, severity of the situation, and long-term effects.

It is my hope that this information, combined with the testimonies heard today on various diseases have convinced you the need to reinstate the diseases and methods of administration removed on amendment last session. It is up to Pennsylvania to lead the way in providing a safe and effective pathway for medicinal cannabis so that the many citizens suffering from so many maladies can find relief and even healing in this plant.

Thank you for your attention and action to this life-changing matter.