

RE: H.B. No. 5442 An Act Adding Chronic Pain as a Debilitating Medical Condition for the Palliative use of Marijuana by a Qualifying Patient.

I would 1st like to thank Rep Steinberg, Sen Abrams, and the entire Public Health Committee for having this hearing today and trying to find alternative treatments for patients suffering with Chronic Pain. Our current treatment options have not been nearly as successful as some would lead you to believe and many medications have more negative side effects than positive.

My name is Brian Essenter. I am a pharmacist and former dispensary manager of the Compassionate Care Center in Bethel, CT for 3 years. I will also be the Dispensary Manager of the newly approved dispensary that will be opening in New Haven, in a few short months.

In my personal experience as a dispensary pharmacist I have seen cannabis have significant positive effects on our patients who suffer from pain daily. Many of the conditions already approved include pain as a major factor of them. When we speak to patients in the dispensary, we do not typically **tell** them how we will address their condition specifically. We **ask** the patients what the symptoms or ailments they are suffering from. Do they have nerve pain, muscle pain, muscle spasms, difficulty sleeping, difficulty staying asleep, difficulty falling asleep, poor appetite, nausea/vomiting, anxiety, panic attacks, seizures, tremors, nightmares, hyperactive bowels, joint pain, ocular pressure, and anything else they might suffer from?

An overwhelming majority of our patients complain of some sort of pain. And what I can tell you is that no matter the patient (brand new to cannabis up to a lifetime user) we can help them get better pain management than they currently have had. The more important part is that we help the patients become a more active participants in their life! When you can help someone get the pain relief they need and not have them so apathetic from the chemicals they have been given to “help” their pain.

Opiates may not even be the worst of the medications we use. Patients have horrible side effects from medications like gabapentin (Neurontin) and duloxetine (Cymbalta). Both of which were NOT originally approved for neuropathic pain but, were prescribed for neuropathic pain anyway until it was approved. Just as 1 in 5 medications are approved for “off label use”. This means that there have been no studies done to determine the safety and efficacy of a medication for that specific condition the doctor decided it was appropriate. Why are doctors allowed to make those determinations on their own, but they are not allowed to certify patients to use medical marijuana for even Chronic Pain? Instead they must continue contributing to the opiate epidemic and increase healthcare costs for both the patient and their insurance.

We have put Pharmacists behind the counter in the dispensaries because we wanted to make sure there was a medical professional there. One who can counsel patients that may be taking multiple prescription medications. This includes the ability to help patients (while imploring the patient to also coordinate with their doctor) decrease and possibly discontinue medications that may not be necessary or helping with what they were prescribed for. This can also lead to

fewer ER and doctor office visits decreasing both the patients and the insurances healthcare expenses.

Chronic Pain patients are some of the most susceptible to becoming a statistic of the opiate epidemic. Many times through no fault of their own. Now Connecticut is mandating that clinicians decrease the dosages of these patients opiate medications as well. (I believe this is well intended) but it is pushing patients to go through withdrawal by decreasing their dosages too quickly. Allowing for patients to use medical marijuana to help their pain would help to prevent or at least soften horrible withdrawal symptoms is just a humane thing to do. **No one has ever died from and overdose of cannabis! And aren't we really more interested in harm reduction?** There is no reason to send these innocent patients to the street to look for other (usually cheaper, way more dangerous) options!

Finally, Medical Marijuana is not for everyone! But this can and SHOULD be another "Tool" for our clinicians to have in their "Tool Box"!

I would be happy to answer any questions anyone has. I have included my personal email and cell phone. If anyone is interested in speaking more, please feel free to reach out anytime. I provided each of the members of the Public Health committee information regarding both Chronic Pain and Opiate Use Disorder. If anyone would like more information or would like me to re-send the information please let me know.

Members of the Public Health Committee, I would like to thank you for your time in listening to us today. We hope you think about those affected by the Chronic Pain and what is best for them when you are making your decisions regarding this matter.

Best Regards,

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