Needham Board of Health

AGENDA

Friday, June 17, 2016
7:00 a.m. – 8:45 a.m.

Charles River Room – Public Services Administration Building
500 Dedham Avenue, Needham MA 02492

- **7:00 to 7:05 - Welcome & Review of Minutes**
- **7:05 to 7:30 - Director and Staff Reports**
- **7:30 to 8:15 - Continued Discussion of Proposed New or Amended BOH Regulations**
  - **Body Art**
  - **Synthetic Marijuana**
  - **Drug Paraphernalia**
- **8:15 to 8:45 - Board Discussion of Policy Positions**
- **Other Items**
- **Next Meeting Scheduled for Friday July 29, 2016**
- **Adjournment**

(Please note that all times are approximate)

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E-mail: healthdepartment@needhamma.gov
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NEEDHAM BOARD OF HEALTH
May 13, 2016
MEETING MINUTES

PRESENT:	**Edward V. Cosgrove, PhD, Chair, Stephen Epstein, M.D., Vice-Chair, and Jane Fogg, M.D.**
STAFF:	**Timothy McDonald, Director, Catherine Delano, Maryanne Dinell, Tara Gurge, Alison Paquette**
GUEST:	**Christopher Coleman, Assistant Town Manager, Charles Poljoniz, 7-11, Ghassan Mohammed, 7-11, Chestnut Street, Needham, MA, Karen Simao, Attorney for 7-11, Laura Miller, 7-11**
CONVENE:	**7:00 a.m. – Public Services Administration Building (PSAB), 500 Dedham Avenue, Needham MA 02492**

DISCUSSION:

Call To Order – 7:02 a.m. – Dr. Cosgrove

Approve Minutes:
Upon motion duly made and seconded, the minutes of the BOH meeting of April 1, 2016 were approved as submitted.
The motion carried. The vote was unanimous.

Director's Report – Timothy McDonald
Mr. McDonald welcomed Catherine Delano. Ms. Delano was offered and has accepted the position of Senior Substance Use Prevention Program Coordinator. She will be program coordinator for the Drug Free Communities (DFC) Grant Program. Ms. Delano has a Master's of Social Work degree and a Master's of Public Health degree.

Mr. McDonald reported that, although it has not been officially announced, Superintendent Dan Gutekanst is going to recommend the appointment of Barbara Singer as the Director of Health Services for Needham Public Schools. Mr. McDonald stated that there were three candidates and Ms. Singer was by far the strongest candidate.

Mr. McDonald noted that a few staff members would be leaving the meeting to prepare for a conference involving the Norfolk County District Attorney and the (NC-7) Substance Use Coalitions.

Mr. McDonald reported that the he has officially rolled out the survey on Healthy Aging through Healthy Community Design. Mr.

McDonald noted that the Needham Public Health Department applied for a mini grant, on the town's behalf, for this purpose. Mr. McDonald stated that a part-time staff person, Ms. Lynn Schoeff, has been hired and is working to coordinate focus groups. Mr. McDonald summarized a few of the issues that came out of the focus groups. Mr. McDonald stated that he is expecting between 700 to 1000 responses. Mr. McDonald explained that a report would be given to the Town Manager. The report would include a combination of assessments of municipal regulations, zoning policies; qualitative data gathered from key informant interviews and focus groups, as well quantitative data from the survey. The report would identify challenges not solutions.

Mr. McDonald reported that he is optimistic that the Public Health Department will receive funding from the MetroWest Health Foundation for a pilot program to facilitate senior access to Uber. Mr. McDonald stated that he and Council on Aging Director, Jamie Brenner Gutner, attended a presentation on this program and offered to volunteer to participate in the program.

Staff Reports

- **Public Health Nurses Report – Donna Carmichael & Alison Paquette**
  Ms. Paquette presented an update on communicable diseases. She reported that as of April 1 there were 45 cases of Influenza. Ms. Paquette reported on a Shigella infection. Ms. Paquette stated that families were contacted to ensure that family members who may have been exposed to the infected individual had their immunizations up-to-date. Ms. Paquette reported that there were two Zika cases and they were both revoked. Ms. Paquette responded to Dr. Epstein's question on the two cases of mumps. Ms. Paquette stated that both were from the Harvard Lacrosse team. Parents were contacted and were recommended to get a titer. A brief discussion followed regarding immunization and monitoring of the two cases. Ms. Paquette reported that there was one dog bite but that tetanus shots were up to date. Ms. Paquette reported that 51 persons requested Public Health nurses to check their blood pressure. Ms. Paquette reported that summer camps paperwork is being processed.

- **Traveling Meals Coordinator Report - Maryanne Dinell**
  Ms. Dinell's report included an analysis on the number of meals delivered. Ms. Dinell reported that for the summer program, four women would be hired. Three are from last summer, 2015 and one is from 2014. Ms. Dinell stated that she is pleased that this group has experience. Ms. Dinell reported that the luncheon was successful. Ms. Dinell stated that carnations were given out from Wingate for

Mother's Day. Ms. Dinell reported that the meal count is going down as it does every spring and summer.

- **Environmental Health Agents Report - Tara Gurge**

Ms. Gurge reported that there was two cease and desist letters issued. Ms. Gurge stated that one letter was issued in March to Robert Pelletier for conducting illegal catering out of #301 Reservoir Street in Needham. Ms. Gurge stated that an Administrative Hearing was conducted with the owner and landlords. Ms. Gurge stated that it was ordered that owner not be allowed to apply for a catering license in Needham until Jan. 2017. Ms. Gurge stated that the Building Dept. Commissioner has been informed of this order.

Ms. Gurge reported that a second cease and desist letter was issued in April to Sante Mobile Café (Steve Gilman and Scott Haviland). Ms. Gurge stated that a Commissary License was issued in 2016 for his food truck. Ms. Gurge stated that Craft Boston contacted her regarding whether or not a catering license was on file for this vendor. Ms. Gurge stated that the vendor was contacted and given information applying for a catering license, but that there was no follow through. Ms. Gurge stated that this vendor did participate in an event on April 29 – May 1st in Boston. Ms. Gurge stated that the vendor was required to attend a mandatory hearing along with their landlord, to discuss this catering violation. Research was conducted to verify items discussed at the hearing. His commissary license has since been revoked. A brief discussion followed on several additional issues associated with this vendor. The vendor is now in Cambridge with an approved license in Cambridge. Ms. Gurge stated that she would continue to monitor spaces that were used by this vendor in Needham.

Ms. Gurge responded to Dr. Epstein's question regarding Fernandes/Dunkin Donuts Mini Mart. Ms. Gurge explained that a parent reported to the police that her underage child was purchasing cigarettes from this vendor. Ms. Gurge stated that she contacted the vendor and was assured that the staff is always checking IDs and that everyone who sells cigarettes gets trained in checking IDs, etc., so they do not sell to minors.

A brief discussion followed on concerns from the Board that there might be certain restaurants that are serving alcohol to underage persons. Mr. McDonald stated that he and Kate Fitzpatrick, Town Manager have spoken with a certain restaurant to emphasize the importance of the Massachusetts Responsible Serving of Alcohol regulations, and have received assurances that the staff are in compliance. Mr.

McDonald stated that the Public Health Department requires that all tobacco vendors watch a video about the regulations in Needham. Mr. McDonald also stated that a video was produced a few years ago for alcohol onsite restaurant sales and offsite package stores recommending that employees of these businesses watch these videos. Mr. McDonald stated that he would like to involve the Selectmen in changing the recommendation to a requirement that would be signed off on from the businesses indicating that their employees have watched the video. The Board agreed with the suggestion. A brief discussion followed.

- **Substance Abuse Prevention Coordinator – Carol Read**
  Report submitted electronically.

BOARD OF HEALTH PUBLIC HEARING – Opened at 7:30 a.m.
Administrative Hearing about Tobacco Regulations

Dr. Cosgrove opened the Public Hearing at 7:30 a.m. Dr. Cosgrove stated that this is an Administrative Hearing relative to the Tobacco Compliance check that was conducted on April 29, 2016 that resulted in a sale of tobacco to a minor. After brief introductions, Mr. McDonald outlined the format of the hearing.

Ms. Gurge stated that a compliance check was conducted on Friday, April 29, 2016. Ms. Gurge pointed out that the compliance checks are routine per tobacco compliance regulations. Ms. Gurge stated that she worked with an of age student and an under age student. Ms. Gurge described the occurrence involving the point of sale to both students and explained the protocol relative to the violation of the regulation.

Mr. McDonald stated that a violation had occurred at the 7-11 Chestnut Street Needham location in 2014 but that Mr. Ghassan Mohammed was not the owner of this store until 2015.

Ms. Gurge confirmed that this is the first violation for this owner. Mr. McDonald outlined the penalties of the violations.

Attorney Simao stated that it was her understanding that at the Board’s discretion there have been cases where the Board has not issued a violation. Attorney spoke about the history of the store. She added that this Franchise is his sole source of income for Mr. Mohammed. She noted that there were a number of issues with this employee who was let go before Mr. Mohammed knew about the violation. Attorney Simao summarized the policy and training for Chestnut Street 7-11 Franchise. Attorney Simao stated that prior compliance checks at this location, by this owner have passed. She added that it is unfortunate that this

particular employee could cause Mr. Mohammed and his five other employees to lose a weeks worth of revenue. Attorney Simao stated that Mr. Mohammed reiterated with his employees that there is an automatic termination if employees do not card persons purchasing tobacco products. Attorney Simao asked if the Board would consider staggering the week of the violation.

Mr. Mohammed stated that he has four children and that they do not smoke. Mr. Mohammed stated that he would not be able to survive in the store with a loss of 40% of the sales.

Dr. Epstein stated that the Board publically warned all of the tobacco licensee's that compliance checks would continue and that there would be no exceptions.

Dr. Fogg expressed that one of the challenges is with the change of ownership and whether or not violation follows the location or whether or not the slate is wiped clean. A brief discussion followed on some suggestions from DJ Wilson, Tobacco Control Director and on staggering the number of days of the violation.

Mr. McDonald stated that the Board could consider, within limits, a time period range, allowing Mr. Mohammed to choose which week to have the supension. Discussion followed.

Vote

Upon motion duly made by Edward Cosgrove and seconded by Stephen Epstein that the Needham Board of Health impose the penalty as required by the regulations, and for sake of consistency, that the Needham Board of Health also apply the fine with a one-month window in which to issue it.
The motion carried. The vote was unanimous.

The Public Hearing ended at 8:00 a.m.

Discussion of Proposed New or Amended BOH Regulations

- **Body Art**
  Mr. McDonald stated that this is an amendment to the Body Art Regulations. The amendment would include a change to section 7.3 in the definition of *Microblading*. The amendment would also include a change to section 7.12.3, #6 – the annual fee for the Body Art Practitioner Permit… . Discussion followed.
- **Regulations for Restriction of Synthetic Drugs**
  Mr. McDonald described the purpose of the proposed changes for this regulation. Dr. Epstein requested a change to section 22.2, second paragraph, to delete "emergency room doctors" and add "emergency department." Discussion included changes to sections 22.3, 22.4, 22.9.

Dr. Fogg suggested that Mr. McDonald draft an article for the Needham Times that describes synthetic drugs and would educate parents on the products that have become popular among teens and young adults.

- **Regulations for the Restriction of Drug Paraphernalia**
  Mr. McDonald described the purpose of the proposed changes for this regulation. A brief discussion followed on proposed changes.

Board Discussion of Policy Position
Dr. Epstein recapped a few of the talking points from the Annual Town Meeting regarding Medical Marijuana Dispensaries. Dr. Epstein stated that the BOH has agreed to sign onto the Zoning Board's approved zoning of Marijuana Dispensaries. Dr. Epstein stated that Town Meeting approved a change for marijuana dispensaries to be located in a business district to include location to be a mixed-use district. Dr. Epstein stated he would like the Board to consider passing a regulation for the town, which would limit and mandate a distance between a marijuana dispensary and a residential parcel. Discussion followed. Mr. McDonald would work on putting together a memo and getting information for the Board's review.

The conversation continued with the Board's position on recreational use of marijuana. The Board discussion included a comparison of health risk to the dangers of tobacco, alcohol, mental health issues, and impaired driving. The Board decided to take a position against the referendum for specific reasons that are all health related and consistent with their position on tobacco products. Mr. McDonald will draft a statement regarding this for the Board's consideration at their next meeting.

Mr. McDonald stated that he and John Schlittler, Chief of Needham Police, are embarking on developing education on drug impaired driving and alcohol impaired driving. Mr. McDonald stated that he is drafting a letter to Driving Schools and a Letter to the Editor on this. Mr. McDonald will keep the Board updated on this matter.

Adjournment –

Upon motion duly made and seconded, that the May 13, 2016 BOH meeting adjourn at 8:55 a.m. The motion carried. The vote was unanimous.

Next meeting is scheduled for, Friday, June 17, 2016

Respectfully submitted: Cheryl Gosmon, Recording Secretary

NEEDHAM PUBLIC HEALTH

Needham Public Health
Prevent. Promote. Protect.

Director's Report

To: Needham Board of Health
From: Timothy Muir McDonald, Public Health Director
Date: June 14, 2016
Re: Monthly Report for May 2016

May was a busy month for both the Department, and for me as the Director. Town Meeting and its accompanying late nights, while always an enjoyable experience to watch democracy unfold live and in-person, make for a challenging month to balance progress on projects while maintaining office coverage. Here are a couple events and initiatives of note:

Traveling Meals Volunteer Appreciation Luncheon

On Tuesday May 3rd, an appreciation luncheon was held for the committed volunteers of the Town's Traveling Meals Program. Organized by the Friends of the Board of Health and the Traveling Meals Program, the event was held in the Community Room at the Needham Public Library and featured a thank you address from Beth Israel Deaconess-Needham Hospital President John Fogarty. David Polansky, a musician and a historian, provided the entertainment for more than 50 dedicated volunteers who help deliver meals to Needham's homebound residents.

The Impacts of Marijuana Conference

On Friday May 13th, shortly after our Board of Health meeting, many members of the Public Health Division staff attend a conference in Canton about The Impacts of Marijuana. It was geared towards a law enforcement and local public health audience, and featured presentations and Q&As. Tara and I presented on the Board's newly adopted Medical Marijuana Dispensary regulations. The event was organized by Norfolk District Attorney Michael Morrissey's Office along with the youth substance use prevention coalitions of Avon, Stoughton, Weymouth, and Needham. The event

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was attended by about 125 local officials, and a toolkit with of materials including sample regulations, inspection checklists, and policy memos was shared with attendees.

Healthy Aging through Healthy Community Design

The cooperative Healthy Aging through Healthy Community Design project was a major activity in the month of May. The information gathering for that project includes key informant interviews (22) and focus groups (four), a detailed community survey for seniors that I highlighted in last month's report, and a regulatory and policy assessment from the Metropolitan Area Planning Council (MAPC). A Needham Channel News segment on the Healthy Aging through Healthy Community Design project was filmed in mid-May. The video is available here: https://youtu.be/ogkHdb9in8A

Hillside Elementary School—Water Safety

The safety of public drinking water has been a topic in the news, and Needham is not immune from that news story. A drinking water source was found to have a slightly above EPA action-level amount of lead in the water. I have worked closely with the Needham Public Schools, the DPW and especially its Water & Sewer Division, and the parents and teachers who comprise the Hillside School Health Advisory Committee to develop a document which clearly communicates the information and which provides parents and concerned residents with options for how to get additional information. I have attached that document to this monthly report.

