CITY OF WORCESTER, MASSACHUSETTS
Department of Health & Human Services
Division of Public Health

Matilde Castiel, MD
Health & Human Services
Commissioner

Karyn E. Clark
Public Health
Director

DATE: June 5, 2017
RE: WORCESTER BOARD OF HEALTH MEETING MINUTES
START TIME: 6:30 PM
LOCATION: WORCESTER DIVISION OF PUBLIC HEALTH
25 MEADE STREET, CONFERENCE ROOM 109
WORCESTER, MA 01610

Welcome & Introductions:
Meeting was called to order at 6:35pm.
Members present: David Fort, Chair, Edith Claros, PhD, Vice Chair, Jerry Gurwitz, MD, Abigail Averbach and Joanne Calista WDPH Staff: Matilde Castiel, MD, Commissioner of Health and Human Services, Michael Hirsh, MD, Medical Director, Karyn Clark, Director of Public Health and Michele Williams, Principal Clerk

Approval of the May 1, 2017 Minutes:
Motion to approve the WBOH meeting minutes of May 1, 2017 made by Abigail Averbach, Second – Jerry Gurwitz, MD. Approved

Approval of the May 15, 2017 Public Hearing Minutes:
Motion to approve the WBOH Public Hearing minutes of May 15, 2017 made by Jerry Gurwitz, MD, Second – Abigail Averbach. Approved.

Review and act on presentation by MMS relative to opioid epidemic and alternative methods of prevention and treatment:
Dennis Dimitri, MD: The Massachusetts Medical Society (MMS) created a Task Force on Opioid Prescribing and Physician Communication in 2014. The Task Force began getting its feet on the ground when Governor Baker came into the State House. Very early on in his term as Governor and Dr. Dimitri's term as President of MMS, 2 years ago, we met with the Governor, AG and the Secretary of HHS to talk about what was the physician's role in the current opioid epidemic. Set guidelines were distributed to physicians. Put together information that was made available to all prescribing physicians regarding; continuing education on how to prescribe opioid safely, how to identify people at risk with addiction and how to help people with addiction issues. This guideline was given to the prescribers in 2015. We also educated the public about opioids; how to store and dispose them safely to decrease the amount of opioids that were circulating in the community. We

talked about partial filled prescriptions, which allow the patients to request that only part of an opioid prescription be filled allowing them to reduce their risk of new dependence. This required a lot of work on part of the MMS and others to not only change state law and legislation but to work with our federal delegation around what could be done on the federal side because DEA regulation and federal law are really impacted on this. We've had a fair amount of experience at both the state and federal legislative level around issues having to do with opioids. Data shows that physicians prescribing did significantly decrease. Physicians prescribing in Massachusetts were already relatively low compared to national numbers. Although we are seeing opioid prescribing decrease, the number of opioid overdose deaths continues to increase. The Task Force over the last year has changed its emphasis to try and take a look at things beyond just physicians prescribing and public education and start to look at some things like increasing the amount of treatment that is available to the individuals with substance use disorder by trying to have an increase in the number of physicians who had a DEA license. This would allow physicians to prescribe morphine an opioid agonist for the treatment of substance use disorder. That was one of the things that we tried to work on this past year. We would like people to get care not just by going to a "methadone clinic" but get care in the primary care setting where they may be getting care for their other needs. This brought us to the point to take a look at other things we could do that would help this population that is suffering from substance use disorder and a very high risk for overdose. What appears to be happening as the State Department of Public Health has been able to exam the toxicology reports from people who have died from overdose deaths in the last year or so is increasing. The toxicology indicates that 70 to 75 percent of individuals have fentanyl in their system. That number has been going up steadily in the last couple of years. The number of patients who have prescription opioids in their bloodstream has decreased. There is a population of people who inject drugs who are very high risk because of fentanyl in the community and many of these individuals are homeless, jobless, uninsured and very vulnerable. We decided to look at Safe Injection Facilities (SIFs) as another tool that can be used in the approach to overdoses. The student members of our organization came to us with a resolution asking the MMS to support the concept of a Safe Injection Facility. It was put on the agenda of Opioid Task Force Studying. There are not currently any SIFs in the U.S., but they have been operating for many years in Europe, Australia and Canada. Taken a look and tried to make a scientific evaluation of SIF in Australia and Vancouver, Canada. We decided to take an approach to evaluate the SIF. We are looking at what were the strengths, weaknesses, opportunities and threats that might be raised by something like this. Our proposal is that we should consider a pilot program in Massachusetts, run through some sort of state or some authority, probably with oversite from the State Department of Public Health to look at a SIF pilot project. The reason why we felt like it was reasonable do that is because of what came out of the SWOT analysis that we did. Most of the data that we did came out of Australia and Vancouver, Canada, so we're not sure that data is generalized to the U.S as a whole. We think that if a pilot project is in place, it should be done with some sort of evaluation process attached to it so that we really know what we are getting from this. There's research out there that has been published in places like *The Lancet and New England Journal of Medicine*. Although there was not hard research on a direct impact SIF's had on decreasing viral transmission of diseases like HIV and Hep C, there's a good reasonable leap one could make that if people are using clean needles for injection, they are far less likely to contract HIV and Hep C. That is something very positive. In terms of the public nuisance associated with this, there's no increase in people gathering in particular neighborhoods to inject. In fact, the activities that are taking place in public, the discarding of needles in gutters or public parks are reduced when you bring people inside of the SIF instead of using in a public area. Initially there was a lot of mixed opinion from people in the local business area and police about having a SIF in the neighborhood, but in the end, after 3 years of having a SIF in Vancouver, they

