

## Newsletter - September 2019

By now, everyone has heard about the recent outbreak of lung and respiratory illnesses linked to vaping THC products (THC – the psychoactive substance in cannabis). Because the term “vape”, “vaping”, or “ecigarette” is used, there is mass confusion and accusations against traditional vaping as cause of these illnesses. Traditional (nicotine) vaping was introduced to the public as a harm reduction method to assist adults in quitting the habit of smoking cigarettes. Many have tried other products or methods but were not successful until vaping was introduced to them. A study, conducted by the New England Journal of Medicine, found that 80% of smokers who used vaping devices, were successful in quitting cigarettes.

In recent and ongoing news, illicit (black-market) THC products or “ejoints” have been found to be the cause of “lipids” or lipoid pneumonia. This illness is a rare condition that occurs when fat particles enter and attach themselves to the lungs, and cause inflammation and respiratory failure (for more information, visit [healthline.com](http://healthline.com)).

The most commonly found item in these cases is Vitamin E (Vitamin E acetate or tocopheryl acetate or tocopherol acetate). While generally safe in food, cosmetics, or in pill form, inhaling an aerosolized form is extremely dangerous and should be avoided at all costs. Per Leafly.com, a leading cannabis/marijuana information resource, Vitamin E is used to “cut” THC oil to extend volume output. In other words, a 100ml oil can be “cut” to produce 500ml or 700ml of oil (50%-70% more). Generally, consumers do not notice their THC oil is “tainted” and assumes it looks like normal, all the while the additive causes the oil to be much thicker. Leafly.com warns that THC oil users are sure their supplier is a legitimate business or dispensary and can verify where they obtained the oil and/or oil-filled cartridge. However, recent reports claim these legal establishments are unknowingly selling potentially tainted products and thereby suggest refraining from THC products all together.

### How do THC products vary or coincide with nicotine vapes?

Since both products are similarly using a vape device to inhale vapor, people confuse the two and have claimed nicotine vapes are also causing lung illness. However, we beg to differ. As mentioned previously, vaping or ecigarettes became more mainstream approximately 10 years ago as a harm reduction method in aiding smokers to quit cigarettes. Ejoints, on the other hand, is using that similar vape device, putting some form of marijuana or “pot” byproduct, and inhaling for medical reasons or simply to “get high”. By altering an ecigarette, it is no longer used for its intended purpose and therefore should not be demonized as such. This alteration is key when speaking to someone about their vaping style or habits. Although an ejoint is technically considered vaping, its contents are more important and should be referred to and discussed. Simply changing the terminology would clearly distinguish one device from the other.

Here is an example of a similarly misconstrued situation...

Imagine being pulled over by a police officer and the incident happens something like this:

Officer – Good evening, license and registration please. I noticed you were weaving in your lane. Have you been drinking?

You – here is my information and yes, I have been drinking

(Note – the officer retreats to his vehicle and minutes later returns, along with other officers and a tow truck)

Officer – please step out of the car and place your hands behind your back, you are being charged with drinking alcohol while operating a motor vehicle

You – officer, I never said I was drinking alcohol. My cup is here, please inspect the contents.

Officer (after inspection) – I asked if you were drinking while driving and you said yes

You – you are correct, I did say I was drinking, however, I was drinking coffee

Officer – you know what I meant

You – but that’s not what you asked

See how this example was completely misconstrued? You were merely drinking coffee yet accused of drinking alcohol. The same applies to ecigarettes. The vaping industry has been accused of causing illnesses, even death. The same way a cup can be used to hold water, juice, soft drinks, alcohol, and other liquids, an ecigarette can be used to hold vape liquids, THC oils, and other items. While both items hold different substances, they are clearly used in different manners.

Nomenclature matters in helping consumers properly identify products that *cause* health risks versus those that potentially *protect* public health.

