

Testimony before the Joint Committee Hearing of the PA House Health and Judiciary  
Committees

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Chairmen Baker, Fabrizio, Marsico, and Petrarca; Committee members; Ladies and Gentlemen; and especially those in need of relief and their Family and friends; Good morning. I appreciate the opportunity to testify at this very important hearing; addressing a great medical need that deserves our immediate attention and action.

I am Thomas Trite, PD, I am a pharmacist licensed 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.

As a pharmacist working in Long Term Care I have seen first-hand the costs of severe, adverse effects; toxic overdoses and addiction from pharmaceuticals especially those in the opiate, pain, sleep, antianxiety, anti-epileptics and antipsychotic therapeutic categories.

I have worked with patients addicted to opiates; I've had children receiving normal doses and sometimes high doses of multiple anti-epileptic medications that are still having seizures. I see the medications our veterans are given for their PTSD and what those drugs do to the individual in addition to the risk of opioid addiction.

Just imagine the pain and suffering of a patient and their family when a medication fails to eliminate the symptoms. Imagine the pain, the multiple seizures, sometimes 100, 300, or more a day. Imagine needing to be alert 24 hours a day waiting for that seizure or terrible side effect of a drug to reveal itself; or dealing with other symptoms not resolved by their therapy. Imagine sitting in the emergency room for long hours at a time; often two to four times a month.

I have worked with patients that came in with toxic effects and overdoses of their medications.

I have seen patients die from an opiate overdose or turn to heroin after they could no longer afford the prescribed pain killers and I've seen those heroin addicts die from an overdose of that drug.

I have seen pain patients or their children become addicted to opiates.

But I have never seen a patient with medical cannabis have life threatening effects, let alone death.

On a recent trip to Colorado, I saw patients who improved with medical cannabis. I saw them regaining control of their symptoms and their disease. I've seen quality of life improve for both the patient and their family.

I want to impress on the committee the importance of medicinal cannabis as a tool in the health care of so many in need. These patients, your 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, nebulizer, or other method has an impact on that relief.

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.

We heard from the PA Medical Society at the Senate hearing for SB 3 last month their opposing argument of "first, do no harm". I remain bewildered as to why an organization representing doctors would reject the opportunity to help their patients with another viable option. We all know that the practice of medicine is not a science in itself; it is an art; narrowing the possible diagnoses before a final verdict can be reached. The opportunity to help a patient's malady with medical cannabis should be one that all aspects of health care embraces, not fears.

Speaking on Senate Bill 3 briefly, it addresses the needs and use of medical cannabis in a responsible manner. The legislation addresses 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.

I'd like to address the route of administration such as the use of oils, edibles, and nebulization. For consistency purposes, the terms vaporization and nebulization are basically interchangeable.

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 nebulizer is the most recommended method as an alternative to smoking. A nebulizer 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. Nebulizing 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 nebulization 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.

For patients using it to stop nausea and vomiting, nebulization 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 nebulizing. 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 nebulizing, 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 a 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.

Finally, I would like to briefly touch on the argument of medicinal cannabis as a “gateway drug”. Too often, substance abuse starts with the most easily accessible substance; alcohol. Abuse of alcohol leads to poor choices, association with people in negative circumstances, and eventually the abuse of more dangerous substances.

In my experience, the escalation from marijuana to more dangerous, addictive drugs is not so much the fault of the drug as gateway, but the gate-keeper. Currently, in most states, people must obtain their cannabis illegally, from criminal drug-pushers. It is in the best interest of these pushers to escalate the drugs a person is buying from them to a more addictive, more dangerous substance such as heroin. Often, the marijuana is actually laced with other addictive substances that lead to further addiction of more dangerous drugs. By contrast, a legal, well-regulated dispensing system for medicinal cannabis would allow those in need to only obtain the medicine they need and not be pushed into heavier, darker drugs with tragic outcomes.

It is my hope that this information, combined with the testimonies heard today on various diseases have convinced you of the need for Pennsylvania to pass medicinal cannabis legislation urgently. It is up to PA 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.