



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: April 18, 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. Absent: Joanne Calista. WDPH Staff: Michael Hirsh, MD, Medical Director, Karyn Clark, Director of Public Health, Marie Graves, Public Health Prevention Specialist and Michele Williams, Principal Clerk

Approval of the March 27, 2017 Minutes:

Motion to approve the WBOH meeting minutes of March 27, 2017 made by Jerry Gurwitz, MD Second – Abigail Averbach. Approved.

Review and update relative to opioid epidemic:

Marie Graves, Public Health Prevention Specialist: Works on reducing or preventing incidents of fatal and non-fatal opioid overdoses in the substance use area of CHIP. There are several things that we are doing that will hopefully impact these numbers and begin to embed some sustainable practices within systems of care in order to work within the community. One of the groups I co-facilitate is the Regional Response to Addiction Partnerships (RRAP). Partnership with over 20 organizations and agencies that come together to work on strategies that they find important. Strategies include primary prevention strategies, which is to work within schools and young school age people. To present these schools with evidence based practices that have been known to be effective in order to reduce the onset of use such as a social media and social norms campaign, where you take positive feedback and information from surveys that are conducted within the schools and flip it on its “head” and support the positive interactions that people can do daily in order to minimize the impact on problematic decision making. We also work with WPD and CIT, who address mental health and substance use issues. They provide help to individuals who suffer from a substance use disorder and offer assistance to treatment. We connect them with services to continue with recovery. We work Re-entry sub-committee - that people were adamant about



working on this population and there's evidence to show that people coming out of incarceration are at higher risk for an overdose and/or may have a mental health disorder. This sub-group is working on some strategies to provide mentorship and extra support. We are doing work with the Sheriff's Department to work with their system of care that they provide to individuals that have been identified with substance use disorder. They have allowed clinicians to support the CIT and build a strategy around individuals that were released.

Abigail Averbach: Thank you for the update. The overdose report that you distributed states that the average victim age is 36. What age do these individuals start using? Also, is it saying that people are engaged in heroin injection for 10 or 15 years before they have that overdose experience?

Marie Graves: We do have some data to support that they started using substances prior the age of 18. Marijuana and alcohol use are always number 1 and 2 with middle school youth. The earlier we can prevent the onset of use, the later we delay any adult use. If marijuana and/or alcohol are introduced to young people, especially prior to the age of 25, the likelihood of them moving into a substance use disorder increases. Not everyone seeks medical treatment, survives an opioid overdose or is reported. But consistently middle school age is a specific targeted special age that we want to make sure that we minimize that risk with them.

Edith Claros, PhD, Vice Chair: Looking at this report, I noticed that February is at an all-time low, compared to the previous months.

Marie Graves: The peak months are around the holidays and summer months. You'll see the peak at the holiday seasons because of isolation; how they may feel at that time.

Edith Claros, PhD, Vice Chair: Often times what I hear is that the person who overdoses is a repeater. Is that included in this report?

Marie Graves: I can say that it is quite common. More than likely it does include those numbers.

David Fort, Chair: What percentages of the individuals that are released from incarceration are required to get tested for their substance abuse? Is it part of their probation?

Marie Graves: I do not have percentages but I have talked to some people in probation who are extremely dedicated to this population and do the best that they can to engage them into services. Sometimes it's mandated, based on their situation.

David Fort, Chair: There are many individuals that are using but not getting the treatment that they need. Our goal is to try to find a way to help them. What is something that we can do to help?

Marie Graves: We should support continuous advocacy around treatment and recovery. Inform individuals what is out there. Recovery is possible.

David Fort, Chair: Looking at this report of repeat overdose activity, why are they happening at the same locations? What are the landlords at these addresses doing to help prevent the activity?

Karyn Clark, Director, DPH: One of these addresses is a rooming house that has had significant issues that the City is looking at, one is the Union Station and some of these places are fast food

restaurants. We have been working with Aids Project Worcester to have an outreach worker that goes to some of these locations to provide education and resources. The City and Community Workers are trying to reach out and help these individuals. There are weekly meetings regarding “hot spots” and trying to get people help.

Jerry Gurwitz, MD: It would be interesting to see if there are some organized efforts around this.