## Kids and/or Minors are using tobacco products

Some believe ecigarette usage amongst teens is a pathway to smoke cigarettes. According to Dr. David Abrams, a New York University professor and public health expert, “nicotine does not cause cancer, there is no evidence that young people will make the switch to cigarettes, nor is there enough evidence that we should panic about it”. Dr. Brad Rodu, Professor of Medicine at University of Louisville, studied the data from the National Health Interview Survey (NHIS) which was administered by the CDC. He noted the survey does not use the “every-day” or “some-day” questions, instead asks about usage only in the past month. He charted the numbers of smoking young adults (defined as 18-25 years) and teens (12-17 years) from 2002 to 2018. The lines start at least 8 years before ecigarettes were first used by anyone in the United States. The chart shows a considerable decline in both age groups across the entire period but a sharp decline from 2017-2018 when vaping occurred at so-called “epidemic rates” among teens and young adults. Dr. Rodu also studied data from the CDC and here are his findings (directly from his blog):

The House Committee on Oversight and Reform held two days of hearings last week on “JUUL’s Role in the Youth Nicotine Epidemic.” Make no mistake: the hearings were about congressional grandstanding, not a discussion of what really threatens American teens.

According to data from the Centers for Disease Control, [the high school vaping rate](#) is lower than that for marijuana and alcohol use. It’s about the same as binge drinking (four or five drinks within a couple hours). And, as we know, these activities don’t typically occur in a vacuum. High school students frequently drive after marijuana use, ride with a driver who has been drinking, text or email while driving, have sexual intercourse, and consider suicide.

But despite these truly worrisome activities, tobacco prohibitionists like Campaign for Tobacco-Free Kids have convinced Congress, school boards and parents that e-cigarettes have created “[a public health emergency](#).” Former FDA Commissioner Scott Gottlieb [and other government officials](#) fueled this anxiety by referring to the rise in teen vaping as an “epidemic.”

The hysteria stems from the CDC’s National Youth Tobacco Survey, which federal officials refer to as the gold standard of information about teen vaping. But they tout these numbers without any context. And that [context](#) is critical.

We frequently hear that 3 million high school students in 2018 were “current vapers.” But if you [look closer at the data](#), 3 million teens had used an e-cigarette at least once in the past 30 days. And 600,000 of the high school vapers were 18 or older, so they could purchase tobacco products legally in most states. The rest were underage. Of the 2.5 million underage vapers, about 1.7 million had also smoked a cigarette, cigar and/or had used smokeless tobacco.

Of the 807,000 underage vapers with no history of other tobacco use, 70 percent had used e-cigarettes only one to five days during the month — the equivalent of trying one at a party. Only 95,000 students had used the products 20 to 30 days, suggesting that they might be addicted. And this represents just 0.6 percent of the nation’s nearly 15 million high school students — a far cry from Gottlieb’s hysteria that we’re “hooking an entire generation of children on tobacco and nicotine.”

These estimates are based on the CDC’s youth tobacco survey, so they’re certainly not “underestimates.” Yet the rabidly anti-tobacco Truth Initiative produced [an estimate](#) for 2018 that is nearly half that of the 3 million number touted by the CDC.

In addition to faulty data, the House hearing echoed the government’s false narrative blaming teen vaping on illegal retail sales and “[kid-friendly marketing](#).” But the FDA’s own research shows that more than 90 percent of teens who use e-cigarettes [obtain them from social sources](#), such as friends or family. Only 10 percent of current teen vapers buy their own — and many of those are of age. Raising the purchasing age from 18 to 21 could potentially disrupt high school “black markets.”

Lawmakers also go after fears about nicotine. They reference the [Surgeon General’s claim](#) that nicotine is “very and uniquely harmful” to the developing brain, and that vaping can impair learning and memory in those up to age 25. Scientific evidence to support this is non-existent. In contrast, there is unequivocal evidence linking youth football and other concussion-producing sports activities to chronic traumatic encephalopathy (CTE) ([here](#), for example). If Congress wanted to protect children’s brains, this would be a more productive area for their focus.

Nicotine is about as safe to use as caffeine, which is also addictive, but it doesn’t cause any of the many cancers, heart attacks, strokes and emphysema that come from the toxins released from burning tobacco.

Congress wants you to believe that the increase in teen vaping will lead to a surge in young adult smoking. But the reality is just the opposite. Cigarette smoking [dropped in half](#) among young adults between 2014 and 2018. And while vaping increased, use of both products fell during the same period. Vaping is contributing to the evaporation of smoking among young Americans.

American teenagers are engaged in lots of risky behavior — but vaping, which the prestigious British Royal College of Physicians says is 95 percent less hazardous than smoking — is not one of them.

