

MA Vape Ban Virtual Press Conference November 12, 2019

Online Press Conference Agenda:

- 12:00 - 12:05 - Dr. Marion McNabb, C3RN Open the Press Conference
- 12:05 - 12:10 - Commissioner Title - Recap of the MA Vape Ban, Progress to date and Recommendations
- 12:10 - 12:15 - Dr. Marion McNabb, Presentation of C3RN MA Vape Ban Survey Results
- 12:15 - 12:20 - Dr. Peter Grinspoon, Harvard/Mass General Hospital
- 12:20 - 12:25 - C3RN to read MCR Statement
- 12:25 - 12:30 - Grant Smith, Medical Cannabis Patient Statement
- 12:30 - 12:35 - C3RN to read Dr. Siegel Nicotine Statement
- 12:35 - 12:40 - Crysta Ascolillo, Nicotine Vape Consumer
- 12:40 - 12:45 - Kate Phillips, C3RN Statement and Recommendations
- 12:45 - 12:50 - Will Luzier, Tudestr Statement and Recommendations
- 12:50 - 1:00 - Dr. Marion McNabb, C3RN - recap the summary of recommendations

Annex:

- C3RN recommendations submitted to the CCC on November 5, 2019.

STATEMENTS AND RECOMMENDATIONS

Dr. Marion McNabb, C3RN Statement Nov 12, 2019 MA Vape Ban Press Conference

My name is Dr. Marion McNabb and I am the CEO of Cannabis Community Care and Research Network (C3RN) a cannabis research, education, and advocacy company based in Worcester, MA. I am a public health professional by training, with nearly 20 years of experience working in international settings, particularly on HIV/AIDS programs.

On September 24, 2019 Governor Baker instituted a four month ban on the sale of THC and nicotine vapes to allow further investigation of the cause of the recent outbreak of lung injuries. As reported by Naomi Martin from the Boston Globe on November 11, in Massachusetts 65 people have gotten sick, and three people have died. (Globe, Nov 11, 2019)

Earlier this month, a lawsuit was filed against the state alleging the ban was unhelpful for public health, and several medical cannabis patients joined the lawsuit.

As of today at noon, the ban on medical cannabis vapes could be lifted unless the CCC takes steps to keep it in place.

C3RN organized this press conference to share insights from the recent MA Vape Ban and share recommendations from policy, clinical, academic, medical cannabis patient and consumer perspectives.

First, I would like to thank all the speakers for this online press conference today and will now turn it over to Commissioner Shaleen Title to hear her reactions to the Vape ban, progress made, and recommendations for next steps.

C3RN MA VAPE BAN SURVEY RESULTS (OCT 29 - NOV 11)

On October 29, C3RN launched an anon convenience sampling survey to assess the impact of the MA Vape Ban. This survey was shared through social media and email through C3RN's accounts and partner who shared. Below are key findings from the survey collected from Oct 29 - Nov 11, 2019:

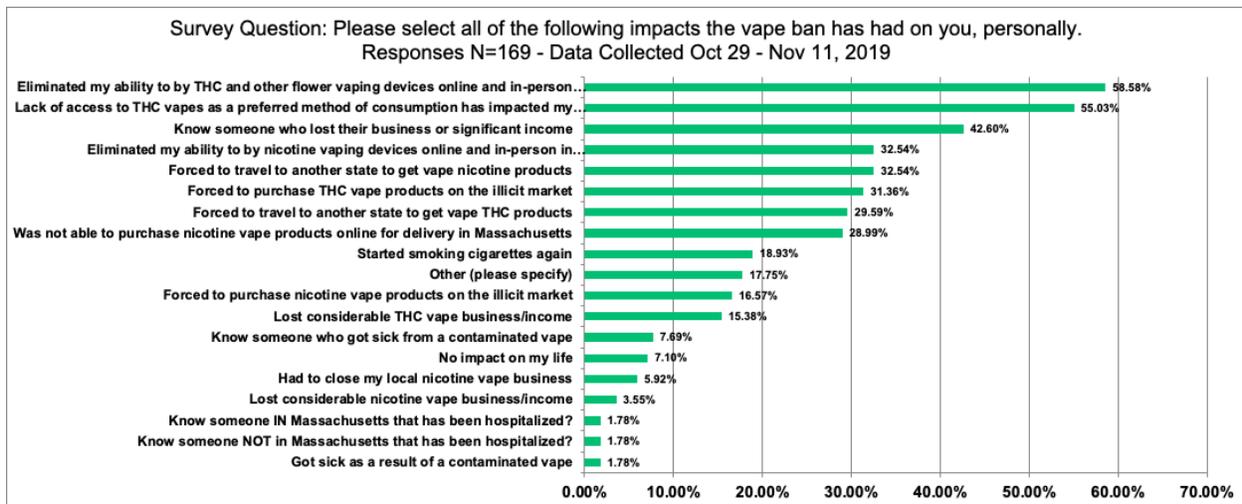
- 169 individuals filled out the ANON survey
- 38% are between the ages of 25-34 years
- 54% reported that the MA vape ban has had a very negative impact on their life.
- 59% of respondents reported they were medical cannabis patients, 43% reported being concerned citizens, 34% nicotine vape consumers, 12% business owners.

