



American Cancer Society Cancer Action Network, Inc.
655 15th St. NW, Suite 503
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fightcancer.org/md

February 14, 2022

The Honorable Luke Clippinger, Chair
The Honorable David Moon, Vice-Chair
Members of the Maryland Judiciary Committee
House Office Building
6 Bladen St., Room 101
Annapolis, MD 21401

RE: Letter of Information on HB 837 Cannabis Reform

Dear Chair Clippinger, Vice-Chair Moon and Members of the House Judiciary Committee,

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. On behalf of our constituents, many of whom have been personally affected by cancer, we thank you for the opportunity to provide public comments on **HB 837 Cannabis Reform**.

ACS CAN supports the prohibition of the smoking of marijuana and other cannabinoids, including through the use of e-cigarettes, in public places—such as, restaurants, bars, and gaming facilities—because the carcinogens in marijuana smoke pose numerous health hazards to the user and others in the user’s presence. Furthermore, ACS CAN does not have a position on the legalization of marijuana for recreational or medical purposes and supports the need for more scientific research on the use of cannabinoids by cancer patients, and on better and more effective therapies that can overcome the often-debilitating side effects of cancer and its treatment.

Therefore, ACS CAN appreciates the inclusion of cannabis and hemp into the Clean Indoor Air Act to protect everyone’s right to breathe clean smoke-free air. However, we do have concerns that the language in the bill around Clean Indoor Air needs to be strengthened to include electronic smoking devices to close current and further loopholes.

Maryland’s current Clean Indoor Air statute does not include electronic smoking devices, as at the time of the law passing in 2007 – the device in which individuals can also use to smoke nicotine, cannabis, aerosol, and other substances for human consumption did not exist. This needs to be updated and encourage that this language to be written, as noted below:

- **Remove “environmental smoke” from proposed statute as it is not necessary in the legislation. Instead, update the smoking definition to be inclusive of all products and here is our recommended definition:**

“Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, including marijuana, whether natural or synthetic, in any manner or in any form. “Smoking”



includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form.

- **We'd also want to add a definition of electronic smoking device to statute. The definition would be written as follows:**

"Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

Since the introduction of e-cigarettes to the U.S. market almost a decade ago, the marketing and use of these products have increased. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased 78 percent in high school students. Among middle school students, e-cigarette use increased 48 percent. That translates to more than three million youth who have tried e-cigarettes.¹ In Maryland, 23 percent of our high school students use e-cigarettes.²

Unlike a vapor, an aerosol contains fine particles of liquid, solid, or both. One study found up to 31 ingredients in the aerosol, including nicotine, acetaldehyde, and diacetyl, a chemical linked to serious lung disease.³ Studies have found the aerosol to contain ultrafine particles that can be inhaled deeply into the lungs, heavy metals, and volatile organic compounds, among other potentially harmful chemicals.^{4 5 6}

According to a report from the Surgeon General, "E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine."⁷ Studies have shown that the use of e-cigarettes can cause short-term lung changes and irritations.⁸ According to the Centers for Disease Control and Prevention, e-cigarette aerosol can contain harmful and potentially harmful substances including: nicotine; ultrafine particles; flavoring such as diacetyl, a chemical linked to a serious lung disease; cancer-causing chemicals; volatile organic compounds; and heavy metals such as nickel, tin, and lead. E-cigarettes also pose a potential risk to nonusers through secondhand exposure to toxicants in the aerosol. Secondhand exposure occurs when the user exhales the aerosol exposing nonusers.

Smoke-free laws protect workers and patrons from exposure to secondhand smoke and reduce the acceptability of smoking which, in turn, reduce the number of people, especially youth, who start

¹ Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2015. *Morbidity and Mortality Weekly Report*, 2016;65(14):361–7

² CDC. Youth Risk Behavior Surveillance System Survey RBSS Results. Available at: <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

³ Sleiman M, et al. Emissions from Electronic Cigarettes: Key Parameters Affecting the Release of Harmful Chemicals. *Environmental Science & Technology* 2016; 50 (1&) 9644-9651.

⁴ Cheng, T. Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.

⁵ Goniewicz, ML et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control* 2014; 23:122-9.

⁶ U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

⁷ HHS, 2016

⁸ Callahan-Lyon, P. Electronic cigarettes: human health effects. *Tobacco Control* 2014; 23: ii36-ii40.



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smoking and provide a supportive environment for those who are trying to quit. The increased protection and reduced acceptability have led to lower smoking rates and improved health status, including fewer heart attacks and cancers.

The use of e-cigarettes in public places including, but not limited to, restaurants, bars, and gaming facilities unnecessarily complicates enforcement of our State's current smoke-free law and undermines the public health benefits that continue to be achieved by comprehensive smoke-free laws.

Prohibiting the use of e-cigarettes in public places including restaurants, bars, and gaming facilities can protect the public's health by preventing nonusers from being exposed nicotine and other potentially harmful chemicals in the aerosol emitted by these products. Everyone has the right to breathe clean smoke-free air and no one should have to choose between their health and their job.

Additionally, ACS CAN has concerns around the Cannabis Business Assistance Fund created in this legislation. We believe that the grants to Historically Black Colleges and Universities (HBCUs) for cannabis-related programs and business development organizations, including incubators, to train and assist small, minority, and women business owners and entrepreneurs seeking to become licensed to participate in the adult-use cannabis industry needs to be expanded. **We believe this grant should be expanded to allow for the awarding of grant funds to HBCUs to fund health-related research on cannabis and hemp (i.e. to study the health effects of cannabis and hemp: positive and negative and health disparities).**

Finally, we need to ensure that baseline data around cannabis is collected and that this data is monitored in the future to determine the impact of legalized recreational cannabis, including the impact on other substance use/abuse including tobacco, alcohol, opioids, etc. and tracking psychosis and other mental health conditions. The State also needs to collect data on the impact of cannabis use and sale on health equity including the concentration of geographic locations of use and businesses, and to monitor and evaluate compliance efforts to ensure equitable enforcement of all cannabis businesses – especially, safeguarding minority and women owned businesses from the threat of harsher enforcement than other businesses in the State.

We appreciate everything you are doing to keep Marylanders safe from the effects of secondhand smoke and to protect Maryland's smoke-free law, and we thank you for your consideration of our input and suggested amendments on HB 837.

I can be contacted at jocelyn.collins@cancer.org or 301-254-0072 with any questions.

Sincerely,

Jocelyn I. Collins