Congress should focus on how to really keep high school students safe.

## **What about recent news that cigarettes and flavors are being banned in some states and possibly federally?**

To date, 5 states (New York, Massachusetts, Michigan, Rhode Island, & Washington) have placed restrictions on vaping. These restrictions include but are not limited to; all out banning of vaping and/or cannabis products, flavor restrictions, fines for possession, and potential jail time. Although we are not lawyers, cannot speak regarding any ongoing or potential lawsuits, and do not give legal advice, we can confidently say the recent “outbreak” of illnesses is not due to nicotine vaping. We do find it odd that both the FDA (Food & Drug Administration) and CDC (Center for Disease Control) do not recommend medical professionals conduct standard drug screening of lung illness patients. We in turn asked local medical professionals why this standard test is not being conducted. Various reasons we were given are - the patients did not say they were using drugs, the patient is a minor and/or needs permission from a parent or guardian, and we simply didn't think to conduct the test.

Several news outlets (NBC, Washington Post, FOX, and others), have recognized and changed previous reports that e joints, containing THC, is indeed the cause of recent illnesses and are not caused by nicotine products. CBS recently aired an interview with Dr. David Abrams (previously mentioned). He provided scientific evidence that vaping is not as harmful as smoking cigarettes. He states that the biomarkers of harm are far less and dramatically biologically less harmful in vape than in cigarette smoke. He further states that banning cigarettes would be blowing the biggest public health opportunity to get rid of cigarettes in the past 120 years.

Federally, there are legislators who believe ecigarette use is not helpful but is more harmful than cigarettes. Other legislators disagree and say public health is a major issue and ecigarette usage will play a huge role in the decline of one of the deadliest substances that has killed millions across the globe. This debate is prevalent enough that Committees are being formed to discuss, and possibly ban, all vaping products. Some members feel because the FDA and CDC has not affirmed vaping is a safer alternative, should therefore be banned until a final decision is rendered. Other members say there is enough scientific and medical evidence to warrant ecigarettes continue to be available to adult smokers. We have spoken with many Congressional members and are told at least one person in their family has died due to cancer caused by cigarettes.

There is also talk of flavor bans being pushed through. These contradictory views are causing great debate on Capitol Hill. Some want the FDA to step in and pull every vaping product from the market until the PMTA process is completed. The problem with this viewpoint is the FDA does not have, nor has released, final guidance on what information they require to approve products for sale. The FDA also changes PMTA date requirements too often (at least 5 date changes to date). An appeal has been filed claiming this deadline is only months away and there is not ample time to have products tested and documents completed and submitted. The appeal further claims FDA requirements continually change, and manufacturers are still uncertain if their submission follows PMTA guidelines.

On the state level, it appears Maryland statutes prohibit an all-out ban. Per Maryland Public Health Emergency Preparedness Legal Handbook, “the Maryland Emergency Management Act (MEMA) provides a portion of the Governor’s emergency powers”. The MEMA Act grants the Governor authority to declare (and suspend) a state of emergency under certain conditions. With regards to a health emergency, the Catastrophic Health Emergency Act (CHEA) defines a catastrophic emergency as, “a situation in which extensive loss of life or serious disability is threatened imminently because of exposure to a deadly agent”. Additionally, “The Public Safety article of the Maryland Code, Title 14, section 3, provides for the Governor’s “public emergency” powers. A “public emergency” is defined as: “(1) a situation in which three or more individuals are at the same time and in the same place engaged in tumultuous conduct that leads to the commission of unlawful acts that disturb the public peace or cause the unlawful destruction or damage of public or private property; (2) a crisis, disaster, riot, or catastrophe; or (3) an energy emergency.” MD. CODE ANN., PUB. SAFETY § 14-301(c) (LexisNexis 2003)”.

What does all this mean? Lawmakers we have spoken with say a restriction or ban will need to go through the proper legislative process. This encompasses a bill being drafted, committee hearings, and members will vote on its failure or passing. The bill then goes to the other “House” (Delegate or Senate) and through the same process. It then is presented to the Governor for a signature or veto (if vetoed an additional process is needed). There is the possibility that Federal regulations could be completed before a bill passing to which Maryland may or may not follow the Federal mandate.