Personal Impacts of the MA Vape Ban

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- 55% of respondents reported that the lack of access to THC vapes has impacted their health
- 33% were forced to travel to another state to get nicotine vape products
- 32% reported being forced to purchase THC vapes on the illicit market
- 19% started smoking cigarettes again
- 17% reported being forced to purchase nicotine products on the illicit market
- 8% know someone who got sick from a contaminated vape

C3RN MA Rapid Vape Survey Results: N=169

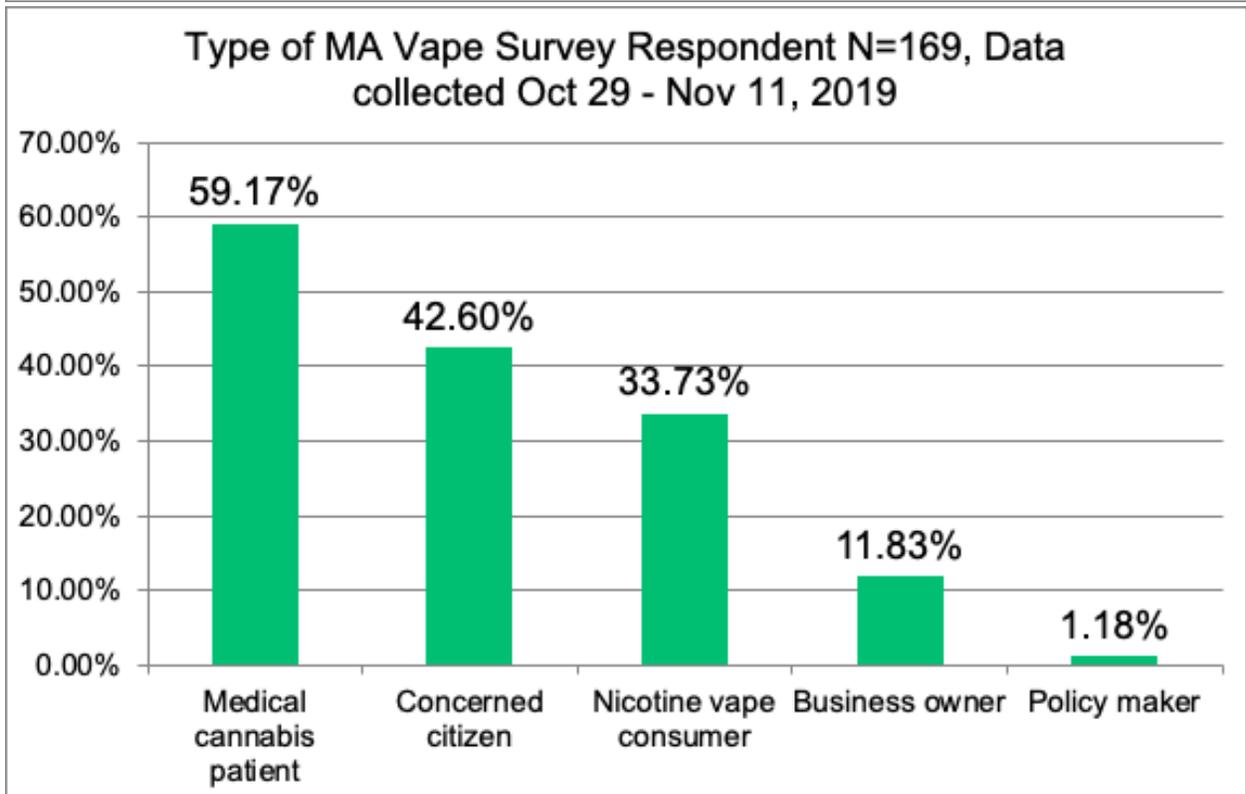
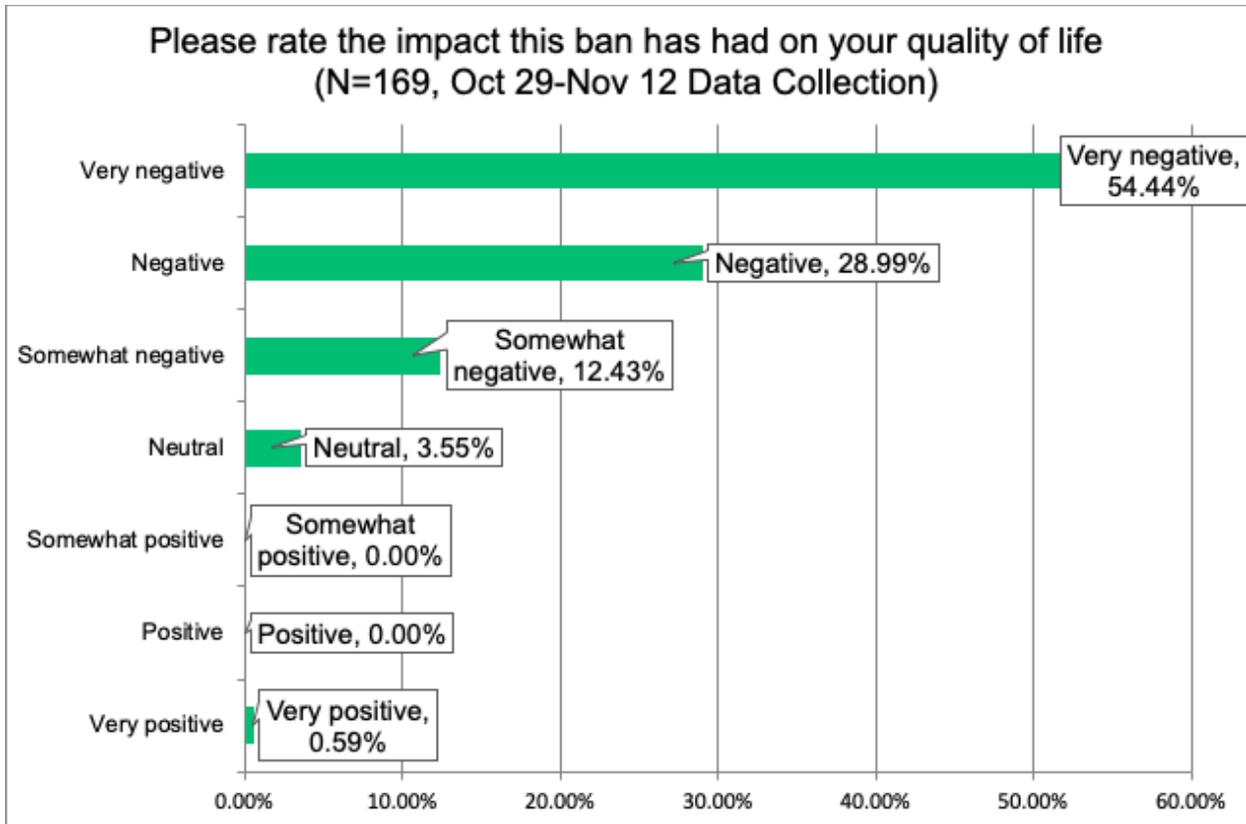