Sincerely,

Timothy Muir McDonald
Director of Public Health, Town of Needham

Needham Public Schools
Drinking Water Source Test Results

Due to the increased media attention surrounding lead in drinking water that resulted from the tragic situation in Flint, MI, a number of towns and school systems decided to conduct additional water quality testing at schools in their communities. You may have seen media reports about testing results in neighboring communities such as Natick, Newton and the City of Boston.

Needham Public Schools Superintendent Dan Gutekanst and Needham Town officials decided to conduct similar water quality tests in May to proactively and promptly address any potential issues about water quality and to protect the health of our students and staff members. School and Town officials focused those initial tests on the two oldest schools in the Needham system—Hillside and Mitchell Elementary Schools. Initial tests were conducted on every water fountain in those two school buildings on May 10th and then analyzed by a laboratory.

- **No** drinking water sources in the Mitchell School were found to have action-level amounts of lead in the water across more than 22 sampled sources.

- **One** of the five drinking water sources from the Hillside School was found to have an amount of lead in the water **just slightly above the EPA's action-level**. That source, the water fountain outside of the K2 classroom had 16 parts per billion, just barely above the 15 parts per billion action-level. **That water fountain was immediately taken out of service, and will be replaced with a brand new fixture in the coming days**.

- Following the initial test and the notification of one result above the action-level, **every drinking water source at Hillside Elementary School was re-sampled**.

- During the second round of testing, **a different location** (the left water fountain in Room 13) **came back above the action-level**. The water fountain outside the K2 classroom that initially tested above the action-level was found to be 4 ppb below the action-level during this second round of sampling. The left water fountain in Room 13 was **immediately taken out of service, and was replaced with a brand new fixture on May 31st**.

- The level of lead found in the water samples taken from Hillside Elementary School is low, and is not associated with adverse health outcomes unless consumed in high amounts over a prolonged period of time (years). Public Health officials emphasize the need to avoid or substantially reduce any exposure to lead, and the Town of Needham and the Needham Public Schools will employ an **abundance of caution** and **proactively take important steps to preserve the health and well-being of our students and staff members**.

In this document, you will find:

Background Information

The Town of Needham has an excellent public water supply, which draws upon well water from the Charles River Well field and pumped water from the Massachusetts Water Resource Authority's (MWRA) Quabbin Reservoir. Because of the high quality of Needham's water in previous tests, state and federal regulators require water quality sampling tests be conducted every three years instead of more frequently.

The most recent water quality tests were conducted in mid-May at the Mitchell and Hillside Schools at select water fountain/bubbler and faucet and sink locations; results from those tests became available about two weeks ago. No samples from the Mitchell School had action-level amounts of lead or detected in the water. One of the five samples from the Hillside School had an action-level amount of lead.

The action-level (as defined by the federal Environmental Protection Agency in the Safe Water Drinking Act) for lead in drinking water is 15 parts per billion, and the Hillside School sample tested at 16 parts per billion (water fountain outside of the K2 classroom) in the initial samples.

For comparison, water quality tests at Natick High School returned a result of 46 parts per billion, and at the Rafael Hernandez K-8 School in Boston a drinking water source tested at 32 parts per billion. The Burr Elementary School in Newton had two drinking water sources test above the action-level, one at 32 parts per billion and the other at 26.6 parts per billion.

Action Steps—Already Taken and Underway

1. A planning meeting was held and that meeting included Superintendent Dan Gutekanst and Hillside School Principal Michael Kascak, as well as the Town Manager Kate Fitzpatrick and the Assistant Town Manager Chris Coleman, the Director of Public Facilities, the Director of Public Works and his Superintendent for Water & Sewer as well as the Water Treatment Plant Manager, and the Director of Public Health to ensure cross-departmental cooperation and to make certain that the Town and Public Schools were taking all possible steps to address any possible health risks.
2. Every possible drinking water source (water fountains, bathroom faucet, kitchen sink, etc.) in both the Hillside schools was immediately re-tested. Those results became available just before the long weekend. One source (the left water fountain in Room 13) out of 40 sampled sources at the Hillside School tested at 19 parts per billion, which is slightly above the action-level. Interestingly, the K2 Room which initially tested above the action-level was now 5 parts per billion lower than during the first test, and now falls below the action-level.
3. Because the water service lines into the school buildings are lead free, the most likely source of lead in the water is older plumbing fixtures. The Town of Needham and the Needham Public Schools committed to a new protocol whereby any drinking water source which tests at or above 10 parts per billion (5 ppb below the EPA's action-level) will be immediately taken out of service and replaced with a brand new fixture. Three sources (water fountains) at the Hillside Elementary School have been taken out of service, and two have already been replaced with new fixtures. The third source (which remains off-line) will be replaced by the Town's Public Facilities Division during the week of June 6th.
4. Hillside School Principal Michael Kascak and Director of Public Facilities Chip Laffey committed to have teachers, students, and custodians work together at the Hillside School to run drinking water sources for approximately 60 seconds every Monday (or any day after a long weekend or school vacation) in order to flush out water that may have been sitting in the fixture for days. The Massachusetts Department of Public Health recommends that only cold water be used for drinking and cooking, and notes that running water may reduce the amount of lead that present in drinking water.
5. Chris Seariac, the Town's Superintendent for Water & Sewer, and Steve Cusick, Needham's Water Treatment Plant Manager, applied for a grant from the MWRA and Mass DEP to conduct water quality testing at all drinking water sources in Needham's public schools. This will establish a baseline measure and will better inform the Town and the Schools in their work to ensure healthy and safe drinking water for all residents, especially all of the students in our schools. The Town will be notified of the MWRA's grant award by mid-June but if the Town does not receive the grant to conduct this set of comprehensive tests, the Superintendent and the Town Manager committed to finding another funding source to conduct the baseline tests this summer.

Questions & Answers

What happened?
Water quality testing was conducted at Needham Public Schools in mid-May, specifically at a small subset[1] drinking water locations (i.e. water fountains, sinks, faucets) in the Hillside and Mitchell Elementary Schools.

One test came back with a result of 16 parts per billion, in the water fountain in the K2 classroom at Hillside. That test result is above the action-level for lead in drinking water, and that result prompted Needham to take a number of steps to ensure the health and safety of drinking water sources in Needham schools. No test results from the Mitchell Elementary School came back above the action-level.

What is the source of the lead?
Because the water service lines into the school buildings are lead free, the most likely source of lead in the water is older plumbing fixtures.

What does the action-level for lead in drinking water mean?
In the federal Safe Water Drinking Act, the Environmental Protection Agency defined action-levels for the amount of lead in drinking water at which the water provider must begin to take action is 15 parts per billion. Exceeding the action-level is not a violation and having consumed water above the action-level amount does not mean one is "lead poisoned", but it does mean that additional steps must be taken.

40 parts per billion of Lead (more than double the highest amount discovered in a Needham Public School) had previously been labeled on the EPA website as an "imminent" health threat for pregnant women and young children, but both the EPA and the Centers for Disease Control and Prevention (CDC) advocate avoiding exposure to lead in all forms, especially for pregnant women and young children (infants and toddlers).

That is why Needham is taking these water quality results seriously, and why the affected drinking water sources were immediately taken out of service and are in the process of being replaced with brand new fixtures.

Why do you keep saying 'fixtures'? Everything I've heard in the news about Flint, MI and other communities mentions lead water pipes or service lines.
In Needham, the service lines and water pipes are largely lead free. This is especially true about in the service lines and pipes that lead into the Needham Public School buildings.

In some cases, within a school the fixtures (like a water fountain or a sink) might be very old and have lead soldering or even lead components in the fixtures. This may result in very small amounts of lead entering the drinking water, especially if that water has been sitting in the fixture for days and days. And that is why any such fixtures with water samples which test at or above

[1] About five drinking water sources were tested in the Hillside school during the first round of sampling, out of a total of approximately 40 drinking water sources in the school.

10 parts per billion (5 ppb below the EPA's action-level) will be immediately taken out of service and replaced with a brand new fixture.

What steps have been taken to address the issue?
Needham Town and Public School officials held a planning meeting to determine action steps and to make certain that the Town and Public Schools were taking all possible steps to address any possible health risks. Even before that meeting, every possible drinking water source in the Hillside schools was sampled (instead of the initial sample set which was a small subset of all the drinking water sources) and those samples were sent out for analysis.

The Town and the Needham Public Schools committed to a new protocol whereby any drinking water source which tests at or above 10 parts per billion (5 ppb below the EPA's action-level) will be immediately taken out of service and replaced with a brand new fixture.

Are there further action steps underway?
Yes. Town officials also applied right away for a grant from the Massachusetts Water Resources Authority and Massachusetts Department of Environmental Protection to conduct water quality testing at all drinking water sources across all of Needham's public schools to establish a baseline measure.

Further, administrators, teachers, students, and custodians will work together at the Hillside School to run drinking water sources for approximately 60 seconds on days following a weekend or school vacation in order to flush out water that may have been sitting in the fixture for days.

So, you said re-testing of the water occurred at Hillside. What did the second, more comprehensive round of water sampling show?
The results of the comprehensive re-testing became available just before Memorial Day weekend. One source (the left water fountain in Room 13[2]) out of 40 sampled sources at the Hillside School tested at 19 parts per billion. The K2 Room which initially tested above the action-level was found to be 5 parts per billion lower than during the first test, and now falls well below the action-level.

What does action-level mean for students' health? Are students at risk of lead poisoning?
Exceeding the action-level is not a violation of the Safe Water Drinking Act and having consumed water above the action-level amount does not mean one is "lead poisoned," but it does mean that additional steps must be taken.

According to the Massachusetts Department of Health, lead exposure poses the greatest risk to the developing brains of infants and young children. That is one of the reasons why Needham has reacted so quickly to this information—even though the exposure is modest and the amount of lead in the water sample only slightly exceed the federal action-level, the Town and the Public Schools take very seriously their responsibility to protect the health and well-being of all students, staff, and residents.

[2] There are two drinking water sources in Hillside Room 13, which is a former science classroom.

Where can I get more information on lead in drinking water?
Here are a couple of great resources:

- Massachusetts Department of Environmental Protection's "Lead in Drinking Water" [link here]
- Massachusetts Department of Public Health Lead in Drinking Water FAQs [link here]
- Massachusetts Water Resources Authority's "What You Need to Know About Lead in Tap Water" [link here]
- U.S. Environmental Protection Agency's "Background on Drinking Water Standards in the Safe Drinking Water Act" [link here]

If I still have questions, is there anyone I can talk to?
Yes, of course! Needham's Town and Public School officials would be happy to speak with you.

You can reach Timothy Muir McDonald, the Town's Public Health Director, by calling 781-455-7500 ext. 511 or by email at tmcdonald@needhamma.gov.

The Public Health Nurse, Donna Carmichael, is also available to answer questions at dcarmichael@needhamma.gov.

Additionally, the Interim Director of School Health Services Elaine Tenaglia is also by email at elaine_tenaglia@needham.k12.ma.us.

And finally Terry Howard, the Assistant Director for the Childhood Lead Poisoning Prevention Program at the Massachusetts Department of Public Health, has consulted with Town and School officials. She is happy to speak to any concerned Needham parents. Her phone number is 781-774-6711, and her email is terry.howard@state.ma.us.

Hillside Initial Test

Hillside School K1

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.010	0.001	5/10/2016

Hillside School K2

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.016	0.001	5/10/2016

Hillside School Outside Rm 11

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.009	0.001	5/10/2016

Hillside School Outside Custodian Rm

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.009	0.001	5/10/2016

Hillside School Between Staff Bath

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	ND	0.001	5/10/2016

ND = Not Detected

HILLSIDE SECOND TEST

Lead

Sample ID	Result, mg/l	Reporting Limit	Date Analyzed
Hillside School K1 Sink	0.005	0.001	5/23/2016
Hillside School K2 Bubbler	0.011	0.001	5/23/2016
Hillside School K2 Sink	0.003	0.001	5/23/2016
Hillside School Room 3 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 4 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 5 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 6 Bubbler	0.005	0.001	5/23/2016
Hillside School Room 7 Bubbler	0.006	0.001	5/23/2016
Hillside School Room 8 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 9 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 10A Sink	ND	0.001	5/23/2016
Hillside School Room 11 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 12 Bubbler	0.003	0.001	5/23/2016
Hillside School Room 13 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 13 Bubbler Left	0.019	0.001	5/23/2016
Hillside School Room 15 Bubbler	0.011	0.001	5/23/2016
Hillside School Room 16 Bubbler	0.003	0.001	5/23/2016
Hillside School Room 17 Bubbler	0.005	0.001	5/23/2016
Hillside School Room 17A Sink	0.001	0.001	5/23/2016
Hillside School Room 18 Bubbler	0.001	0.001	5/23/2016
Hillside School Room 19 Bubbler	0.002	0.001	5/23/2016
Hillside School Room 20 Bubbler	0.001	0.001	5/23/2016
Hillside School Room 21 Sink	ND	0.001	5/23/2016
Hillside School Room 22 Sink	ND	0.001	5/23/2016
Hillside School Girls Bathroom by 21	ND	0.001	5/23/2016
Hillside School Boys Bathroom by 21	ND	0.001	5/23/2016
Hillside School Room 14 Bubbler	0.004	0.001	5/23/2016
Hillside School Girls Bathroom by Café	0.002	0.001	5/23/2016
Hillside School Boys Bathroom by Café	0.002	0.001	5/23/2016
Hillside School Girls Bathroom Staff Downstairs	ND	0.001	5/23/2016
Hillside School Boys Bathroom Staff Downstairs	ND	0.001	5/23/2016
Hillside School Kitchen Sink	0.001	0.001	5/23/2016
Hillside School Girls Bathroom Upstairs	0.001	0.001	5/23/2016
Hillside School Staff Bathroom Upstairs - Girls	0.006	0.001	5/23/2016
Hillside School Boys Bathroom Upstairs	0.001	0.001	5/23/2016
Hillside School Staff Bathroom Upstairs - Boys	0.007	0.001	5/23/2016
Hillside School K1 Girls Bathroom Sink	0.004	0.001	5/23/2016
Hillside School K1 Boys Bathroom Sink	0.003	0.001	5/23/2016
Hillside School K2 Girls Bathroom Sink	0.002	0.001	5/23/2016
Hillside School K2 Boys Bathroom Sink	0.002	0.001	5/23/2016
Hillside School Room 10 Bubbler	0.003	0.001	5/23/2016

ND = Not Detected

Mitchell Initial Test

Mitchell School Next to Rm 12

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Across From Café

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	ND	0.001	5/10/2016

Mitchell School Media Center

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Modular Lower

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	ND	0.001	5/10/2016

Mitchell School Modular Upper

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	ND	0.001	5/10/2016

Mitchell School Room 1

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.001	0.001	5/10/2016

ND = Not Detected

Case No. C0509-27B

Mitchell School Room 2

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.004	0.001	5/10/2016

Mitchell School Room 8

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.001	0.001	5/10/2016

Mitchell School Room 10

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.004	0.001	5/10/2016

Mitchell School Room 11

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 12

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 13

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.002	0.001	5/10/2016

ND = Not Detected

Case No. C0509-27B

Mitchell School Room 14

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.001	0.001	5/10/2016

Mitchell School Room 15

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	ND	0.001	5/10/2016

Mitchell School Room 16

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.005	0.001	5/10/2016

Mitchell School Room 17

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 18

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 19

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.006	0.001	5/10/2016

ND = Not Detected

Case No. C0509-27B

Mitchell School Room 20

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 21

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.004	0.001	5/10/2016

Mitchell School Room 22

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

Mitchell School Room 23

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Lead	0.003	0.001	5/10/2016

ND = Not Detected

Needham Public Health Department

May, 2016 Monthly Report

Maryanne Dinell- Traveling Meals Program Coordinator

Monthly

Description	*Reason*	*Notes/Follow-Up (ongoing, completed, etc.)*
Month of May, 2016	Clients need help with their daily meals.	51 clients on the Traveling Meals Program 34 Springwell clients 17 private pay clients - Needham residents
778 2- meal packages were delivered in March	21 Clients receive meals 5 times a week 30 Clients receive meals 3 days a week	560 meals delivered to Springwell Clients 218 meal delivered to private pay residents Total # meals delivered 778 @ 5.50 per meal =cost of $4279.00
3 clients Joined the Program in May	Age related need of the Program	3 clients private pay- all first time on Program
2 clients off Program	2 clients no longer needs program	2 clients now on their own

Category		*Jul*	*Au*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*FY '15 Total*	*FY '16 Total*	
Meal Delivery		855	791	794	800	672	827	757	791	970	880	778		8014	8915	
General Telephone Calls-received		10	82	80	91	125	95	103	175	55	145	70		598	1031	
Assistance Calls-to Springwell		0	0	0	4	5	3	2	3	4	4	2		58	27	
Not at home at delivery		6	12	9	4	12	9	2	5	6	5	3			73	
911		0	0	0	0	0	0	0	0	0	0	0		2	0	

Meetings, Events, and Trainings

BI	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
Board of Health Meeting		Monthly meeting held at PSAP	9

Donations, Grants, and Other Funding [List any donations received, grants funded, etc. over the past month.]