Karyn Clark, Director, DPH: Dr. Matilde Castiel Commissioner of HHS and Cassandra Andersen, Manager of Strategic Partnerships are in Atlanta presenting an Opioid Conference, National RX and Heroin Summit. There are people from all over the county applauding them for the work that’s being done here in Worcester. We would welcome innovated ideas.

Abigail Averbach: I am working on a project with UMass Medical School, MDPH and Mass Health. We’re looking at 5 years of data where all criminal individuals are involved, to try to see where they go after incarceration and what are all the different services they had while incarcerated. This study should be finished by September. Can share the findings.

David Fort, Chair: Thank you all for your help. We appreciate all the support.

Review and act on continued discussion relative to ensure safe access to medical marijuana dispensaries draft regulations:

Karyn Clark, Director, DPH: I emailed you information that will help you with some of the questions you have. Addressing the information you requested from the last meeting - a question regarding the difference between our local draft regulation and the state regulation. The State regulation is concrete. Locally we would regulate hours of operation, number of feet from public schools, parks, facilities for parking and signage. Please look at the form that I have put in your packet regarding *RMD’s Currently Dispensing Marijuana for Medical Use*. We contacted all of these towns, unfortunately I haven’t heard back from all of them. Brockton, North Hampton, Salem and Ayer have no regulations at this time. Boston, Brookline and Cambridge have their regulations and are issuing licenses. Lowell has drafted them but has not adopted them at this point. I also spoke with the City’s Law Department regarding your question as to why we are not treating medical marijuana facilities like a pharmacy - the sale of pharmaceuticals including a pharmacy such as CVS, is highly regulated by the FDA and the State. Marijuana is classified as a schedule 1 substance which means it is illegal at the Federal level and there are no FDA regulations. It’s a very different industry and different type of business because of this. The City has legitimate interest in maintaining closer oversight of this type of business when sited within the community and the State allows local regulations of medical marijuana as an option for Boards of Health. As far as questions regarding edibles, at this time we believe that the Board of Health does not allow regulating edibles in a medical marijuana facility. Questions regarding the licensing process, I would recommend that the Board watch a license commission meeting that they have for alcohol either online or possibly attending one so that you can understand the process.

David Fort, Chair: Thank you. I believe that all of this material that you distributed will help us with the questions that we have. There were concerns last time about us serving as a licensing board in the event that someone steps beyond the line, then we act as a Board to enforce the regulations.

Karyn Clark, Director, DPH: There will only be 4 facilities in the City. It gives you the opportunity to meet with them and ask questions and/or request to see their facility. We as the City would take the application and make sure that they have all of the documents and recommend that to the Board. If there was some type of issue, this is where it would be resolved.

David Fort, Chair: This gives us an opportunity as a Board, to be a part of managing the ways things are being done.

Edith Claros, PhD, Vice Chair: If the medical marijuana is not FDA regulated, there is no mechanism to know how much of the THC is part of the marijuana included on the card. You may have 2 products from 2 vendors under medical marijuana and they have completely different labeling. So if the recreational marijuana comes in, what is the difference between the THC and CDH?

Karyn Clark, Director DPH: We don't know what is happening at this point at the State level with recreational marijuana. I would like to invite back Cheryl Sibarra, who is the Senior Staff Attorney at MHOA. She has been involved with the State Medical and Recreational Marijuana. She provides a lot of technical assistance. She was involved with some of the writing of the State Regulations for medical marijuana.

Karyn Clark, Director DPH: The 1st facility is going to be opening in August 2017. I would like to propose that the Board consider having a public hearing on these regulations.

David Fort, Chair: We should take the time to read this material, however it would be good to set up a meeting.

Jerry Gurwitz, MD: Would the entire meeting be focused on regulations?

Karyn Clark, Director DPH: It would be a public hearing for anyone from the public to come and comment on any part of the draft regulation. You could take a vote that night if you wanted to adopt that regulation as written or listen to a public testimony and vote at the next meeting.

Next Meeting

May 1, 2017 – 6:30PM

Public Hearing

May 15, 2017 6:30PM

Topics for Next Meeting

Review and act on update relative to PCB's in Worcester Public Schools

Review and act on Worcester Youth Office program presentation

Review and act on tanning bed student research project presentation

Adjourn:

7:37PM