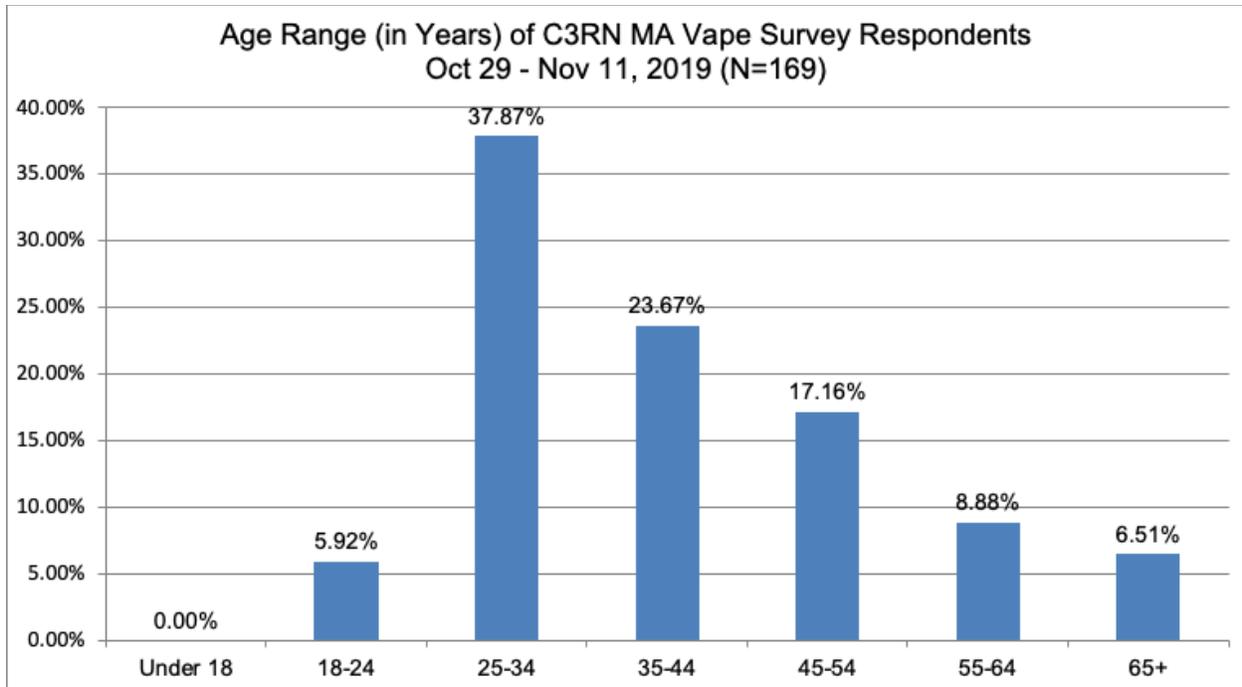
Survey Question: Please select all of the following impacts the vape ban has had on you, personally. N=169 Data Collected from Oct 29 - Nov 11, 2019