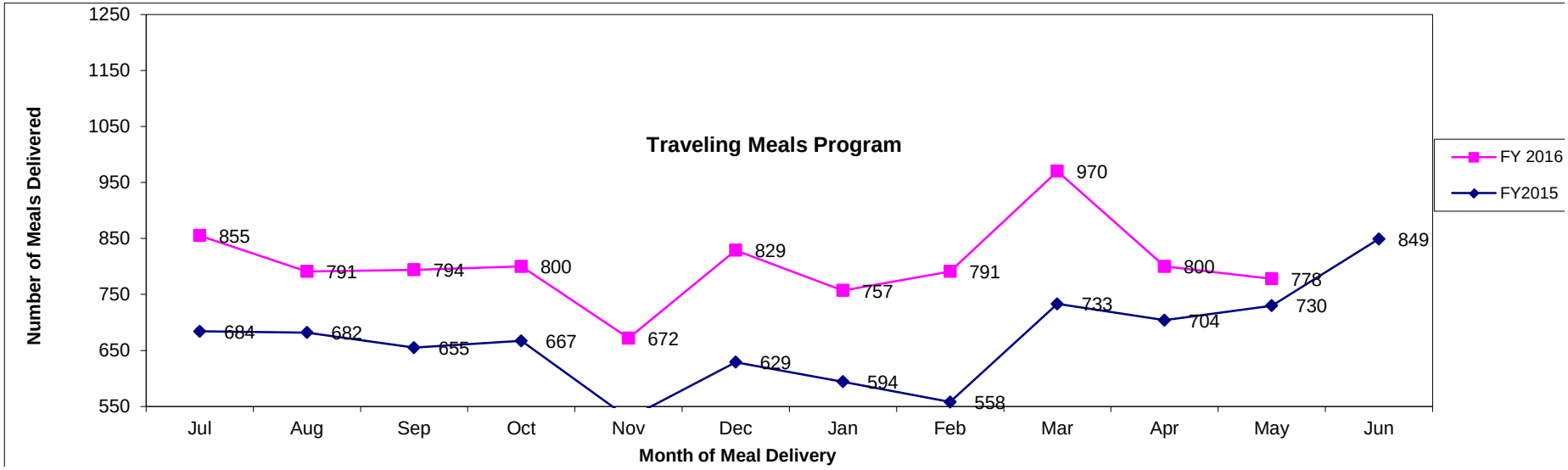
Description	*Type (D,G,O)*	*Amount Given*	*Source*	*Notes*

Traveling Meals Program

May, 2016 FY 16

Month	# Meals FY2015	# Meals FY2016	FY16 Cost	% Change # Meals
Jul	684	855	$4,702.50	25%
Aug	682	791	$4,350.50	16%
Sep	655	794	$4,367.00	21%
Oct	667	800	$4,400.00	20%
Nov	529	672	$3,696.00	27%
Dec	629	829	$4,559.50	32%
Jan	594	757	$4,163.50	27%
Feb	558	791	$4,350.50	42%
Mar	733	970	$5,335.00	32%
Apr	704	800	$4,400.00	14%
May	730	778	$4,279.00	7%
Jun	849			
Totals:	8,014	8,837	48,603.50	

Projected-12 Mo.	
$	53,022.00
#	9,640



Needham Public Health Department
May 2016
Health Agents - Tara Gurge and Brian Flynn

Activities

Activity	*Notes*
Animal Permit Applications	**2 – Received new Animal Permit applications for the properties located at:** - **#220 Nehoiden St. – For 4 chickens. (Plan review in process.)** - **#453 Greendale Ave. – For 4 chickens. (Plan review in process.)**
Animal Permit Renewals	**Animal Permit renewal mailings sent. In process of receiving animal permit renewal applications and fees (on-going.) Danielle, Animal Control Officer, is in process of conducting inspections.**
Cease and Desist Catering Order follow-up/ Administrative Hearing Conducted	**Cease and Desist Order letters (x3) issued to the following illegal caterer:** - **Sante Mobile Café – (Steve Gilman and Scott Haviland) – Commissary license was issued in 2016 for the Congregational Church kitchen site over at #1180 Great Plain Ave. Required them to attend a mandatory hearing along with their landlord from the church, to discuss this catering violation. Research was conducted to verify items discussed at the hearing. His commissary license has since been revoked.** **UPDATE: Administrative Hearing conducted with owners and landlord. Owners decided to leave Needham and find a different location in Cambridge.**
Demo review/approval	**4 - Demolition sign-offs:** • **92 Charles River St. (home/garage)** • **1313 Great Plain Ave.** • **47 Rae Ave.** • **29 Gibson St. (garage)**
Farmers Market Permits	**6 – Farmers Market permits issued to the following food vendors:** **- FUNdamentally Nuts – Selling granola, spicy nuts, bread, etc.** **- Teri's Toffee Haus – Selling caramels, toffee w/ dark chocolate and nuts, etc.** **- Cookie Lady Treats - Selling Cookies, Brownies, Marshmellows, and Candy Bars.** **- Deano's Pasta – Sealed, prepackaged frozen ravioli, pasta and sauces.** **- Ackermann Maple Farm – Selling maple syrup, maple candy and maple cream.** **- Boston Sword and Tuna – Selling prepackaged fresh fish, scallops, shrimp and crabmeat.**
Farmers Market inspections	**Conducted inspections on Opening Day on May 29th. No violations observed. Will continue to spot check market vendors throughout the season.**
Food – NBA Street Fair Permits (on Town Common)	**16 – Temp. food permits for Street Fair issued to:** - **Abbott's Frozen Custard** - **Bertucci's** - **Gari Japanese Fusion Bistro** - **The Center Cafe** - **Stacy's Juice Bar** - **Orange Leaf** - **Sam's Hot Dog Cart** - **Dedham Savings Bank** - **Not Your Average Joe's** - **Briarwood Healthcare** - **Norfolk Lodge/Masonic Hall** - **Key Advantage Realty**

	- **Sweet Corner** - **Needham Rotary** - **Hearth Pizzeria** - **French Press Bakery**
NBA Street Fair inspections	**Conducted inspections on Saturday, June 4th. No violations observed.**
Food – Complaint	**1 – Food Complaint received:** **- Café Fresh Bagels – Report that store was unsanitary (i.e. dirty walls, ceiling, lights, no gloves.) Spoke to owner about complaint.**
Food – Temporary Food Permits	**11 – Temp. food event permit applications received/permits issued to:** - **Sam's Hot Dog Cart (x4) – For events at: Broadmeadow, John Eliot, Hillside and Newman Schools.** - **National Amusements Cotton Candy Trailer – For Hillside School Carnival event.** - **Needham Soccer Club – For Memorial Day Soccer Tourn. @ DeFazio Field.** - **Landmark News Group, Inc. – For Needham Soccer Tourn. @ DeFazio Field. Inspection conducted.** - **Needham Human Rights Committee - For Ctr. At the Heights event.** - **The Adenoid Cystic Carcinoma Research Foundation (ACCRF) - For Ctr. At the Heights event.** - **Needham High School PTC - For end of the year BBQ.** - **Broadmeadow/Mitchell School PTC – For Basketball game.**
Food – Plan Reviews	**7 – Food Permit Plan Reviews:** - **Superstar Ice Cream Truck – Conducted a plan review for seasonal ice cream truck renewal permit.** - **Sam's Hot Dog Cart - Conducted a plan review for hot dog cart temp. food event permits that are coming up.** - **National Amusements Cotton Candy Trailer – Conducted a plan review for trailer for upcoming school carnival event.** - **#147 Parker Rd. (Residential Kitchen) – Reviewed food permit plan review packet for new residential kitchen permit. Comments sent. (Pre-operation inspection pending.)** - **Sheraton Hotel – For proposed kitchen renovations.** - **Starbucks – For proposed renovations.** - **North Hill Employee kitchen – For new employee kitchen.**
Food – Pre-operation inspections conducted	**5 – Pre-operation inspections conducted for:** - **Superstar Ice Cream Truck – Pre-operation inspection conducted.** - **Sam's Hot Dog Cart – Pre-operation inspection conducted.** - **National Amusements Cotton Candy Trailer – Conducted a pre-operation inspection for upcoming school event.** - **Needham Pool and Racquet Snack Bar (x2) – Pre-operation inspection conducted.**
Food – Seasonal Permits	**2 – Seasonal food service permits issued to:** - **Superstar Ice Cream Truck** - **Needham Pool and Racquet Club (For Snack Bar)**
Housing – Complaints/ Follow-ups	**7 – Housing Complaints/Follow-ups:** - **#83 Pickering St./Stephen Palmer Apts., unit B3 – UPDATE - Final inspection conducted of vacant unit. Landlord can now re-rent unit.** - **#210 Hillside Ave., Unit #32 – Received complaint of lots of clutter in unit. Inspection conducted. Housing order letter sent. Two follow-up site visits conducted. Working with owner and tenant in cleaning up unit. UPDATE – Additional follow-up inspection conducted in May with landlord. Improvement noted. Final follow-up inspection to be conducted mid-June with Needham Fire (pending).** - **#321 Hillside Avenue – Still working with owner in addressing the on-going**

	housing concerns. (She is in the process of evicting her tenants.) <u>UPDATE</u> – Landlord reported that the tenants did not show up at the mandatory Housing Court Hearing scheduled on June 9th. Landlord will continue to keep us in the loop on this eviction process. - **<u>#348 Manning St.</u> – Received a call from a tenant about housing code violations that she reports her landlord was not addressing for her. Housing inspection conducted with Scott Chisholm, Building Dept. electrical inspector. Order letter sent to landlord. Landlord requested an Administrative Hearing to discuss violations. <u>UPDATE</u>: Hearing conducted with landlords. (Continuing to work with the landlord in addressing the issues in a timely manner. Tenant to move out by the end of May.)** - **<u>#51 Pershing Rd.</u> – Received a call from Fire Dept. to come out to site due to housing concerns. Working with owner's health care proxy on getting a signed/dated letter from owner for permission to allow Health and Building Depts. access to conduct an interior housing inspection. (Letter pending.)** - **<u>#589 Highland Ave. (Wingate)</u> - Report of no air conditioning. Very hot and stuffy in second floor unit of Sergeant Unit. Site visit conducted, met with new maintenance manager. He opened vents to rooms that were still closed off from winter season.** - **<u>#235 Central Ave.</u> – Neighbor reports that this vacant home is currently in disrepair. He reports that it has broken porch window that and the pests are gaining access to the home. Site visit conducted. Letter sent to owner. Owner will repair window and he plans to sell property.**
Nuisance – Complaints/Follow-ups	**3 – Nuisance Complaints/Follow-ups:** - **<u>#197 High Rock</u> – Neighbor called to report that porta-potty next door is very unsanitary and needs to be serviced. New home being built next door. Spoke to builder about complaint. Also called the septage hauler to ensure that unit is serviced on a more routine service schedule.** - **<u>#340 Chestnut St. (McDonald's)</u> – Report of no A/C. Spoke to district and store managers about complaint.** - **<u>#1253 Great Plain Ave.</u> – Neighbor called to report that this property has a rust colored discoloration on surface of side yard. Reports that some contaminant looks like it is emerging from the ground (i.e. oil). Referred to Fire Dept. Inspection conducted. They report that it seems to be coming from owners sump pump. No oil/chemical contamination was observed.**
Pool Permit Inspections Conducted	**5 – Seasonal Outdoor Pool Permit inspections conducted at:** - **Rosemary Ridge Condos** - **Needham Pool and Racquet Club (x2)** - **Charles River Landing (x2)** - **Rosemary Town Pool (still pending – end of June)**
Pool Permits Issued	**3 – Seasonal Outdoor Pool Permit renewal permits issued for:** - **Charles River Landing Pool** - **Rosemary Ridge Condo Pool and Whirlpool** - **Needham Pool and Racquet Club Pool and Wading Pool (<u>UPDATE</u> – Slide has been permanently removed.)**
Septic – Addition to a Home Plan Reviews	**3 – Addition to a Home on a Septic System Plan Reviews conducted for:** - **<u>#106 Windsor Rd</u>. – Comments sent.** - **<u>#1245 South St.</u> – Comments sent.** - **<u>#1516 Central Ave.</u> – In process of reviewing plans.**

Septic – Deed Restrictions	**2 – Septic Deed Restrictions submitted for:** - **#102 Pine St.** - **#109 Brookside Rd.**
Septic – Plan Reviews	**2 – Septic Plan Reviews conducted for:** - **#109 Brookside Rd. – Additional comments sent.** - **#1516 Central Ave – In process of reviewing plans.**
Septic Trench Permit	**1 – Septic Trench Permit issued to:** - **David Atkinson – D.L. Atkinson, Inc. (For job at #1242 South St.)**
Septic – Installation Inspections	**4 – Installation inspections conducted at:** - **#102 Pine Street – Conducted septic installation inspections (x4)**
Septic – Soil Test	**1 – Soil Test conducted at:** - **#1242 South St.**
Septic – Waste Hauler Permit	**1– New Septage Waste Hauler permit issued to:** - **Podgurski Corp.**
Subdivision Plan Review (Planning Board)	**1 – Subdivision plan review comments sent for:** - **#1242 South St.**
Tobacco – Complaints/ Follow-ups	**1 –Tobacco Complaint received:** - **#1177 Highland Ave. (Sudbury Farms) – Received complaint form from state. Complainant reported that there is someone that works on the night shift that is smoking in woman's restroom and in kitchen area. Spoke to store manager about complaint. Gave copies of 'No Smoking' signage to store manager to post on site. Tobacco Regulation requirements reviewed with all staff on site.**