actually wrote letters of support for continuation of SIFs because of the decrease of public injection. Another big issue is around the ethics of a SIF. People were having concerns stating that we are condoning the use of injectable drugs. We believe that SIFs can help save lives and increase access to treatment. There are medical associates both in Canada and Australia that have decided that it is ethical and support SIF's. We also did an analysis on the legal implications of SIF's. In Massachusetts, it's illegal to be in the presence of heroin. Some laws would have to be changed in order for doctors and nurses to work in a SIF. The SIF oversees them inject their own drugs, make sure they are using clean needles, there to help them if they overdose and most importantly works with these individuals to try and get them into treatment. Under current laws and regulations, it is not possible for physicians and nurses to work in a SIF because their professional liability insurance will not cover them. There are cities around the country that are taking a look at this right now. In New York City, the city council has voted $100,000 to examine SIFs. Here in Massachusetts, there is some legislation pending. In closing, MMS has recommended advocating for a pilot supervised injection facility program, here in Massachusetts, that would be under the direction and oversight of a state led task force convened by some state authority such as the Massachusetts Department of Public Health, to look at a SIF and consider all the laws, liability and to be a part of a harm reduction strategy. If a SIF is put in place, it will be a program to help individuals who need to get into treatment.

David Fort, Chair: What about placement for a SIF? In Vancouver was there a lot of resistance from the community?

Dennis Dimitri, MD: The decision of where to locate the SIF in Vancouver was based upon where the individuals would most benefit from a SIF. There was a lot of public and law enforcement resistance at first. Once the SIF was up and running and they noticed the decrease in the amount of public nuisance, all were in support for continuing the program. As far as Massachusetts, you would probably see them sited where society would think we need them. We tried to build on a particular program called SPOT (Safe Place for Observation Treatment) which is run in concert with the Boston Health Care for the Homeless Program at BMC. People are not allowed in inject drugs there but if they have injected a drug somewhere else, they can go to SPOT and be observed safely to make sure they don't overdose. They can also get advice as to where to get treatment. That facility is located in Boston where people congregated and often times used drugs.

Matilde Castiel, MD, Commissioner of Health and Human Services: Main concern is that there's a lot of gaps that still exist that we haven't addressed or considered yet. In hospitals and the ER, people are being discharged after an overdose and doing it all over again. There are areas that we could be working on to put them on treatment and have clinics for them to follow up. Fallon Family Medicine has started more clinics and more providers that are providing buprenorphine or suboxone. There's data that shows that most doctors are not being certified. If they are certified, they're not doing it because they are difficult patients to deal with and they don't have the amount of time to see them. We don't have a method of treatment yet.

Dennis Dimitri, MD: We are very involved with the legislation that was created in March 2016. It calls for hospitals to have these resources in place to help patients get into treatment when they come in with an overdose. The Task Force has been working really hard to figure out how we could get more doctors in the community that have a license to prescribe suboxone and utilize this license. Some doctors do not like to prescribe it. We have been doing this in our department, Family Medicine Community Health here at UMass Memorial, for a decade. We have doctors at

Family Health Center, Hahnemann Family Health Center and Plumley Village Health Center who are doing suboxone treatment but it's not enough.

Abigail Averbach: Could you recommend an article for us to read and understand those studies?

Dennis Dimitri, MD: Yes, I will send it via email. Teresa Fitzgerald, who is Director of our Health Care Research at MMS, formally did health policy research at the Brigham at Harvard and she works now with MMS. I will share this with you.

Abigail Averbach: You talked about MMS advocating for some sort of a pilot, but it sounds like continuation of planning efforts. Is this for SIF?

Dennis Dimitri, MD: We want to be clear that the MMS is not opening a SIF. We don't have the resources to do that. We think that it should be done by some sort of government agency and be a pilot. We don't' think that a SIF should be opened up on every street corner that has a problem. It would be a good idea for a state authority like the MA DPH to take this on.

Edith Claros, PhD, Vice Chair: Are there any SIF's in the United States?

Dennis Dimitri, MD: To the best of my knowledge, there are no SIF currently open in the US.

Michael Hirsh, MD, Medical Director: Thank you Dennis for your report from the MMS. This is a situation where there is a lot of pressure to try this out. They feel that Worcester is an ideal site because of the expertise we have and facilities. I think that most of the information that we received from the Police Department and District Attorney's Office is that the fentanyl that is getting added into the heroin is not brought in from the same places that the heroin is coming from. The fentanyl is made here. If anyone was going to succeed with a SIF we need to make sure that what is being injected is what we know as far as dosing, amounts, weight, etc. Are we really controlling their addiction?