Eliminated my ability to by THC and other flower vaping devices online and in-person in Massachusetts	58.58%	99
Lack of access to THC vapes as a preferred method of consumption has impacted my health	55.03%	93
Know someone who lost their business or significant income	42.60%	72
Forced to travel to another state to get vape nicotine products	32.54%	55
Eliminated my ability to by nicotine vaping devices online and in-person in Massachusetts	32.54%	55
Forced to purchase THC vape products on the illicit market	31.36%	53

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Forced to travel to another state to get vape THC products	29.59%	50
Was not able to purchase nicotine vape products online for delivery in Massachusetts	28.99%	49
Started smoking cigarettes again	18.93%	32
Other (please specify)	17.75%	30
Forced to purchase nicotine vape products on the illicit market	16.57%	28
Lost considerable THC vape business/income	15.38%	26
Know someone who got sick from a contaminated vape	7.69%	13
No impact on my life	7.10%	12
Had to close my local nicotine vape business	5.92%	10
Lost considerable nicotine vape business/income	3.55%	6
Got sick as a result of a contaminated vape	1.78%	3
Know someone NOT in Massachusetts that has been hospitalized?	1.78%	3
Know someone IN Massachusetts that has been hospitalized?	1.78%	3





Direct Quotes from those Surveyed and Affected:

“As a registered nurse working and living in MA this ban has had a negative impact on my patients, friends, coworkers, and myself. I have witnessed many people without the means to drive to CT or NH to purchase their nicotine vape supplies return to smoking cigarettes. I have also heard from patients and friends who have turned to black market products as they have now become more convenient to purchase than the previously legal and widely available nicotine vaping products in our state. “

“I don’t understand why this ban has to stop my local dispensary of cannabis from selling lab tested legal medicine. My understanding is that the contaminated cartridges were black market. Taking out the lab tested and safe cartridges at the dispensary should not have been affected at all.”

“I strongly believe banning vape products especially THC vape products will cause people to reach out on the illicit market to purchase vapes - those vape products are unregulated unlike those produced by cannabis companies, which could lead to negative health impacts on those consumers. I believe if MA just had strict regulations on what can and cannot be put in vape products there won’t be such a scare. Continued research on the extended use of regulated products is a must. In my opinion, nicotine vape products are the culprits for using additives and like artificial flavorings that can cause a negative health impact on the consumers. Regulating these products is the best thing we can do to avoid underground growth and distributing of contaminated and unregulated vape products.”

STATEMENT FROM MCR LABS

MA Vape Ban: The Public Health Implications and Response

MCR Labs' mission first and foremost is to preserve and advance public safety. With this in mind, we have paid close attention since the first reports of vaping-related lung illnesses surfaced this past summer.

With the announcement of their multistate investigation into e-cigarette or vaping lung injury (EVALI) on August 1, the Center for Disease Control and Prevention (CDC) identified vitamin E acetate, an additive found in some e-cigarette and other oil-based vape products, as one potential culprit in many EVALI cases. Noting the possibility of an immediate threat to consumer health, our Scientific Operations team began working on a method in early August to analyze cartridges and concentrate products to detect the presence of vitamin E acetate, also known as tocopheryl acetate.

By mid-September, we had validated a screen that could detect and quantify vitamin E acetate in a product sample. We began providing a limited number of tests free of charge to those with vape products to test in order to encourage individuals and businesses to screen their products and to generate data that could help us understand how prevalent the substance is here in the Commonwealth.

Since starting to screen products for vitamin E acetate on September 20, we've tested 109 samples from marijuana vape cartridges submitted to us by both consumers and licensed cannabis product manufacturers from around the state. Of all samples tested, nine came back positive for the additive, some of which contained more than 50% vitamin E acetate by weight. None of the samples containing vitamin E acetate were submitted by businesses licensed to produce or manufacture cannabis products here in Massachusetts. Every vaping product supplied to us by a regulated producer has been shown to be free of this particular additive.

On November 8, the CDC released an update stating that vitamin E acetate was found in all samples of bronchoalveolar lavage fluid collected from the lungs of 29 EVALI patients across 10 different states. While investigators are not ruling out the possibility that other substances could be contributing to EVALI cases, vitamin E acetate is a leading chemical of concern. In light of these new findings, MCR Labs will continue to offer two free vitamin E acetate screens to anyone with products they're concerned about, and we will provide data concerning these analyses to regulators and public health officials charged with addressing the issue.

Michael Siegel, MD, MPH Statement Regarding the MA Vape Ban

Professor, Boston University School of Public Health

November 12, 2019

My name is Dr. Michael Siegel, and I am a physician and a professor in the Department of Community Health Sciences at the Boston University School of Public Health. For the past 32 years, I have been a tobacco control researcher and anti-tobacco advocate. I played a major role in lobbying across the nation for 100% smoke-free bar and restaurant regulations. I have testified as an expert witness for plaintiffs in eight different lawsuits against the tobacco industry, including the Engle case, which resulted in an unprecedented \$145 billion verdict against the cigarette companies. I have published nearly 100 peer-reviewed journal articles relating to smoking and tobacco use. In short, I am a long-time, committed anti-tobacco researcher and advocate.