Tobacco – Suspension of Permit	**Tobacco Permit suspension conducted at <u>7-Eleven (#173 Chestnut St.)</u>, due to recent sale of tobacco product to a minor during our routine compliance check. Permit was suspended week of May 31st – June 7th. Suspension signage provided morning of May 31st to store owner. Site visits conducted throughout the week.**
Tobacco Insp.	**3 – Tobacco routine inspections conducted.**
Trash – Waste Hauler permit application	**1 – Trash/Waste Hauler permit application received for:** - **ABC Disposal (truck inspection pending)**
Wells – Plan Review/ Approval to Drill	**1 – Well Permit Plan Review conducted/Approval to Drill letter issued to:** - **<u>#7 Pine St.</u> – Approval to drill letter sent.**

Yearly

Category	*Jul*	*Au*	*S*	*O*	*N*	*D*	*J*	*F*	*M*	*A*	*Ma*	*Ju*	***Yly Tot***	***FY' 15***	***FY' 14***	*Notes/Follow-Up*
Biotech	0	0	0	0	0	2	0	0	0	0	0	0	2	2	1	Biotech permits
Bodywork								5	3	3	0	0	11	0	0	Bodywork Estab. Insp.
Bodywork								1	0	2	0	0	3	0	0	Bodywork Estab. Permits
Bodywork								8	0	2	0	0	10	0	0	Bodywork Pract. Permits
Bottling	0	1	0	0	0	0	0	0	0	0	0	0	1	1	3	Bottling Permit insp.
Demo	13	13	16	7	11	11	5	9	8	5	4	0	102	100	117	Demo reviews
Domestic Animal	1	0	0	1	0	1	0	0	0	0	0	0	3	15	14	Animal permits
Food Service	9	10	16	14	13	25	19	17	21	18	17	0	179	220	198	Routine insp.
Food Service	5	2	5	5	1	1	0	2	0	2	5	0	28	26	43	Pre-oper. Insp.
Retail	4	5	7	10	3	5	5	4	11	8	3	0	65	71	69	Routine insp.
Resid. kitchen	0	0	3	0	2	0	1	1	0	0	0	0	7	8	11	Routine insp.
Mobile	1	1	1	0	0	0	0	0	2	0	3	0	8	10	13	Routine insp.
Food Service	2	5	1	8	7	5	0	1	2	3	6	0	40	52	36	Re-insp.

Food Service/ Retail	3	1	3	2	1	158	0	3	0	1	2	0	174	170	166	Annual permits
Food Service	5/4	3/0	17/0	9/2	15/ 0	1/1	3/1	5/0	6/4	4/1	27/ 19	0/ 0	92/31	96/ 44	90/ 52	Temp. food permits/ Temp. food insp.
Food Service	1/3	0/2	0/3	1/2	0/0	0/0	0/0	0/0	0/0	0/0	6/ 6	0/ 0	8/16	18/ 45	12/ 18	Farmers Market permits/ Market insp.
Food Service	1/1	2/2	0/0	4/4	0/0	2/2	3/3	0/0	3/3	2/2	1/1	0/ 0	18/ 18	17/ 21	15/ 16	New Compl/ Follow-ups
Food Service	4	3	1	1	0	1	1	3	3	2	7	0	26	35	28	Plan Reviews
Food Service	0	0	0	0	1	0	0	0	0	1	1	0	3	0	1	Admin. Hearings
Grease/ Septage Haulers	0	0	0	0	15	7	1	0	0	0	1	0	24	25	26	Grease/ Septage Hauler permits
Housing (Chap II Housing)	0/0	0/0	7/0	0/4	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/ 0	7/4	7/4	7/0	Annual routine insp./ Follow-up insp.
Housing	2/3	1/1	0/1	4/5	1/3	0/2	0/1	2/3	0/1	4/5	7/7	0/ 0	17/ 32	8/ 10	3/5	New Compl./ Follow-ups
Hotel	0/0	0/0	0/0	0/0	1/0	2/0	0/0	0/0	0/0	0/0	0/0	0/ 0	3/0	2/0	12/ 0	Annual insp./Follow-ups
Nuisance	6/6	7/7	2/1	5/4	3/4	2/5	3/4	6/4	4/7	2/4	3/3	0/ 0	43/ 49	43/ 47	42/ 44	New Compl./ Follow-ups
Pools	0/0	0/0	0/0	0/0	2/0	3/1	0/0	0/0	0/0	0/0	3/2	0/ 0	8/3	10/ 7	10/ 2	Pool insp./follow-ups
Pools	0	0	0	0	0	5	0	0	0	0	3	0	8	10	9	Pool permits
Pools	0	0	0	0	0	0	0	4	1	1	0	0	6	7	1	Pool plan reviews
Pools	0	0	0	0	0	3	0	0	0	0	1	0	4	6	6	Pool variances
Septic	2	0	0	1	1	1	1	0	0	0	2	0	8	9	8	Septic Abandon Forms
Septic	0	0	0	1	0	1	0	1	0	0	3	0	6	10	1	Addition to a home on a septic plan rev/approval
Septic	0	5	0	2	0	2	0	1	1	5	4	0	20	14	23	Install. Insp.
Septic	0	0	0	2	0	0	0	1	0	0	0	0	3	2	0	COC for repairs
Septic	1	0	0	1	0	0	0	0	0	0	0	0	2	0	6	COC for complete septic system
Septic	4	5	4	5	4	3	5	6	4	4	7	0	51	61	63	Info. requests.

Septic	0	0	1	0	3	0	1	0	0	1	1	0	7	3	2	Soil/Perc Test.
Septic	1	0	0	3	0	0	0	1	0	1	0	0	6	4	5	Const. permits
Septic	2	0	0	0	4	1	1	0	0	0	0	0	8	10	9	Installer permits
Septic	2	0	0	1	2	0	1	0	0	0	0	0	6	6	5	Installer Tests
Septic	1	0	0	0	0	0	0	0	0	0	2	0	3	3	4	Deed Restrict.
Septic	2	0	0	1	1	2	2	1	0	0	2	0	11	8	14	Plan reviews
Sharps insp.	0	0	0	0	0	9	1	0	0	0	0	0	10	10	8	Disposal of Sharps insp.
Sharps permits	0	0	0	0	0	9	1	0	0	0	0	0	10	10	8	Disposal of Sharps permits
Subdivision	0/0	1/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	1/0	0/0	3/0	7/1	6/2	Plan review-Insp. of lots /Bond Releases
Special Permit/ Zoning memos	0	3	1	1	0	0	6	0	2	1	0	0	14	12		Special Permit/ Zoning
Tobacco	0	0	1	0	0	12	0	0	0	0	0	0	13	12	12	Tobacco permits
Tobacco	0/0	2/0	2/0	2/0	5/0	1/0	1/0	2/0	5/0	3/0	1/4	0/0	24/4	21/2	20/21	Routine insp./ Follow-up insp.
Tobacco	0	0	0	12	0	12	0	0	12	12	0	0	48	36	33	Compliance checks
Tobacco	0/0	0/0	0/0	0/0	0/0	2/2	0/0	0/0	0/0	1/1	1/1	0/0	4/4	3/3	2/2	New compl./ Compl. follow-ups
Trash Haulers/ Medical Waste Haulers	0/0	1/0	0/0	1/0	0/1	0/1	0/0	0/0	3/0	0/0	0/0	0/0	5/2	29/2	24/2	Trash Hauler permits/ Medical Waste Hauler permits
Wells	1/0	0/0	0/0	0/0	2/0	1/0	0/0	0/0	1/0	0/0	1/0	0/0	6/0	14/1	5/8	Permission to drill letters/ Well permits

FY 16 Critical Violations Chart (By Date)

Restaurant	Insp. Date	Critical Violation	Description
Restaurant Depot	8/10/15	- Food Contact surfaces cleaning and sanitizing; - Hand washing – Operation and Maintenance	- Need to provide sufficient hot water at Seafood Dept. 3-Bay sink; - Need to provide sufficient hot water at Seafood Dept. hand washing sink.
Pronti Bistro	8/10/15	- Hand washing – Operation and Maintenance	- Provide working soap dispenser; - Re-fill empty paper towel dispenser at kitchen hand washing sink.
Fuji Steakhouse	8/24/15	- Hand washing – Operation and Maintenance - Conformance with Approved Procedures/HACCP Plan (for Acidified Sushi Rice) - Food Contact surfaces cleaning and sanitizing	- Repair hot water faucet handle at kitchen hand washing sink; - Need to ensure that Sushi pH Log is maintained and entries are made when rice is prepared (Log was not up to date); - Ensure that dish machine reaches a min. temperature of 180 deg F or greater for final hot water sanitizing rinse.
The Center Café	9/15/15	- Separation/Segregation/Protection	- Observed Flies in establishment. Got copies of recent pest control reports. Will monitor.
Gari	10/20/15	- Hand washing – Operation and Maintenance	- Need to provide sufficient hot water at hand washing sinks. Only 99-103 deg F observed. Repaired. Ensure that sushi hand wash sink is easily accessible and used for hand washing only (some items stored in sink.)
Spiga	12/8/15	- Separation/Segregation/Protection	- Observed evidence of pests on site. Got copies of recent pest control reports. Will monitor.
Knowledge of Beginnings	1/12/16	- Hand washing – Operation and Maintenance	- Need to provide sufficient hot water at hand washing sinks. Repaired.
Dunkin Donuts Mini Mart	1/25/16	- Hand washing – Operation and Maintenance	- Need to provide sufficient hot water at hand washing sinks. Only 99-100 deg F observed. Repaired.

Dunkin Donuts (1201 Highland Ave.)	4/28/16	- Hand washing/ 3-Bay sink – Operation and Maintenance	- Need to provide sufficient hot water at hand washing and 3-Bay sinks. Only 88 deg F observed. Repaired.
Town House of Pizza	5/9/16	- Hot and Cold holding	- Need to ensure that hot holding temperature is a minimum of 140 deg. F. (Only 108 deg. F observed.) Turned hot-holding unit up.
Dunkin Donuts (260 Chestnut St.)	5/17/16	- Physical Facility	- Need to eliminate fruit flies observed on site. Got copy of pest control service report. Need to clean/maintain floor drains on a more routine service schedule.
Acapulcos Restaurant	5/17/16	- Physical Facility	- Need to eliminate pest evidence observed on site. Got copies of pest control service reports. Require to service 2x/week. Will require owner to forward 2x/week pest reports and weekly cleaning logs to Health Dept.

Needham Public Health Department – Nurses Report

Donna Carmichael RN & Alison Paquette RN

COMMUNICABLE DISEASES and Animal Bites
NEEDHAM HEALTH DEPARTMENT
FISCAL YEAR 2016

DISEASES:	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T16	T15	T14
BABESIOSIS													0	3	1
Borrelia Miyamota				1									1	na	na
CAMPYLOBACTER	1	3	2	2		1							9	12	13
CHICKENPOX	3				2		1	2	1				9	6	6
CRYPTOSPORIDIUM													0	0	0
E-Coli													0	0	0
EHRLICHIOSIS/ HGA	1							1					2	2	2
Enterovirus			2	1									3	2	1
GIARDIASIS													0	5	2
HEPATITIS B						1			3		1		5	8	6
HEPATITIS C		2		1	1	2	1	3	1		1		12	13	13
Influenza							1	7	39	45	5		97	77	54
Legionellosis													0	2	0
Listeriosis							1						1	0	1
LYME	12	13	8	5	3	1	3		4				47	57	80
MEASLES													0	0	0
MENINGITIS													0	0	0
Meningitis(Aseptic)													0	0	0
Mumps									2				2	0	2
Noro Virus		1				1							2	0	0
PERTUSSIS								1					1	1	0
SALMONELLA		1			1		3						5	1	3
SHIGELLOSIS		1							1	1			3	2	1
STREP Group B		1	1							1			3	2	1
STREP (GAS)										1			1	2	0
STREP PNEUMONIAE													0	1	1
TUBERCULOSIS													0	1	0
Latent TB- High Risk									1				1	0	0
Vibrio		1											1	1	2
West Nile virus													0	0	1
TOTAL DISEASES	17	23	13	10	7	6	10	14	51	48	7		206	197	190
Revoked Diseases Investigated				1					1	2	1		5	7	NA
Contact Investigation													0		
Animal/Human Bites															
DOG			1	1	1			1		1	1		6	10	15
CAT													0	0	
BAT	1	4											5	5	9
SKUNK													0	0	
RACOON													0	0	1
Fox													0	0	
TOTAL BITES	1	4	1	1	1	0	0	1		1	1		10	18	25

Immunizations	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY16	FY15	FY14
B12	2	2	2	3	0	4	1	1	1	3	2		21	22	26
Flu (Seasonal)	0	0	0	661	147	8	0	0	0	0	0		816	723	1137
Consult	18	24	39	50	75	57	51	58	52	0	25		449	390	301
Fire/Police	2	4	1	2	3	2	1	4	7	0	5		31	49	36
Schools	0	2	22	10	12	10	5	15	7	0	2		85	59	40
Town Agencies	12	8	14	26	32	25	30	22	20	0	15		204	125	84
Community Agencies	4	10	8	12	28	20	15	17	18	0	5		137	157	141

ASSISTANCE PROGRAMS													FY16	FY15	FY 14
Food Pantry	1	3	2	2	4	4	1	0	0	1	0		18	35	42
Food Stamps	0	0	0	1	1	1	2	0	0	0	0		5	4	10
Friends	0	0	0	0	0	0		0	1	0	0		1 - $300.00	1- YTD $25.00	4-YTD $400.00
Gift of Warmth	0	2	2	2	1	2	1	0	2	3	0		YTD 15 $3966.00	22- YTD $6133.00	38 – YTD $11,480
Good Neighbor	0	0	0	0	0	0	3	1	1	0	0		5 - $1448 $300/fam	6 -$1650 $275/Fam	12- $250./Fam
Park & Rec	0	2	0	0	0	0	0	0	0	0	0		2	3	5
RTS	0	0	0	0	0	0	0	0	0	0	0		0	1	15
Salvation Army	0	0	0	0	0	0	0	0	0	0	0		0	0	YTD-4 $293.00
Self Help	0	1	2	4	7	4	3	4	2	0	0		27	51	50
Water Abatement	0	0	0	0	0	1	0	0	0	0	1		2	2	4

Gift of Warmth – 0

Gift Card Donation - 0

WELLNESS Programs													FY16	FY15	FY14
Office Visits	22	35	34	19	39	51	62	44	33	51	27		417	287	528
Safte Visits	0	2	2	0	2	0	0	2	0	0	1		9	33	17
Clinics	3	5	0	0	1	2	1	3	0	2	9		26	34	17
Housing Visit	0	1	1	1	2	0	0	2	0	0	1		8	27	11
Housing Call	0	8	12	16	18	5	1	6	2	0	2		70	186	57
Camps-summer	15	5	20	0	0	0	0	4	2	3	8		57	63	29
Tanning Insp	0	0	0	0	0	0	0	0	0	0	0		0	2	5
Articles	1	0	1	0	0	0	0	0	0	0	0		2	8	3
Presentations	1	0	0	1	0	0	0	0	0	0	0		2	2	4
Cable	1	0	0	0	0	0	0	0	0	0	0		1	4	6

EMPLOYEE WELLNESS	July	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	FY16	FY15	FY14
BP/WELLNESS - DPW/RTS	9	0	12	12	15	14	16	15	17	0	0		110	137	147
FLU VACCINE	0	0	0	73	12	2	0	0	0	0	0		87	52	52
CPR/AED INSTRUCTION	0	0	10	7	0	0	0	0	9	0	0		26	29	23
SMOKING Education	1	0	0	1	2	1	2	2	1	0	0		8	8	9
HEALTH ED Tick Borne	20	20	0	10	7	0	0	0	0	0	0		57	102	94
HEALTH ED Mosquito Borne	20	20	0	0	0	0	25	12	5	0	0		70	90	29
HEALTH ED FLU	0	0	50	200	32	15	10	0	20	0	0		327	221	132
FIRST AIDE	5	3	4	6	5	2	2	3	3	0	0		33	29	66
GENERAL HEALTH EDUCATION	10	12	20	25	50	10	15	10	28	0	0		180	230	157
Police weights	0	0	0	0	10	7	0	1	1	0	10		29	34	31
TOTAL EMPLOYEE CONTACTS	85	75	96	334	136	51	70	43	84	0	10		984	981	825

Meetings, Events, and Trainings

Title	*Description/Highlights/Votes/Etc.*
Conference Call	MDPH call on Zika Virus
Luncheon	Traveling Meals Appreciation Luncheon

Needham Health Department

Catherine Delano, Senior Substance Use Prevention Program Coordinator

May 2016 Monthly Report

Section 1: Summary

I started working as the Senior Substance Use Prevention Program Coordinator in a part time capacity on May 4, 2016. During this month I spent time familiarizing myself with the details and intricacies of the Drug Free Communities (DFC) grant. This included reading the grant contents and other relevant documents, participating in a SAMHSA run webinar and attending meetings. Additionally, Karen Shannon, Monica DeWinter, and I continued work on the DFC Logic Model. We also welcomed a summer intern, Angela Giordano, from the Boston University School of Public Health.