Dennis Dimitri, MD: There are some SIF where there's the ability to test the drugs that the people are bringing in with them. That's one of the many kinds of detailed issues that need to be thought about if a SIF pilot program were to go forth here. I have never heard that fentanyl was mixed locally here, everything that I've heard about fentanyl is it's imported from China and Mexico.

Michael Hirsh, MD, Medical Director: I'm not saying that it's a US product, but the mixing is done here.

Edith Claros, PhD, Vice Chair: Will the staff of the SIF administer the medication after it has been tested?

Dennis Dimitri, MD: No. The nurses and doctors that work at the SIF do not actually inject the drugs. They will make sure that the people will have clean needles.

Edith Claros, PhD, Vice Chair: Would Narcan work for the overdose?

Dennis Dimitri, MD: It will work but the problem is that the fentanyl is more potent and depending on how much fentanyl is in there. There's this new Carfentanil is even more potent.

What my colleague's in the ER are telling me is that they are often times having to administer multiple doses of Narcan in order to bring people back.

Edith Claros, PhD, Vice Chair: I recently saw a slide on the comparison of the traditional heroin dose vs a small dose of fentanyl. It was 5,000 times the difference.

Dennis Dimitri, MD: This is why people are overdosing. They think it's the traditional heroin.

David Fort, Chair: It would be helpful to get opinions from the population that we are trying to help. It would be helpful if members of the Task Force have experienced this in the past. Who will come to the SIF? If there's no SIF's in the US, why is that?

Dennis Dimitri, MD: I think that's a great idea. We should pass that along to whoever puts this project together. The main reason why there are no SIF's in the US is because it's hard to do. They went through a difficult time in Vancouver around this. The Federal and Law Enforcement opposed to this and try to appeal this. There will be people that will make it hard.

David Fort, Chair: The biggest part of resistance is from people who do not live in the community.

Karyn Clark, Director: The people at the table should be the ones that are being impacted.

David Fort, Chair: Thank you Dennis for your time.

Review and vote on Regulation to Ensure Safe Access to Medical Marijuana Dispensaries:
David Fort, Chair: Regarding our discussion on May 15, 2017, hopefully during that public hearing a lot of question were answered and gave us the opportunity to hear directly from John Glavik, CEO of Prime Wellness Center, who will be opening a dispensary on Pullman Street. Are there any thoughts or comments about this?

Jerry Gurwitz, MD: The thing that struck me was the impression that I got from John Glavik regarding his concerns about the additional oversight relating to these regulations by the BOH. I feel that we should approve these regulations along with some additional information for those who are affected by these regulations.

Joanne Calista: I agree. He spoke about all the levels that he had to go through and I think that we should have permission to provide an oversight.

David Fort, Chair: I wasn't sure that the gentleman was clear that this is something that we are considering, being the oversight of these dispensaries. It was very helpful to hear what he had to say, but at the same time he kept talking about the different levels that he had to go through to have a dispensary. We are here as an oversight committee or Board that in the event that certain things arrive, that we are here to step in.

Karyn Clark, Director DPH: I spoke with the City Manager's Office and I was told that all 4 dispensaries were notified about the public hearing. The executive summary provided does outline what the purpose of the regulation is. It allows the relevant city departments to go in and inspect. Also the Board is the licensing body and the place that if there are any issues, this is where they would be solved and to also build a relationship with them. I did recommend to him to take the

executive summary home and the regulations draft and review it. We have not received any additional questions or input to your decision to vote on this. We also provide a copy of the letter and adopted regulations to the individuals and owners. There are 2 votes tonight: 1) adopt the regulations as written, 2) vote on my recommendation of a $500.00 fee, which would be an annual fee.

David Fort, Chair: Let's vote tonight on what we know and heard regarding Medical Marijuana Facilities. I am going to take a vote: The City of Worcester Board of Health hereby approves and adopts the attached Regulation to Ensure Safe Access to Medical Marijuana Facilities, all in favor: 4-yes 1-no. The City of Worcester Board of Health hereby approves and adopts the attached Medical Marijuana Dispensary Operating License Fee Schedule, all in favor: 5-yes 0-no
We will approve and adopt the approved the Regulation to Ensure Safe Access to Medical Marijuana Dispensaries and Licensing Fee.

Karyn Clark, Director DPH: I want to thank the Board. I appreciate your patience. This is a great opportunity to build relationships with these people and understanding what they are doing. I need the Board to sign the document and select the implementation date. I recommend August 1, 2017. The first facility is slated to open in August 2017. Now that this is going to be adopted, we need to let them know in advance what the process is.

David Fort, Chair: I appreciate all your work Karyn.

Next Meeting
July 17, 2017

Topics for Next Meeting
Hear a presentation on a local study that was done in Massachusetts by someone at UMass Medical School regarding tanning bed access on college campuses
Review and act on homelessness, criteria to get into a shelter, unstable housing, panhandling

Adjourn:
7:48PM