My message today is simple: the MA Vape Ban is causing more public health harm than good, reversing the anti-tobacco work achieved over the last few decades. Here are a few recommendations and insights:

- Banning all nicotine vaping in MA has already had severe unintended consequences
- As the CDC recently stated, the vast majority of lung injury cases, the victims were not purchasing vaping products from retail stores. Instead, they were obtaining vape cartridges from the completely unregulated black market.
- These products originate from illegal drug operations that are producing tens of thousands of contaminated THC vape cartridges with vitamin E acetate oil. This was recently confirmed by the CDC last Friday.
- Banning e-cigarettes and in particular flavors, is creating a local public health disaster pushing those to purchase products on the illicit market, where is there little consumer understanding of what is in vapes
- Banning flavored e-liquids is not going to do anything to curtail the respiratory disease outbreak, but it may make the outbreak worse. Why? Because the supply of e-liquids that youth are vaping is going to transition from one dominated by nicotine products to one dominated by THC products, exactly the products that are causing this outbreak. This is not the time to be playing around with prohibition. We know what happens when extremely popular products are banned. Yes, it reduces consumption. But those who do consume are now dealing with a much more dangerous product, one that we have no control over.
- There is a second reason why banning e-liquid flavors would have devastating health consequences. More than 2.5 million adult smokers in the U.S. have quit smoking completely by switching to electronic cigarettes, and most of these ex-smokers rely on flavored e-liquids to keep them off of real cigarettes. If flavored e-cigarettes are banned, there is no question in my mind that many of these ex-smokers will return to cigarette smoking. Most of those who don't will turn to a new, potentially dangerous black market that would be created by this legislation.

- The most prudent public health approach is not to ban these products to address the youth vaping problem, but the solution is to **strictly regulate them; and second, to focus on the aspect of e-cigarettes that is actually causing harm to our youth.**
- The real danger of youth e-cigarette use is not the flavors. It's not the flavors that are causing the harm. It's the high levels of nicotine and the special nicotine formulations being used in some of these products that are resulting in youth addiction to vaping.
 - For example, prior to the introduction of JUUL, three-fourths (74%) of nonsmoking youth e-cigarette users reported using e-cigarettes no more than about once a week and only 4% used them every day, a sure sign of addiction.[1] But by 2018, 12% of nonsmoking youth used e-cigarettes every day, a tripling of the percentage of youth e-cigarette users who were addicted, and less than half (42%) of non-smoking youth e-cigarette users only used them less than once a week.[2]
 - This change is what has created a public health crisis. So what explains this change?
 - What changed is that products like JUUL, Suorin, SMOK, and Phix entered the market and quickly became popular among teenagers. All of these brands use a different nicotine formulation from virtually all other e-cigarettes. They use a nicotine salt at very high concentrations, as much as 50 mg/mL, compared to most other e-cigarettes on the market, which do not use nicotine salts and generally have nicotine concentrations that are less than 25 mg/mL. The use of nicotine salts allows the nicotine to be absorbed into the bloodstream much more quickly, simulating the pattern you get with a real cigarette. This is why so many youth are now becoming addicted to vaping. It's not the flavors. It's the nicotine.
- This ban in MA is going to have devastating public health effects. It is going to create a new black market for flavored e-liquids, result in more youth vaping dangerous THC oils, eliminate our ability to monitor and regulate the e-liquids that are being consumed, and force more than 2 million ex-smokers to either return to smoking or turn to the newly created black market.

The art of public health and public policy is being able to balance competing objectives. I think we can do that in a way that protects the health of both youth and adults.

[1] Data are from the 2014 National Youth Tobacco Survey, CDC.

[2] Data are from the 2018 National Youth Tobacco Survey, CDC.

Crysta Ascolillo, Nicotine Vape Consumer Statement

The Vape Ban in Massachusetts is enforced due to an outbreak making people sick. Governor Baker's administration declared, "a public health emergency and ordered a four-month temporary ban for retail and online sales of all vape products to better understand what is making people sick"**(2)**.

We know that the majority of lung illnesses are caused by vitamin e acetate found in illegal THC cartridges **(13)**. The THC cartridges are cut with vitamin e acetate and acquired on the black market. When the cartridges are heated, the vitamin e creates an acid that damages the lungs. Just ten percent of the lung illness victims claimed they vaped only nicotine, however the CDC was relying on self reporting in most cases. The CDC confirmed on Friday, a recent study of lab testing in lung fluid samples from 29 patients with EVALI (the lung illness) all contain vitamin e acetate. This is used as an additive to the illicit THC cartridges. The CDC recommends refraining from THC cartridges obtained illegally as well as any vaping product off the black market **(1)**. The fact is, we know almost every case is tied to illicit THC. We know every lung sample tested contains vitamin e acetate. We know nicotine vaping has been on the market for over ten years and there have never been any cases of an illness until recently. The problem is vitamin e acetate which is only found in unregulated black market products. Given these facts, there is no basis for an emergency or any ban on nicotine vaping products. In fact, the ban may be a danger to public health.