Section 2: Activities

Activity	*Notes*
Train and Supervise new intern – Angela Giordano	Completed learning contract with goals and expectations. Discussed deliverables and time line.
Survey Monkey – re Intervening Variables	Sent out and reviewed a survey monkey in order to have members of the coalition prioritize intervening variables in regards to substance use. This information will be used to finish our logic model for DFC.
Read/reviewed all relevant grant information	Completed reading in order to gain an understanding of the DFC grant and of my role as the director of the grant.
Logic Model	Continued work on the DFC logic model with Karen and Monica and created a deadline for completion of the end of June.

Section 3: Meetings & Conferences

Title	*Description*	*Attendance*
CCIT	Three day training for Community Crisis Intervention Team. Certified in CCIT	
Impacts of Marijuana	One day training about Marijuana regulations and advice for towns	11
Meeting with Tom Lyons	Discussed documents and timeline to be sent out for Drugged vs Drunk Driving campaign	6
Board of Health Meeting	Monthly BOH Meeting	
Substance Abuse Prevention Collaborative (SAPC) grant	Discussed how SAPC will move forward in regards to risk factors	

Strategic Planning meeting		
Grants 101 webinar with SAMHSA	Review of Grant expectations and requirements	
Meeting with Emily Bhargava	Discussion re Logic Model and next steps	4
Epiphany Reach Training	This training was about how to use the software to do continued evaluation for our DFC grant.	6

Needham Health Department

Karen Shannon and Monica De Winter, Program Support Assistants

May 2016 Monthly Report

Section 1: Summary

During the month of May we held a bi-monthly NCYSAP large-group coalition meeting and conducted follow-up for the NCYSAP risk prioritization process. We also scripted and taped the second installment of three public service videos, man-on-the-street-style question and answer segments for parents of younger children.

Section 2: Activities

Activity	*Notes*
NCYSAP Coalition Meeting	Meeting held: May 3, 2016, 12 attended
NCYSAP Coalition/DFC	Worked with Carol Read to prepare email to Coalition for Risk Prioritization Survey Conference call with Emily Bhargava regarding logic model for DFC.
Public Service Videos	Collaborated with Karen Mullen in scripting and taping of "man-on-the-street-style interviews, the second installment of three PSAs. We conducted 5 Q&A segments consisting of a parent question answered by a subject matter expert (SME). SMEs included: Carol Read, Katy Colthart, Chief John Schlittler, Tom Denton, and Tanya Cherkerzian. Video segments will be 1-2 minutes in length, aimed at parents of children in grades K-6.
Preparation of Meeting minutes	Transposed notes from 5/3/16 coalition meeting and parent liaison group meeting
Summer Intern	Outline goals for summer intern with Catherine Delano, oriented her when she arrived

Impaired “Drugged” Driving communications	Drafted and sent email to NHS Principal and NHS Co-President Marian Slavin requesting them to send out our drugged driving awareness letter to parents of NHS students via their email and their newsletter – which they did complete.

Section 3: Meetings & Conferences

Title	*Description*	*Attendance*
NCYSAP Large-group Coalition Meeting	Bi-monthly leadership meeting	12 (6 NPHD Staff, 6 Volunteers)
The Impacts of Marijuana	Strategies to address related health, social and legal issues around marijuana use	75
Impaired “Drugged” Driving communications plan meeting	Met with Tom Lyons, media consultant, on rolling out this communications plan	6
Travelling Meals Appreciation Lunch	Attended luncheon for travelling meals volunteers	50

Needham Public Health Department

May 2016

Substance Abuse Prevention & Education
Needham Coalition for Youth Substance Abuse Prevention ~ NCYSAP

Karen Mullen, Project Coordinator/Capacity Building

Section 1: Activities

Activity	*Notes*
SALSA Survey- *Students Advocating Life Without Substance Abuse*	Administered Pre & Post Surveys to 3 Pollard Health classes (approx. 75 students) before and after SALSA presentations on 5/31 and 6/2.
May SALSA at Pollard Presentations	5/31 & 6/2 Field Trips to Pollard Middle School- arranged logistics with Pollard Administration, busses, student volunteers, permission forms, lunch, collateral materials and rehearsals before each presentation with SALSA students at NHS.
SALSA Survey – Data Input	Input pre/post survey data into template for analysis.
Man on the Street PSA	Finalized logistics for video shoot, confirmed participants, drafted Q&A.
"Prom Panic" Parent Prevention Video	Wrote/Sent Press Release and video link to NHS, PTC, YMCA, Dept. etc. for further communication.

Section 3: Meetings, Events, and Trainings

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
SALSA May Pollard Presentation NHS Rehearsal	Mtg.	Rehearse presentation with SALSA students for 5/31 & 6/2 events.	5/31 -4 6/2- 3
SALSA May Pollard Presentations	Mtg.	NHS SALSA students taught 3 Pollard grade 8 health classes (1 hour each) on 5/31 & 6/2. I attended on 5/31.	5/31- 2 classes (45) 6/2- 1 class (20)
NCYSAP	Mtg.	Attended May NCYSAP meeting to discuss coalition goals & objectives	45
PSA Video	Mtg.	Presented "Man on the Street" video concept to Tim/Carol	5/12-3
PSA Video	Mtg.	Brainstormed Q&A & discussed logistics for "Man on the Street" video with Karen S. and Monica D.	5/19- 3
PSA Video Shoot	Event	5/24 "Man on the Street" video Shoot	5/24- 8

Substance Abuse Prevention and Education ~ Initiative Highlights Needham NPHD, NCYSAP and SAPC* ~ May 2016

SAPC grant collaboration with the towns of Dedham, Needham, Norwood and Westwood. Transition DFC grant program, compliance requirements, coalition processes and strategic planning guidance to Catherine Delano, MPH, LICSW. Director NCYSAP June 1, 2016

SAPC grant ~

Town coalition meeting attendance: Dedham Coalition for Prevention: May 3rd, Needham Coalition for Youth Substance Abuse Prevention (NCYSAP): May 24th Impact Norwood and Westwood Cares: May 11th

Attend monthly coalition meetings to present SAPC program updates and provide technical assistance related to coalition capacity building, organizational structure and prevention strategies. Share educational resources to support residents with substance use issues and mental health conditions**.**

Parent Survey initiatives- Coordinate parent surveys to identify parent perceptions, attitudes and behaviors related to youth substance use, family management and community norms for Impact Norwood and Westwood Cares edited by Rachel Massar, consultant. Review Needham survey with Public Health Directors to finalize town specific surveys. Share press release templates and communication strategies. Monitor response rates to promote equity on grade level responses. Westwood final response rate 604- *survey closed.* Norwood 325 to date, *survey active*. Survey Monkey link created by Rachel Massar, final report preparation pending.

Strategic Planning meetings:

SAPC Leadership Team: Monthly planning meeting- Review of parent survey initiatives, Youth to Youth program feasibility and agenda for regional SAPC leader/stakeholder meeting May 24th. Cathy Cardinale Dedham, Linda Shea, Westwood, Sigalle Reiss, Norwood, Public Health nurses Mary Beechinor, Karen Regan and Jessica Gardner

SAPC Regional Leader/Stakeholder meeting*- Powers Hall Tuesday, May 24th. 22 attendees'** Final strategic planning meeting. Review Intervening Variables (Risk Factors) prioritization based on survey monkey feedback, *46 respondents*. Review and discussion of evidence based and best practice strategies for SAPC Logic Model to impact underage alcohol use. ***PowerPoint presentation attached.

Needham Public Health-Needham Coalition for Youth Substance Abuse Prevention (NCYSAP) ~

NCYSAP and Needham Parents Care meetings- Facilitated end of year meetings May 3rd, Needham Public Library. Review and update of strategic planning process based on March meeting input with Emily Bhargava and survey monkey responses, Needham RMD applicant process, updates on coalition initiatives with Karen Shannon and Monica DeWinter. Karen Mullen- SALSA program. Agenda attached.

Resident Support- Respond to calls related to mental health conditions and/substance use disorder educational resources. Referral to counseling, assessment, treatment and recovery resources.

Forum: *Impacts of Marijuana: Strategies to Address Related Health, Social and Legal Issues* Bank of Canton, 190 attendees. Collaboration Norfolk DA Morrissey and Avon, Stoughton and Weymouth prevention coalitions. Presentations by: John Scheft, Dimensions, Chief John Carmichael, Walpole PD, Timothy McDonald and Tara Gurge, NPHD and Heidi Heilman, MAPA. ***Flyer attached***

The Needham Channel- PSA initiative Contributor to NCYSAP sharing prevention parent strategies to support youth to navigate away from substance use and high risk behaviors.

***CDC initiative*- Webinar May 20th CADCA facilitators Dave Shavel and Sharon O-Hara.** Collaboration on dissemination program structure and participation as a public health representative in a panel presentation at the CADCA Mid- Year July 2016.
Overview**:** *The Centers for Disease Control and Prevention has contracted with ChangeLab Solutions, who in turn has contracted with CADCA to disseminate the CDC's "Prevention Status Reports" on "Excessive Alcohol Use "(PSR's on EAU) to states, coalitions and communities across the country. The objectives of the dissemination effort are to empower and support coalitions to: raise awareness of the problem of Excessive Alcohol Use in communities, provide information to key stakeholders about the evidence-based strategies that can be used to address this problem, create a "readiness for action" among the stakeholders and provide resources for additional information.*

Trainings On- Site*:*

MDPH-BSAS: *Advanced Ethics for Prevention Professionals* Sandra DelSesto, EDC
MDPH- BSAS: *Diversity Awareness, Training to Address Cultural Competence,* Noel Brogna
Heroin Prevention: Hazeldon Educational Foundation- Curriculum Norfolk DA Office

Webinars:

Dover Youth to Youth: Program overview and youth engagement, State of Michigan
Health Resources in Action: *Engaging Youth in Your Work.* Daisy Ortega, MPH
SAMHSA-Office of Financial resources: *Grants 101* Overview grants management process
Epiphany Community Services: REACH platform overview- NCYSAP planning

Meetings:

Drugged Driving Prevention initiative- Tom Lyons, consultant
Healthy Aging grant- Needham Council on Aging Focus Group- Note taker
Needham Alcohol Licensees: Tool Kit delivery, On- Site licensees. Program completed 21 On- Site 5- Off site licensee meetings with Maureen Doherty
Health Curriculum- Needham Public Schools- Substance content enhancements Jennifer Cohen, NCYSAP member.
Needham Interfaith Clergy Association: Ramin Abrishamian, President. Request for resources and information on marijuana access, health impacts and strategies to inform congregation members to enhance health and safety.

*SAPC technical assistance calls, coordinator meetings, and compliance related to the SAPC grant program are documented in the BSAS-SAPC quarterly reports.

Respectfully submitted by Carol Read June 12, 2016

Please join Norfolk District Attorney, Michael Morrissey, Attorney John Scheft, Walpole Police Chief John Carmichael, and the Substance Abuse Prevention Coalitions of Avon, Needham, Stoughton, and Weymouth as we present:

THE IMPACTS OF MARIJUANA

STRATEGIES TO ADDRESS RELATED HEALTH, SOCIAL AND LEGAL ISSUES

Friday, May 13, 2016 | 8:00 a.m. to 12:30 p.m.

BANK OF CANTON | 490 Turnpike Street, Canton

(PARKING IN REAR LOT)

Who should attend?

- Law enforcement
- Boards of Health
- Local Government
- Prevention Coalition Partners

REGISTRATION & REFRESHMENTS
8:00 a.m. - 8:30 a.m.

CONFERENCE
8:30 a.m. - 12:30 p.m.

What you will learn:

- The Impacts of Medical Marijuana and Commercialization
- Best practices to prevent the diversion of marijuana to youth
- Law enforcement strategies for the management of marijuana related calls for smoking in multi-unit dwellings
- New evidence from Colorado on Legalization

What you will receive – Model Health Regulations for:

- Local control of RMDs to reduce the risk of diversion and mitigate collateral consequences
- K2 Spice and Drug Paraphernalia
- Checklist for RMDs / BOHs to ensure compliance with Mass General Laws
- Position paper on Home Cultivation

And more!

