Cannabis Control Commission Draft Regulations for the Adult-Use Cannabis Industry in Massachusetts – 12/21/17

Research License Public Comments

Submitted to
Cannabis Control Commission, Commonwealth of Massachusetts

Submitted by
Cannabis Community Care and Research Network (c3RN)

Submitted During Oral Testimony
Boston, Massachusetts
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Dear Commissioners,

My name is Dr. Marion McNabb and I am the CEO of Cannabis Community Care and Research Network (C3RN). Thank you again for the opportunity to be here today to comment on the draft regulations. I want to applaud the commission for such hard work in such a short time and for the transparent approach you have taken to develop the regulations. This will be the best state in the US for adult use cannabis. I want to also recognize the commission for the leadership in having a research license as a category in the regulations. It is very exciting that the CCC has recognized the value in this license category. We have a few recommendations:

1. **Massachusetts can be a leader in designing an effective cannabis research** program if the commission allows for uncapped research licenses and encourages collaborative data sharing among research licensees. This is a trend in health and medical research that the US government is following for all major health conditions (All of US NIH study) that the state can follow
2. **The research agenda should be based on the peer-reviewed literature available and be driven by where the state of the science is**, and recommendations to advance the evidence-base to include a broad range of topics, including medical, social, and economic impact and span medical, veterinarian, and agricultural/horticulture research areas.
3. **Suggest revising the definition of "marijuana research facility" to be expanded to include organizations, universities, laboratories, private sector companies** that might be involved in conducting studies.
4. **As the CCC is a political body, and not a healthcare or research agency, we would recommend that the CCC support a third-party institution (that is free from fears of removing federal funding) that can be a research standards setting organization,** bring together relevant experts with strong academic, clinical, and cannabis cultivation expertise to set research priorities, develop standards and best practices that the State can leverage. This third-party agency can be a coordinator among various government bodies as well as private sector and cannabis community to ensure the highest level of academic rigor and can help the CCC process research requests in a timely and evidence-based way.
5. **Support the formation of a research working group or advisory board** that follows the same transparent approach of other working groups formed to further flesh out the research license category. This working group, ideally open to the public, should have academic, clinical, and cannabis experts and draw from the fields public health, youth prevention, mitigating risk, as well as clinical, social and economic backgrounds, with a focus equity.
6. **Consider adopting a bold approach to addressing the opioid epidemic in the Commonwealth** through partnerships with other state agencies to develop a research agenda and pilot program of how cannabis can be used to address the

epidemic, with emphasis on those populations who are most at risk for opioid addiction, including but not limited to veterans and the elderly.

7. **Develop a transparent approach to ensuring equity in licensing for research**, so that licenses are not solely owned by large corporations, pharmaceutical companies, or massive grow operations. Consider a ratio licensure scheme to protect small organizations and non-profits from being out-competed by large corporations or pharmaceutical companies. Strongly encourage and promote open data sharing and collaboration, i.e. sharing results in peer reviewed journals, logging clinical trials on clinical trials.gov for example – this can be designed in a way so that intellectual property is still maintained.
8. **Major research bottlenecks in other states included funding for processing research protocols**, going through ethical review processes under independent review boards (IRBs). The CCC can consider using a small portion of the tax monies to be put into the wellness fund or other existing mechanism to ensure funds are available for studies.
9. **Consider allowing research to be conducted in pediatric populations, in particular studies with non-psychoactive cannabidiol for major conditions such as pediatric epilepsy.**
10. **In the definition of Marijuana research facility, point number 5: All research regarding marijuana must be conducted by individuals 21 years and older.** Clarify this statement if the age refers to the researcher or the actual study subject.
11. **Suggest to further define "R&D"** and what standards this is based on, i.e. good manufacturing practices, etc.
12. **Consider revising the research directors job description and qualifications** should include a strong background in research, and should oversee social equity research but also have advisors that touch various areas of research and academic expertise.
13. **Consider a multi-state or international research partnership or collaboration**
14. **Research licenses can also hold retail licenses but why not the other categories such as processing, laboratory, or cultivation?** Important that the CCC noted research cannabis cannot be retailed, but ironing out a process to ensure transparency and remove conflict of interest.
15. **There is long documented history of racial discrimination towards African Americans and other minorities in medical and clinical research. There is a need to highlight equity and diversity in the research license category.** CCC and the research body formed should keep diversity in mind as well as the racial disparities in access to health care in general in poor and low-income settings and ensure that conditions that are specific to these groups, for example, sickle cell is also included in the research agenda.
16. **Participation in any research study should not be mandatory** for any organization or patient, should follow ethical procedures and not take away from the medical cannabis program as it stands now.