The purpose of nicotine vaping is to help adults quit smoking which is known as harm reduction. We know the dangers of cigarettes. The ban will put many former smokers at risk of using cigarettes again. Cigarette sales in Massachusetts increased 5.7% the month following the ban, demonstrating that this ban is likely pushing people back to cigarettes **(12)**. This is devastating since vaping is significantly less harmful. In fact, The Royal College of Physicians in the UK determine it to be 95.5% safer than smoking and they explicitly tell doctors to "promote e-cigarettes as widely as possible to people trying to quit." **(8)**. The UK also has vape shops in their hospitals.

There is state legislation being pushed through to ban flavors **(15)** and add a 75% excise tax on electronic cigarettes **(16)**. Many feel flavors are critical to success and important to disassociate from tobacco. Adding an excise tax will cause these substantially less harmful products to cost even more than deadly cigarettes. Both of these will pose a great risk of preventing smokers from switching to vaping and may cause vapers to regress back to cigarettes **(14)**.

Vaping is intended for adults as a significantly less harmful alternative to cigarettes. It is worth noting, vapers who have never smoked cigarettes are a very "uncommon sub-population" among e-cigarette users **(9)**. We do not think young people should vape. Unfortunately, kids get their hands on them, just like other things they shouldn't have. The vapes most accessible to young people are likely the ones that are sold at gas stations. It's reasonable to say that all vape products should only be sold at vape shops. The vaping industry should be left to the professionals, not convenience stores.

Tobacco cigarettes have more than 7,000 chemicals **(13)**. There are just 4 ingredients in vape juice/e-liquid: propylene glycol (used in inhalers) and deemed safe to inhale by the Journal of Pharmacy and Pharmaceutical Science **(6)**, vegetable glycerin (used in food and recognized as safe to vape) **(7)**., nicotine, and food grade flavoring. The devices and liquid are regulated by the FDA **(5)**. Adults can determine how much nicotine is appropriate for them and taper down. I smoked a pack of Marlboro reds each day for 14 years. I started vaping at 18mg of nicotine and tapered down 3mg.

Adults should have the right to make their own personal decisions and choices about what they feel is best for them. Vaping has saved many lives and we, the vaping community, choose to vape and not smoke cigarettes.

Banning vaping as a whole will do more harm than good. As of now, the ban has not had a positive impact. Buying any vape product on the black market is dangerous. There have been 3 deaths in Massachusetts since the ban was enacted. Again, the majority of the illnesses are caused by illegal THC cartridges that people get off the street and can even be ordered online. If the ban continues, it will lead to a larger black market where products are not tested and liquid can be cut or tampered with. We will likely see an increase in lung disease plus other illnesses. The best defense for this is to encourage brick and mortar shops where products are regulated and sold by industry professionals.

The vape community encourages regulation, just like alcohol, marijuana, and tobacco. Adults need to be at least 21 years old. With reasonable regulation, we can solve the issue of young people acquiring any vape product. To help enforce the purchasing and possession age, the vape community encourages penalties to any vape shop selling to a person under the age of 21. Any shop caught selling to a minor should result in the suspension or loss of license. There should also be a finable offense for anyone 21 years of age or older that provides nicotine to a minor unless under the supervision of a medical professional for the purpose of smoking cessation. We can also benefit by cracking down on online sales and requiring age verification with the DMV or requiring a signature of a person 21 years of age or older upon delivery.

Members of the vape community including shop owners are willing to work with Governor Baker and his administration to set new regulations and how to enforce them. Rhode Island set up a committee with politicians and industry stakeholders to come up with a plan, Massachusetts can benefit from doing the same.

Recommendations

- Lift the ban on nicotine vaping products.
- Suspend licenses to sell all nicotine vaping products plus fines if a store is caught selling to a minor.
- Suspension will be 1 month for the first offense, 3 months for the 2nd offense, 6 months for the 3rd offense, and permanent suspension for 4th offense.

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- Finable offense for anyone over the age of 21 providing nicotine to a minor unless under the supervision of a medical professional for smoking cessation
- Secret shoppers at vape shops to enforce legal age of 21
- Age verification with DMV for online sales or Adult Signature requirement for delivery of online sales.
- Don't allow nicotine vape products to be sold at any gas station or convenience store.
- Leave vaping to the industry professionals who will take full responsibility and stand behind the products sold.
- Meet with industry stakeholders to come up with fair regulations for the community and the state.