This conference is FREE, but registration is required. CLICK HERE TO REGISTER

STOUGHTON U-KNIGHTED

ACES www.acesavon.com

MICHAEL W. MORRISSEY
NORFOLK DISTRICT ATTORNEY
Making Choices • Saving Lives

Needham Coalition for Youth Substance Abuse Prevention

WSAPT Weymouth Substance Abuse Prevention Team
WeymouthAddictionHelp.org

Substance Abuse Prevention Collaborative Grant ~ SAPC

Strategic Planning

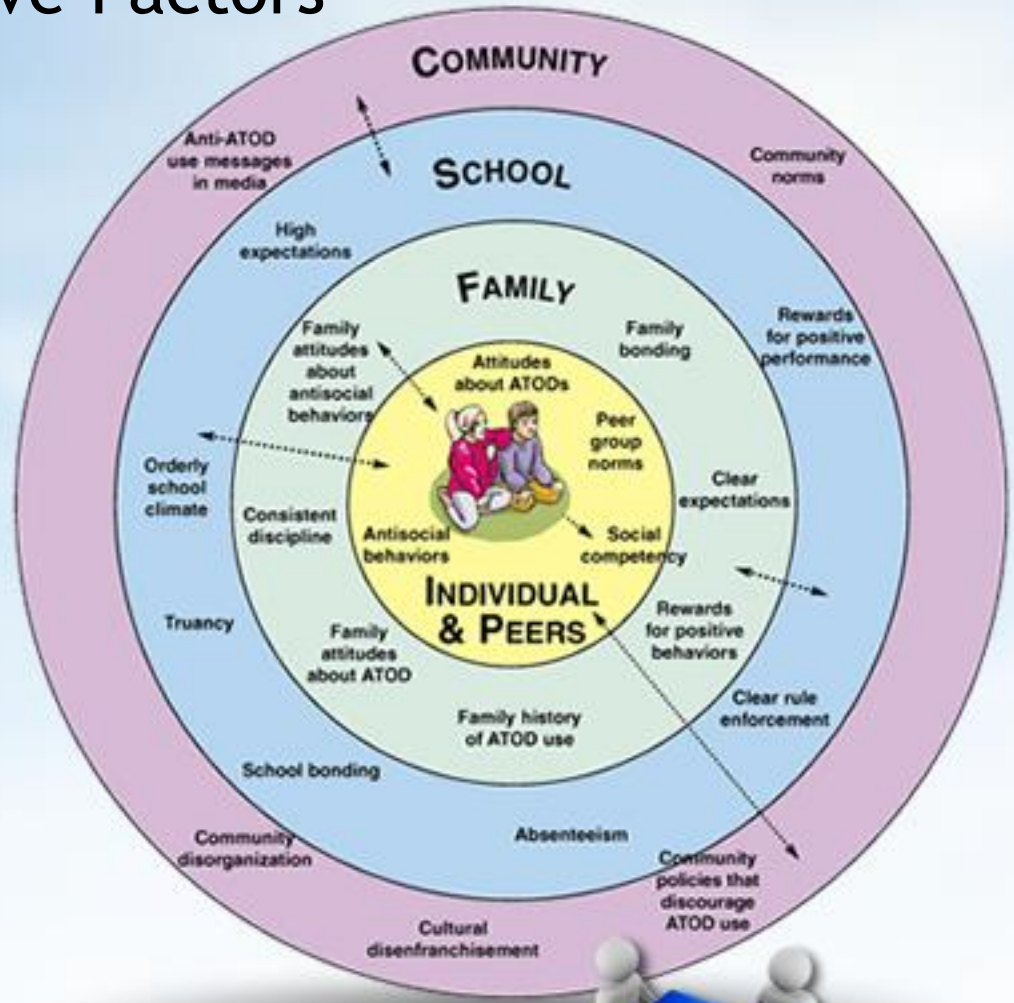
May 24, 2016

Public Health
Prevent. Promote. Protect.

Dedham
Needham
Norwood
Westwood

Risk Factors & Protective Factors

A number of factors have been identified that protect adolescents or, alternatively, put them at risk for drug use and other high-risk behaviors. These factors concern different personal and environmental factors, e.g. the community, the school setting, family, peer group and individual characteristics



Systems Changes Take Community Collaboration

12 sectors: school, business, faith-based, fraternal, medical/health care, youth serving, parent, student, media, law enforcement and local government

~ Environmental Prevention ~

Increase **Protective Factors** that support healthy choices
Decrease **Risk Factors** that are indicated in substance use

*Access and Availability *Policies and Enforcement
*Media Advocacy *Community Norms/Expectations

~ Multiple Strategies in Multiple Settings ~

Evidence-based Strategies- Targeting 5 Domains
Individual *Peer * Family * School * Community

Strategic Prevention Framework

Assessment-collect data to determine the population needs, resources, and gaps.

Capacity-mobilize and/or build up resources to meet goals.

Planning-development of a comprehensive plan.

Implementation-carrying out of the plan, using evidence-based prevention programs.

Evaluation-monitoring the implementation, measuring impact, and determining needed improvements.

Always be mindful of:

Sustainability-process of integrating prevention into ongoing operations.

Cultural Competence-interacting with audiences from diverse backgrounds.

Environmental Prevention

Smoking on airplanes? Smoking in restaurants?

Today, the airline and restaurant smoking bans not only reduce exposure to second-hand smoke but also promote nonsmoking as a **social norm**.

Systems Changes – Policy Changes

- ***Environmental Prevention***—changing policies, settings and community conditions to support healthy behavior and discourage high-risk, unhealthy behavior.

We know what works ~ Prevention Science

Evaluation of Evidence- based practices (EBP)

Environmental Prevention ~ Systems change

- **A shift** from alcohol prevention strategies that **target the individual and seek to affect behavior directly**
- **Preventing alcohol problems** by **creating communities that encourage safer choices** with regard to drinking.
- **Environmental Prevention** combats alcohol problems by **changing the underlying social and cultural factors that contribute to them**.
- **Targets**: how alcohol is **sold and advertised**; when, where and **how alcohol is available** (especially for those underage); and what **types of drinking levels are considered socially acceptable and/or allowable.**

Problem Identification

SAPC Grant Goal

Prevent and Reduce Underage Alcohol Use

4 Criteria for problem identification

1. **Magnitude**: Which Problem seems to be the largest?
2. **Severity**: What is the severity of the problem? Is it resulting in fatality? Accident? Is it more costly?
3. **Time Trend**: Is the problem getting worse or better over time?
4. **Comparison**: Data review, multiple sources. Relationships and patterns

January meeting What did we learn?

4 town break out sessions: Review and discussion of each towns Risk Factors/Intervening Variables

- **What stands out to you?**
- **Do you think these are an accurate reflection?**
- **Is there something missing?**
- **Is there anything your town is not ready to address?**

Lets talk about the similarities now

What did you see across our 4 town cluster?

Clear similarities in community risk factors!

What are Intervening Variables?

Intervening Variables: [what is contributing to the consumption pattern?] (SAMHSA, 2009)

Factors that have been identified through research as being strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their subsequent consequences. These ***variables*** are the ***focus of prevention interventions***, changes in which are then expected to affect consumption and consequences. Includes risk and protective factors, but not limited to individual-level factors. **Emphasis on population-level change across multiple domains and systems.**

3 Criteria

- **Importance**: How much does this risk factor/IV impact the issue in the community? How important is it in reducing the specific problem? Does it affect other behavioral health issues?
- **Changeability**:
- Do we have the capacity- resources (people/funding etc.) to change this risk factor/IV?
- Is there an Evidence- based intervention to address the risk factor/IV?
- Can change be brought about in a reasonable amount of time? Recognize that change some risk factors/Ivs may take to long to be a practical solution.
- **Readiness**: Do we have the community/stakeholder readiness to change this risk factor/IV? Political will? Community see this issue as valid?

Framing a set of questions on multiple criteria

- Is the IV identified independently by multiple sources?
- How reliable and valid are the data supporting it?
- Have local changes in the variable produced changes in use?
- How actionable is the variable?
- Is it feasible to address the variable within the time frame of this grant? Some IV's take longer to change…
- Are other efforts in place to change this variable?
- Are there capacity and resources available or that could be developed to address the intervening variable?

What's driving the problem?

- Risk Factors/Intervening Variables (IVs)from our 4 town data **Underlying influences on the problem**
  - Ease of Access: economic, retail social
  - Perception of Risk/Harm
  - Parental Attitudes
  - Parental Monitoring- Family management practices
  - Social/ Community Norms favorable to use
  - Connection to a Trusted Adult
    - (Needham & Norwood only from youth surveys)
  - Consistency of Consequences- Low levels of enforcement
  - Mental Health
    - (reports of using substance for self medication for stress, anxiety, depression)

Logic Model Development ~ Strategy Selection

- Emphasis is on: evidence of linkages between the targeted intervening variable(s) and the proposed strategy and conceptual and practical fit.

- **Conceptual Fit**
  - How has the strategy been tested with the identified target population or if it has not how can it be generalized to the target population?
  - How will implementing this strategy in your local community help you achieve your anticipated outcomes?

- **Practical Fit**
  - Resources (cost, staffing, access to target population, etc.)
  - Collaborative/Coalition Climate (fit with existing prevention/reduction efforts, willingness to accept new programs, buy-in of key leaders, etc.)
  - Community Climate (community attitude toward the strategy, buy-in of key leaders, etc.)
  - Sustainability of the strategy (community ownership, renewable financial support, community champions, etc.)

Building a Logic Model ~ Making connections

Addressing Underage Alcohol Use- Root Causes Local Conditions

- The final set of IVs selected, including how this list was selected (prioritized) from among the larger list of variables considered
- The specific target population(s) for underage drinking and other drug use
- The list of strategies you propose to implement to address underage drinking and other drug use, and the area(s) in your cluster in which they will be implemented
- Rationale for each selected strategy (conceptual fit, practical fit, link to research)
- The cultural competence of the selected strategy or strategies
- The sustainability of the selected strategy or strategies

SAPC Logic Model Example

Problem identified : Underage Alcohol Use options: 30 day * Binge Drinking * Age of Onset						
Local manifestation of the problem: THIS example Past-30-day use of alcohol among high school students in the cluster was higher than the state average of 36% (Smithtown: 42%; Jackson: 38%; Redmond: 39%)).						
Intervening Variables	**Strategy**	**Target Group**	**Outputs**	**Outcomes**		
				Short-Term	**Intermediate**	**Long-Term**
High perceived ease of access to alcohol from commercial sources among 9th–12th-graders in the cluster	Responsible beverage service training	All alcohol retail establishments in the cluster (both on- and off-premise)	Number of establishments targeted Number of establishments trained Number of individuals Trained	Increase in awareness, knowledge, attitudes, and responsible serving/selling practices among those trained	Decrease in perceived ease of access to alcohol from commercial sources among 9th–12th-graders in the cluster	Decrease in the % of 9th–12th grade students in the cluster who report past-30-day use of alcohol

- Complete a logic model sheet for each problem identified.
- Include additional rows for each risk factor/intervening variable being targeted.

March meeting ~ What did we learn?

Prioritization Process

Risk Factor/IV *review and discussion* then *ranking* according to:

* Importance * Changeability * Readiness

Exercise~ **Dots on the charts**...not a representative process

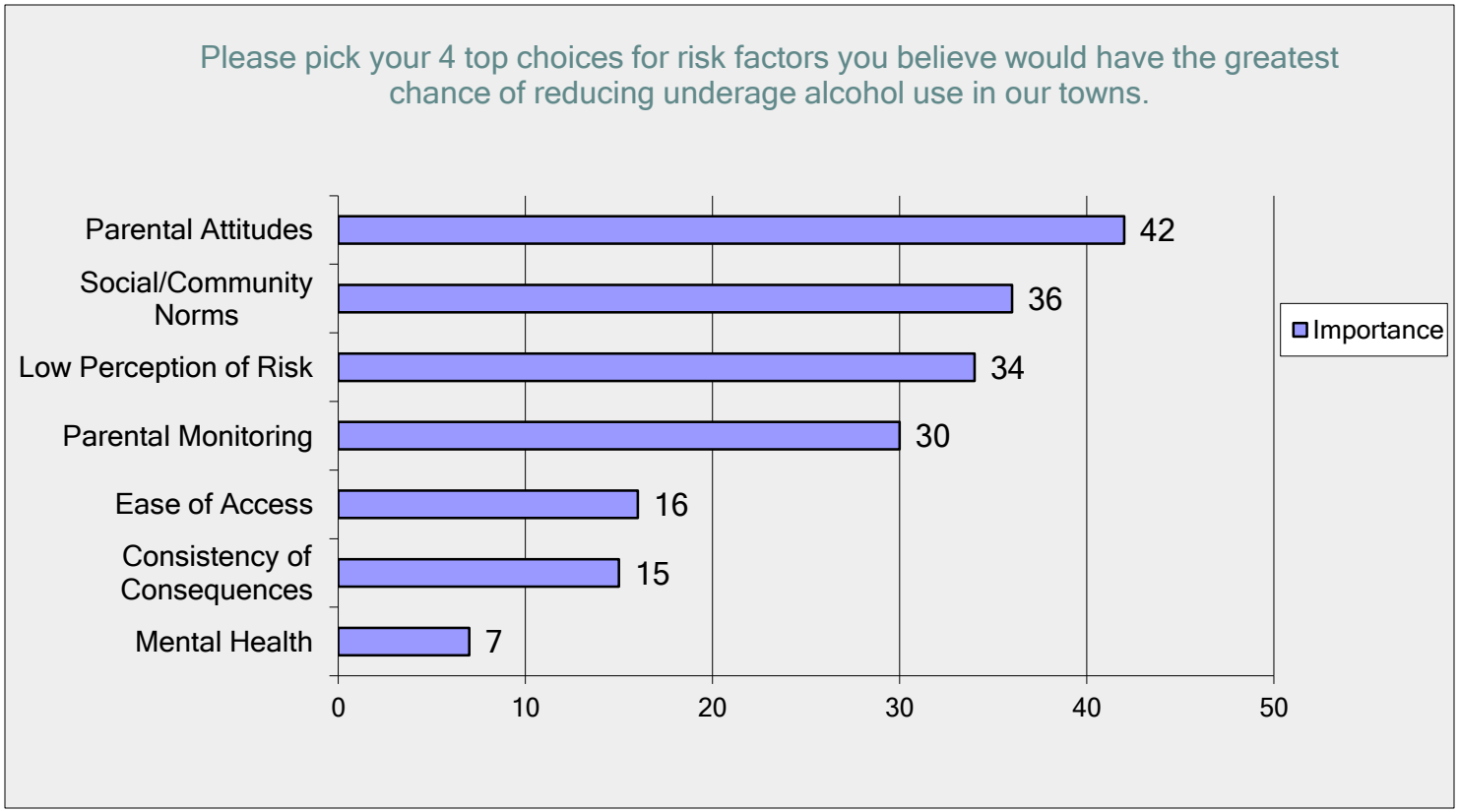
Plan B ~ Survey Monkey survey to obtain solid data

Survey Monkey ~ 48 Respondents :) Thank you!