## What can I do?

The answer to this question is simple, use your traditional cigarette in the way it is intended...continual quest of not smoking cigarettes. There are hundreds of studies that show vaping is a healthier alternative and is more effective than other products available on the market (see study conducted by Royal College of Physicians). Continue to purchase your vaping products from trusted and legal businesses and educate yourself on the four ingredients of vape liquid (Vegetable Glycerin, Propylene Glycol, Flavoring, and Nicotine). We encourage you know and understand any product(s) you ingest or put into your body, not only in vaping but also with food or drinks or medications.

We spoke with many customers and have asked their thoughts/opinions on how the vaping industry is being portrayed. Most, if not all, say vaping has changed their life for the positive. They use it to continue to keep cigarettes out of their body. Some worry that a ban would cause them to return to the deadly habit. We then asked for ideas on what regulations they feel should be implemented; here are some of their comments (paraphrased for time and space):

- *Military Police Officer*: implement harsh penalties on those who sell and/or give tobacco products to minors
- *John's Hopkins employee*: limit the amount of nicotine in vape liquid because minors are not attracted to flavors but are "chasing the buzz"
- *Prominent University educator*: education, both in home & in schools, is key to raise awareness of harmful substances such as cigarettes, drugs, and alcohol
- *Construction worker*: minors are not victims; they want to be "accepted" and therefore give in to friends that break laws. They think it's "cool" when they don't get caught and like to brag about it
- *High-ranking Military Officer*: parenting and discipline is key, eliminate the "do as I say not as I do" mentality
- *Research Scientist*: T21 (21yrs or older) implementation is vital. Implement laws that mirror those of alcohol, restricting vape products to only vape shops instead of convenience stores, gas stations, and other retailers who have a track record of selling to minors
- *Retail store owner*: raise fines and suspend or revoke a retailer's license if found to be selling to minors
- *Congressional Legislator*: sensible regulation is necessary for topics that affect public health, by banning harm reduction vaping products - everyone loses

**NOTE – On Tuesday, October 1, 2019, the age in Maryland for all tobacco sales changes to 21. The ONLY exception is active duty military personnel with valid ID.**

When speaking to legislators and those who write our laws, please be professional and courteous. Do not bad mouth or speak ill of individuals or laws you do not agree with. As mentioned above, sensible regulation is key, and legislators really do want what is best for their constituents. Inform them of your concerns, share your story, and give factual medical and scientific data to back up your statements. Posing a problem is one thing, proposing a solution is even more important.

Here are some steps one should take when speaking or writing to a legislative member:

1. Give your name, where you live, and who you represent (if any)
2. Say why you are there or writing to them (the topic of discussion)
3. Share your personal story
4. Cite medical and/or scientific facts (have them printed out beforehand)
5. Share the "Ask" (what you would like them to do legislatively and the impact therein)
6. Thank them for their time and ask if they would be open to future discussion
7. Follow up (stay in contact with your legislator, keep them informed because no one else will)

To contact the White House, please click [HERE](#)

To find & contact your Federal Legislator, please click [HERE](#)

To find & contact your State Legislator, please click [HERE](#)

## **What more can we do?**

Greg Conley, President of American Vaping Association (AVA), and other industry leaders are conducting “National Save Vaping Day” on Monday, October 7, 2019. They are asking any retailer, wholesaler, distributor, and manufacturer to give whatever profits they can to AVA and Consumer Advocates for Smoke-Free Alternative Association (CASAA).

Vape Chalet, however, will take this one step further. On Tuesday, October 15, 2019, we will donate ALL profits on vape liquid to the Maryland Vapor Alliance (MVA). MVA is the local chapter of VTA that deals with issues directly at our state level. Lobbyists and potential lawsuits are expensive, and money is needed to fund these items. We chose this day because most government employees are paid on the 1<sup>st</sup> and 15<sup>th</sup> of each month. We are encouraging all other shops in Maryland join us for this one-day charity event. We also ask that customers plan out their purchases to accommodate their liquid purchasing during this event.

We thank you for your patronage and encourage you to be proactive in staying educated, speaking with family, friends, and legislators, but also continue the fight for your right to harm reduction against cigarettes. Our next Newsletter will discuss more news and updates since keeping everyone informed is vital in our right to survive.