- (1) https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
- (2) <https://www.mass.gov/news/governor-charlie-baker-declares-public-health-emergency-announces-temporary-four-month-ban-on>
- (3) <https://malegislature.gov/laws/generallaws/parti/titlexx/chapter138/section34c>
- (4) <https://www.livescience.com/vaping-outbreak-deaths-33.html>
- (5) <https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends>
- (6) <https://juniperpublishers.com/gjpps/pdf/GJPPS.MS.ID.555584.pdf>
- (7) <https://www.ecigarettdirect.co.uk/ashtray-blog/2011/10/vegetable-glycerin-what-the-health-conscious-vaper-needs-to-know.html>
- (8) <https://www.cnbc.com/2019/09/28/the-uk-is-embracing-e-cigarettes-as-an-anti-smoking-tool-as-the-us-cracks-down-on-vaping.html>
- (9) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693960/?fbclid=IwAR1boZ1CBI9DgFcziBpxczRDhKY5AbD_8b0zoB16QaRrTraKMKvdvNonB00
- (10) <https://news.harvard.edu/gazette/story/2019/07/daily-e-cigarette-use-may-help-smokers-quit-regular-cigarettes/?fbclid=IwAR0cmQoUqNaYrNSPVb0xqGsRj98xAa85-xpawAFMIIZWizJcN9bsQAc2eXA>
- (11) https://tobaccoanalysis.blogspot.com/2019/10/sales-data-show-that-massachusetts.html?m=1&fbclid=IwAR1XSHedjGSCEnovKDP69aVhRdRYGSIFT1Trc1ptjH1wPHei8M7aL1xi_cU
- (12) <https://www.rcplondon.ac.uk/projects/outputs/rcp-advice-vaping-following-reported-cases-deaths-and-lung-disease-us>
- (13) <https://reason.org/commentary/separating-fact-from-fiction-on-vaping-e-cigarettes-and-lung-illnesses/?fbclid=IwAR0KOWUAY4XvUu8C8WxkvZkgyqnoYsjKoG0L68ZXILO74PEF1KPFzm5AxdA>
- (14) <https://www.masslive.com/politics/2019/06/e-cigarette-sellers-say-massachusetts-proposed-75-vaping-excise-tax-could-kill-their-businesses.html>
- (15) <https://www.boston.com/news/politics/2019/10/29/massachusetts-bill-ban-all-flavored-tobacco-e-cigarette-products>
- (16) <https://www.masslive.com/news/2019/11/massachusetts-house-to-vote-on-bill-banning-flavored-tobacco-products-including-menthol-and-taxing-e-cigarettes.html>

To check compliance of shops and convenience stores, please visit:

https://www.accessdata.fda.gov/scripts/oc/inspections/oc_insp_searching.cfm

Kate Phillips, Director of Education, C3RN Recommendations and Statement

Hello, my name is Kate Phillips and I am the Director of Education for Cannabis Community Care and Research Network (C3RN). I have spent my career working in functional and integrative healthcare and with the last six years' focus working for licensed cannabis operations here in Massachusetts. As being one of the first state employees to work within this newly legal industry, I have had the ability to work with thousands of patient consumers and track their health outcomes over the last few years. In my experience working with this group of patients, their positive benefits from the medical use of cannabis have further cemented the notion that this plant is a wellness product first and foremost.

I like many others have a personal story about how Cannabis has helped me improve my quality of life, wellness, and overall ability to continue being a productive member of society. At the age of 21, I had suffered a fatal heart attack due to an undiagnosed case of chronic Lyme Disease. Fast forward two years later and the conventional options had left me bedridden and Cannabis was my way out. Over the course of the next year, I had started using various methods and eventually found my preferred consumption method of cannabis concentrates and pre-loaded vaporizer cartridges. Through the introduction of cannabis concentrates came a much-renewed quality of life that has since allowed control of about 80% of my worst symptoms, now making this chronic disease much more manageable daily. With their ease of use, concentrated administration, and convenience, vapes allowed me to continue to live in my residence and allowed me to consume my medicating as I choose.

With the most recent Vape Ban, this has caused serious implications for the many patients who did not have the luxury that I did back then. Patients who have now faced evictions due to having to change their consumption to something more noticeable or even forbidden in their housing. Especially for those who are living in government-subsidized housing, college/university housing, senior living care, long term hospice facilities, or hospitals this can be an extreme challenge that not only restricts their access to wellness but can also cause life long ramifications due to the current legal climate with lack of patient protections for those most vulnerable.

Most recently there has been a noticeable uptick in instances where consumers and patients alike have become ill from their use of vaping products. I proudly say that in the state of Massachusetts we hold some of the most stringent testing standards in the nation and have preemptively banned the use of many pesticides in order to protect our regulated cannabis market consumers. After initial investigations gave pointed to a potential suspect, a Massachusetts based third-party testing laboratory, MCR Labs, had created a test to help the

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state monitor for Vitamin E acetate. Local advocates, business owners, and consumers are all wanting the same thing, access to safe and regulated vaping products that create alert systems and quality analysis checks without over-regulation.

Lastly, I believe that it is important to state that these VAPI instances have been coming from reported both legal and illicit market purchases for both nicotine and cannabis products across the United States. When speaking on regulations in each state, there is no consistent standard for medical or adult-use products. Some states have pesticide or microbial testing standards that would fail in Massachusetts but be considered clean enough for sale in Washington, Colorado, or California. Until we work together as states to create testing standards that are rooted in a fundamental understanding that these substances are a right to consume and to do so in a safe way is the duty of the regulators to keep us safe.