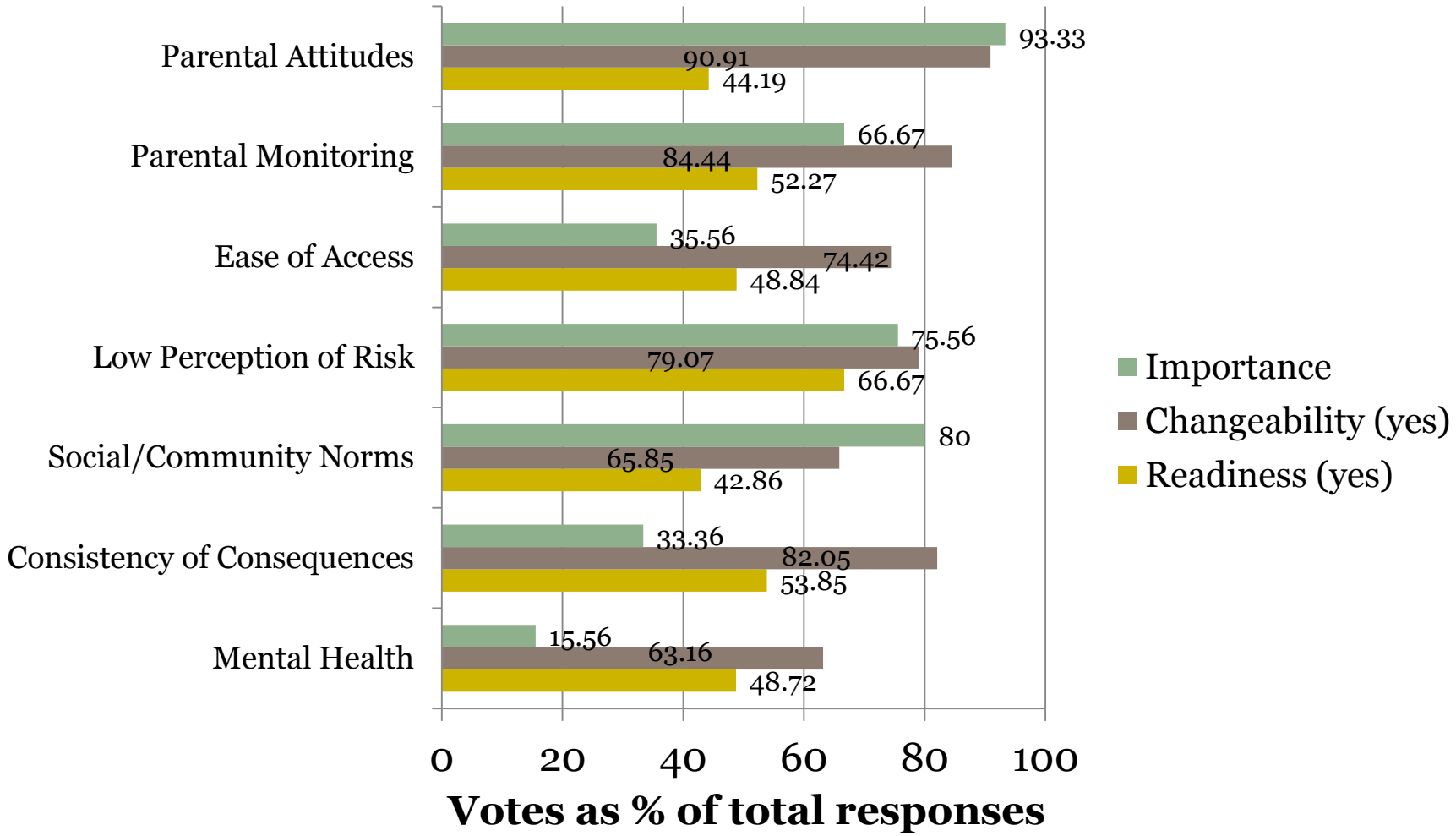
What did the survey results show?

Importance

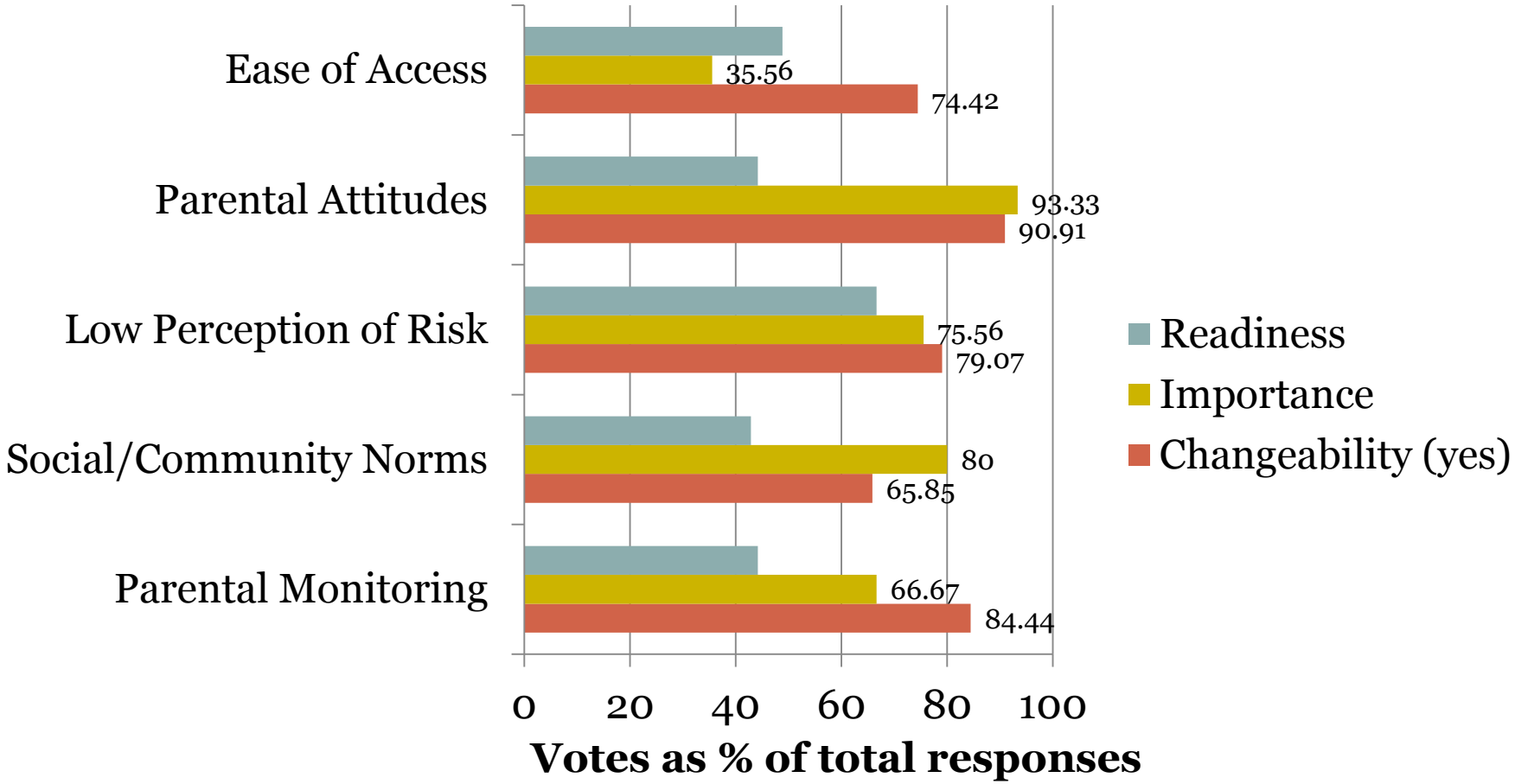
Number of votes not %



Importance ~ Changeability ~ Readiness



Top 5 Risk Factors/IVs ~ Importance & Changeability



Strategies that make a difference

- Parental Attitudes
- Social/Community Norms
- Low Perception of risk
- Parental Monitoring

What about Access? Should we address it?

Social (home –friends)

Retail (liquor stores- bars- internet)

What does the data show?

Qualitative KIIs and Quantitative-

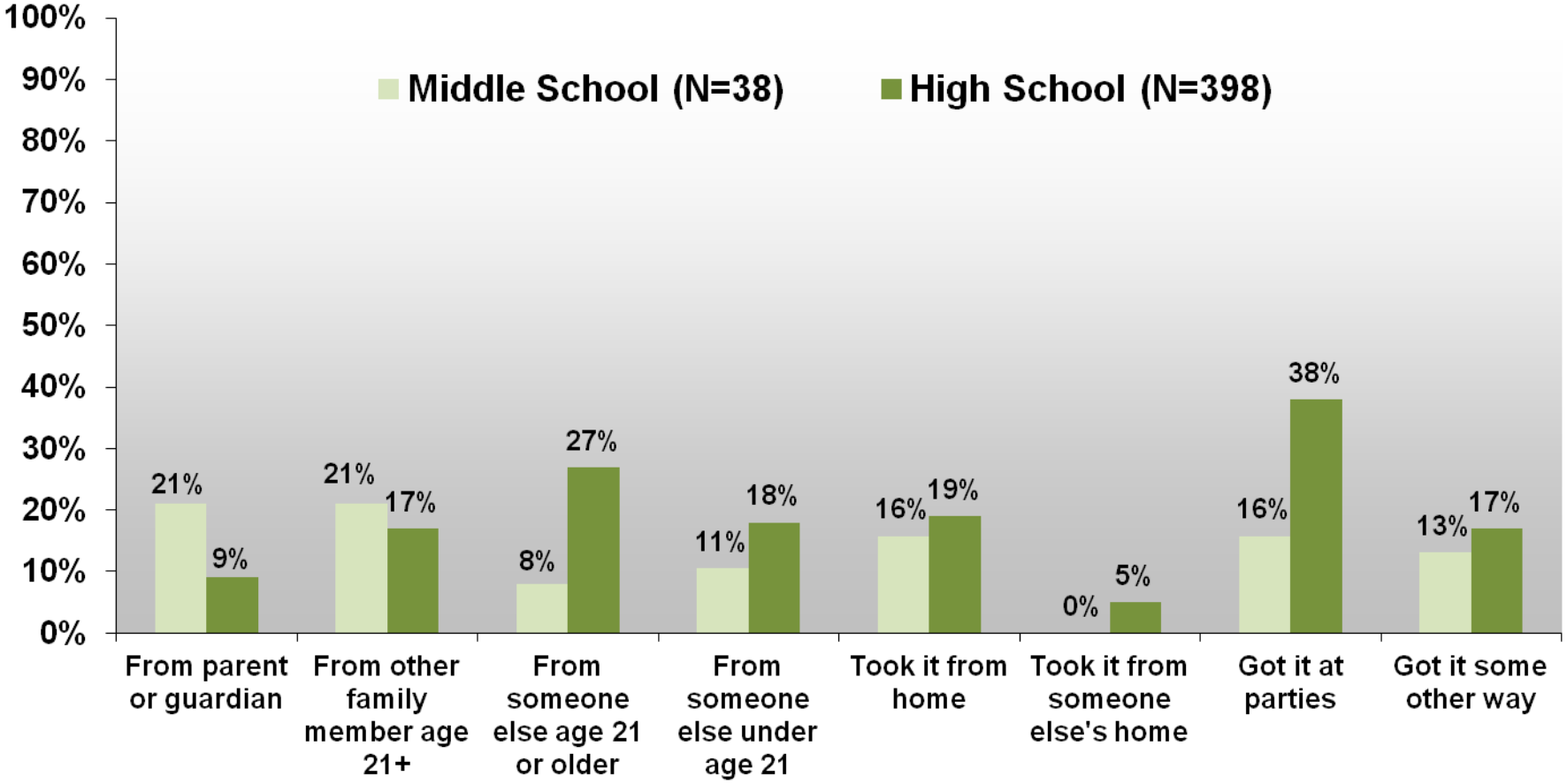
Access data~ Youth and Parent Surveys

Quantitative

- Dedham- Scale
- Needham- Chart with access
- Norwood- Chart with access
- Westwood- Small sample similiar indication

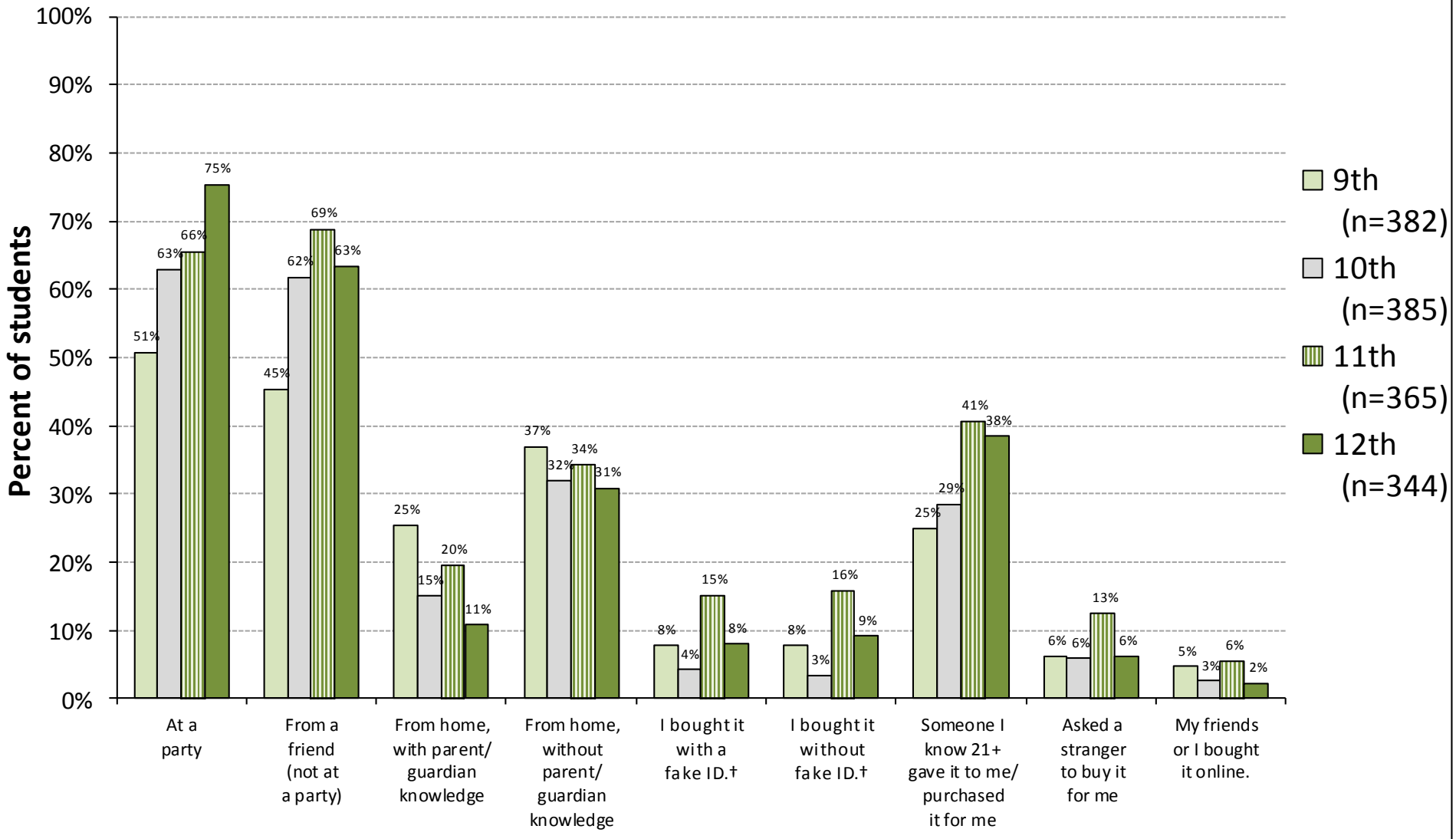
Qualitative data *Retail* All towns: Youth reported using fake id's and buying from liquor stores. Adults reported hearing youth reporting fake ids and buying from other towns. In Dedham, Norwood and Needham adults report bars serving underage youth.

