

Thank you, Chair Reynolds and members of the committee.

My name is Rob Hendrickson. I am an ER doctor, a medical toxicologist, and the medical director of the Oregon Poison Center at OHSU. As a medical toxicologist, I care for patients at the bedside who become ill from medications and drugs, including cannabis edibles. I would like to share some of my experiences with you today.

It is sometimes difficult for people to imagine overdosing on cannabis. Most people picture having an uncomfortable high that goes away after a few hours. But what I see is often much more severe.

A few months ago, a toddler found two muffins on her kitchen counter. She did what all children would do and she ate them both. She was eating the second muffin when her mother found her and brought her to the ER because, unfortunately, those products contained 50mg of THC each. Over the next hour, she became unconscious, developed jerking movements of her arms and legs. Then she had a seizure and turned blue. The ER team was able to breathe for her and provide oxygen, but when we paused, the child made no attempt at breathing, the oxygen in her blood would drop, and she would turn blue again. We put a tube into her throat and put her on a ventilator and she was maintained on life support for the next 36 hours. I tell you this story to help you understand some of the issues.

First, THC can cause severe toxicity. We routinely care for children with severe agitation, seizures, low blood pressure, and who stop breathing. The Oregon Poison Center consults with ER and ICU doctors on over 120 cases of young children with cannabis toxicity each year in Oregon.

Second, minimizing the dose that a child eats is really important. The higher the dose, the more severe the symptoms. This child took 50 times what a "normal" weight-based dose would be for an adult. If the dose can be reduced, the symptoms will be less severe.

Third, a little bit of time is very important. This child's mother arrived, as parents usually do, within a minute of the child starting to eat the edibles. This is how these events happen – it takes 15-30 seconds. But if we can slow the child down, we can reduce their dose. Child-resistant packaging for medicines is based on this principle – they are not really "child-proof" - but they are designed to slow the child getting to the medicine. The intent of single-unit packaging is to slow down children and reduce their dose.

I've come before you today in support of SB 1548 and to ask you to limit THC dosing in edibles to 10mg and allow for single-unit packaging. Thank you very much for your time.