Recommendations:

- Create an evaluation of currently accepted safe flavor additives for inhalation safety
- Creating and implementing a randomized secret shopper program that sends products for secondary third party testing after the point of sale for all e-vapes
 - Test terpene content (% by weight total and individually)
 - Test cannabinoids (% by weight total and individually)
 - Test
- Implement a drop-off program to study and analyze vaporizer products that consumers are concerned about potential safety.
 - Create an accompanying form to complete for further information. Use the information collected to better inform policymakers of the reality of products both legally purchased and illicit.
- Creates and monitors an anonymous reporting program to track complaints and other possible violations of cannabis facility license holders to the CCC in the interest of consumer health and safety.
- Create a prohibited and permission list of additives, cutting agents, or fillers used for both cannabis and nicotine.
- Incentivize and prioritize independent research to further determine and develop safe best practices around the use of PG, PEG, VG, MCT oil as an additive to cartridges.
- Mandate new labeling requirements to further specify types of oil used as cannabis concentrate as well as if any additional terpenes have been added and from what source.
 - Noting the process (single source v. distillate with added botanical terpenes) will help customers and patients better understand the consumer experience as well as will help identify more specific information that may become an integral part of understanding the future health concerns from these products.
- Mandate product testing in final packaging for testing for nicotine products similar to cannabis; No product manipulation or additional additives after final testing
- Meet with industry leaders in other areas of vapor and flavor additive safety from similar institutions in America and beyond such as:
 - Tobacco – No Flavor Additive Standards

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- List of 599 approved additives
- Nicotine Vape – Just Starting to Evaluate Flavor Safety
 - No Permitted Lists – preliminary Prohibited Lists
- Inhaled Drug Products (e.g. pMDIs, DPIs, Nebulizers).
 - No flavor additives
- Perfumes & Fragrances
 - Some non-binding regulations ([IFRA](#))
- Chemical Exposure ([PELs](#), [NIOSH](#))
 - Different exposure regime: acute/chronic, high-dose
- Create and compile resources for legislators, regulators, and public health officials on best practices, state of the industry, and links to learn more about current VAPI updates
- Create a study on the long term degradation and shelf stability of specific oils in various harness units to better determine safety for the industry at large
 - Specifically how cannabis oil and nictines presence impacts chemical reactions with materials and their ability to break them down within the vaporizer atomizer.

Grant Smith - Medical Cannabis Patient Recommendations:

Regulated access to safe medical cannabis products is of paramount concern for patients, like myself, who rely on thc-based medicine to treat serious health conditions.

I was a graduate student at Boston College in 2014 when I fell seriously disabled following complications from a surgery. My condition is causing my throat to collapse, which in turn affects nerves running into my face and eyes.

Through the use of regulated medical cannabis vape products, I have managed to reduce my pharma-narcotic regiment by over 30%; that has, in turn, increased my quality of life and allowed me to be somewhat functional as an advocate for the disabled.

While there has been excellent progress made in the courts as to the ban of medical cannabis vape products (Judge Wilkins ruled last week that the DPH's ban on medical cannabis vape products (both flower and oil) was illegal), I am concerned that the CCC is considering a "quarantine" of oil based medical cannabis vape products.

Absent compelling evidence that a specific regulated product has caused harm to patients in the Commonwealth, there is no need to take such a step simply to placate the corner office on Beacon Hill.

When regulated products are banned, it makes it far more likely that patients will have to turn to the traditional market to obtain their medication. It is specifically those unregulated products which pose the gravest danger to patient health, and, in that way, any ban of vape products is entirely counterproductive.

Tracey Gregory, Hospice Nurse, Massachusetts Statement

My name is Tracey Gregory and I am an RN, a medical cannabis educator/advocate and am also a medical cannabis patient. When I started working in hospice 6 years ago, there was no legal accessibility for safe, lab tested medical cannabis or cannabis products. Cannabis reduces the need for opioids and medications for anxiety, insomnia, depression, appetite stimulation and nausea. With the use of those medications comes the need for more medications to combat the side effects, such as constipation. All these medications combined with the terminal diagnosis, usually left a patient too sleepy and dependent to fully enjoy their last days.

Thankfully, today, there are dispensaries all throughout Massachusetts where patients or their family members finally have the ability to purchase their medicine.

Well, only if that medicine does not include vaping.

Are there other ways to medicate? Absolutely.

Are they all just as effective for every patient? Absolutely not.

For many hospice patients, smoking cannabis is not an option, either because of physical reasons (using oxygen, too harsh for their condition), logistical reasons (landlord may not allow) or preference (don't like the smell, too difficult to manage by themselves). Swallowing difficulties combined with the slow effect time can make edible use insufficient to manage their symptoms. Vape pens provide easily titrated dosing that works quickly to decrease the symptoms of anxiety, anorexia, insomnia, nausea and pain, plus patients can use the pens independently, which adds to their quality of life.

To qualify for Hospice, a patient must have 6 months or less to live. A 4-month ban is for many, a lifetime ban.

ANNEX:

C3RN recommendations to the Cannabis Control Commission Dated Nov 5, 2019