Usual Source of Alcohol Among Norwood Students Reporting Alcohol Use* (2015)



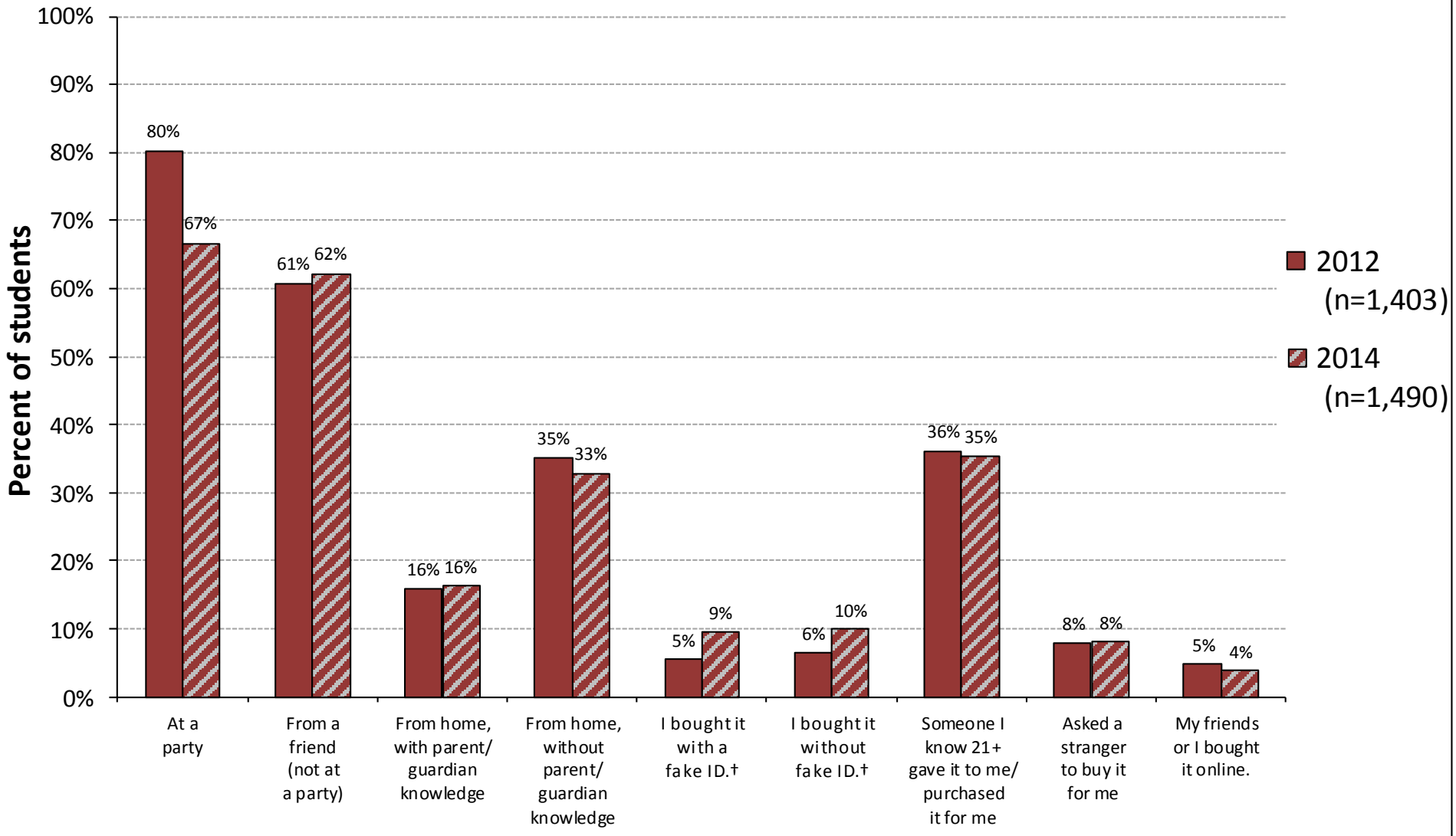
Question Wording: "How did you usually get beer, wine coolers, wine, or liquor in the past 12 months? (check all that apply)".
*Results are based only upon students who indicated they had used alcohol in the prior 12 months (i.e. 39 Middle School students and 398 High School students)

Figure 2-7B. Access to Alcohol Among Current Drinkers* by Grade, 2014
Needham High School (Grades 9-12)
MetroWest Adolescent Health Survey



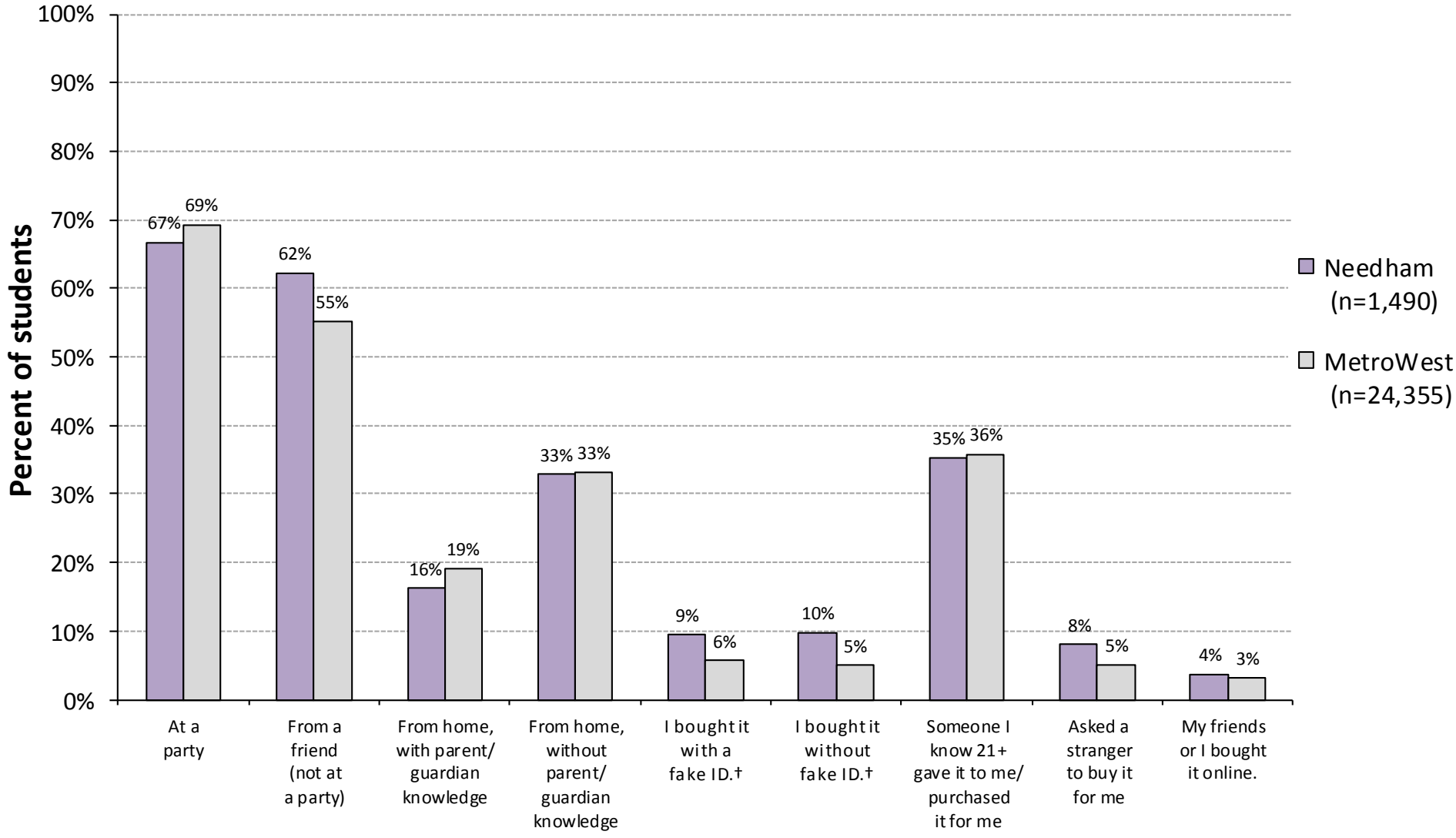
* *Among students who drank in the past 30 days*
† *At a store, tavern, bar, or public event (like a concert or sporting event)*

Figure 2-7C. Trends in Access to Alcohol Among Current Drinkers,* 2012-2014
Needham High School (Grades 9-12)
MetroWest Adolescent Health Survey



* *Among students who drank in the past 30 days*
† *At a store, tavern, bar, or public event (like a concert or sporting event)*

Figure 2-7D. Access to Alcohol Among Current Drinkers* at the District and Regional Levels, 2014
Needham High School (Grades 9-12)
MetroWest Adolescent Health Survey



* *Among students who drank in the past 30 days*
† *At a store, tavern, bar, or public event (like a concert or sporting event)*

Home Access~ What do Parents Tell Us?

- **What are we asking?**

Perceptions Attitudes and Behaviors ~ Data

Risk Factors/IV's related to parental attitudes access

Westwood Parent Survey ~ 375 respondents

Norwood Parent Survey ~ 265 respondents

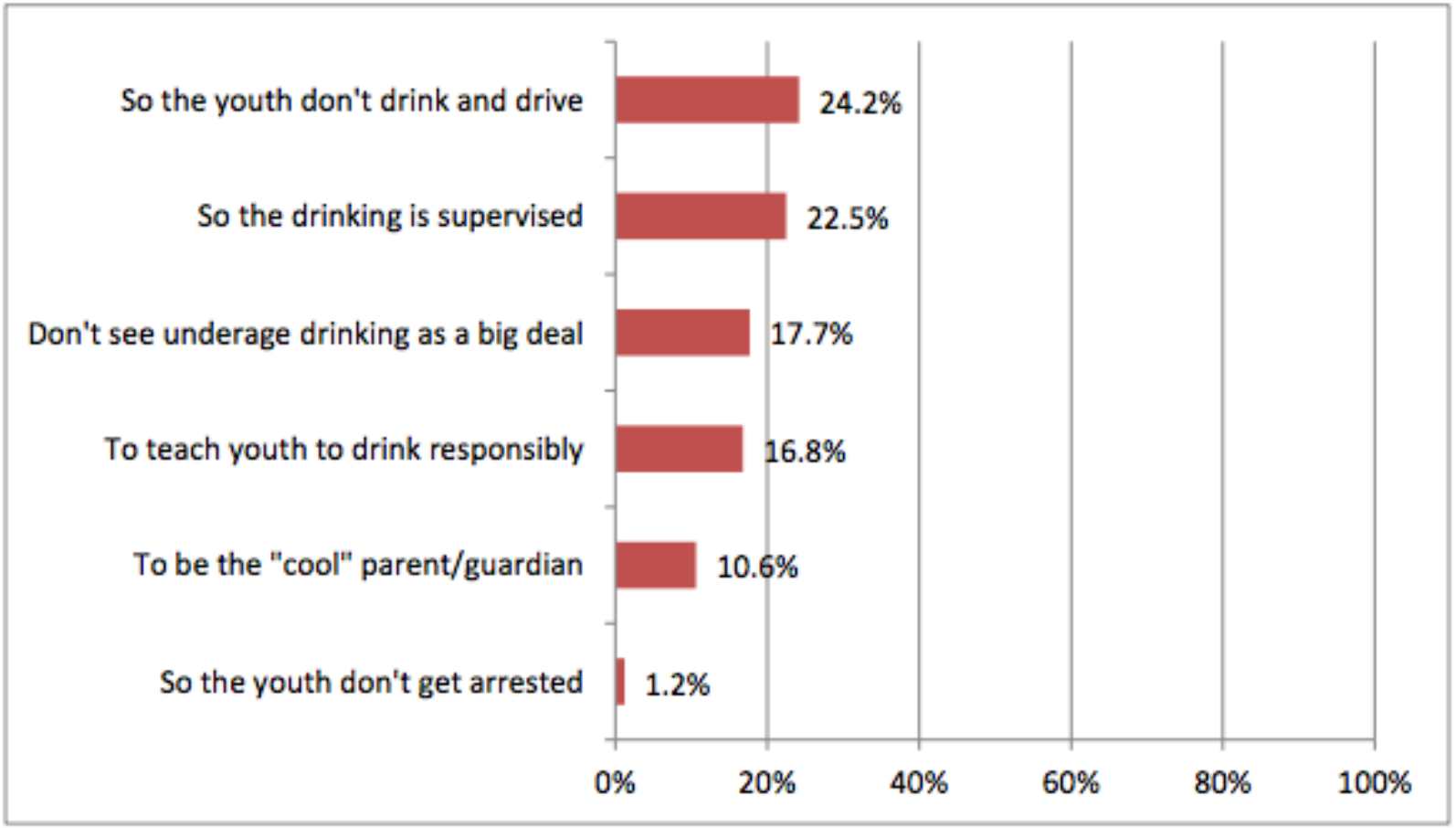
Needham Parent Survey 2015

Do you ***monitor or take stock*** of alcohol in your home? **58.6%**

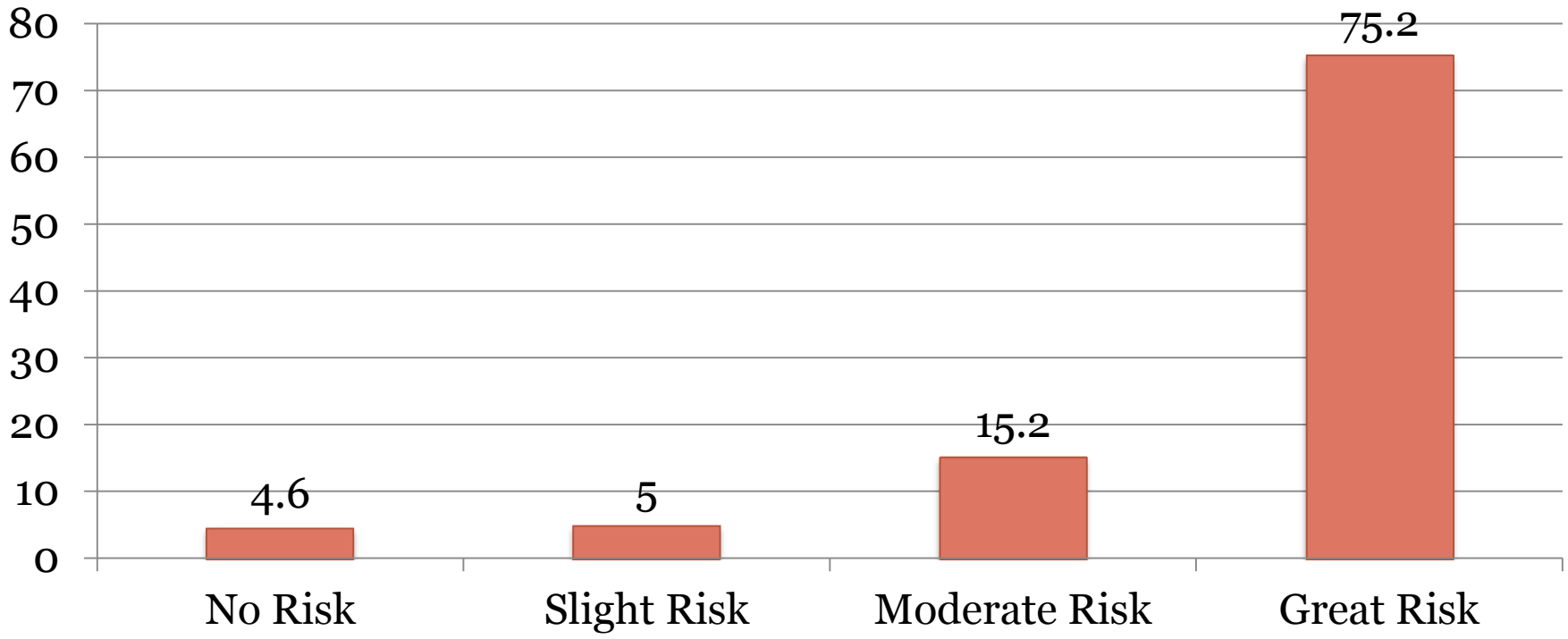
Do you **secure or lock up** alcohol in your home? **11.6%**

Parent Permissiveness

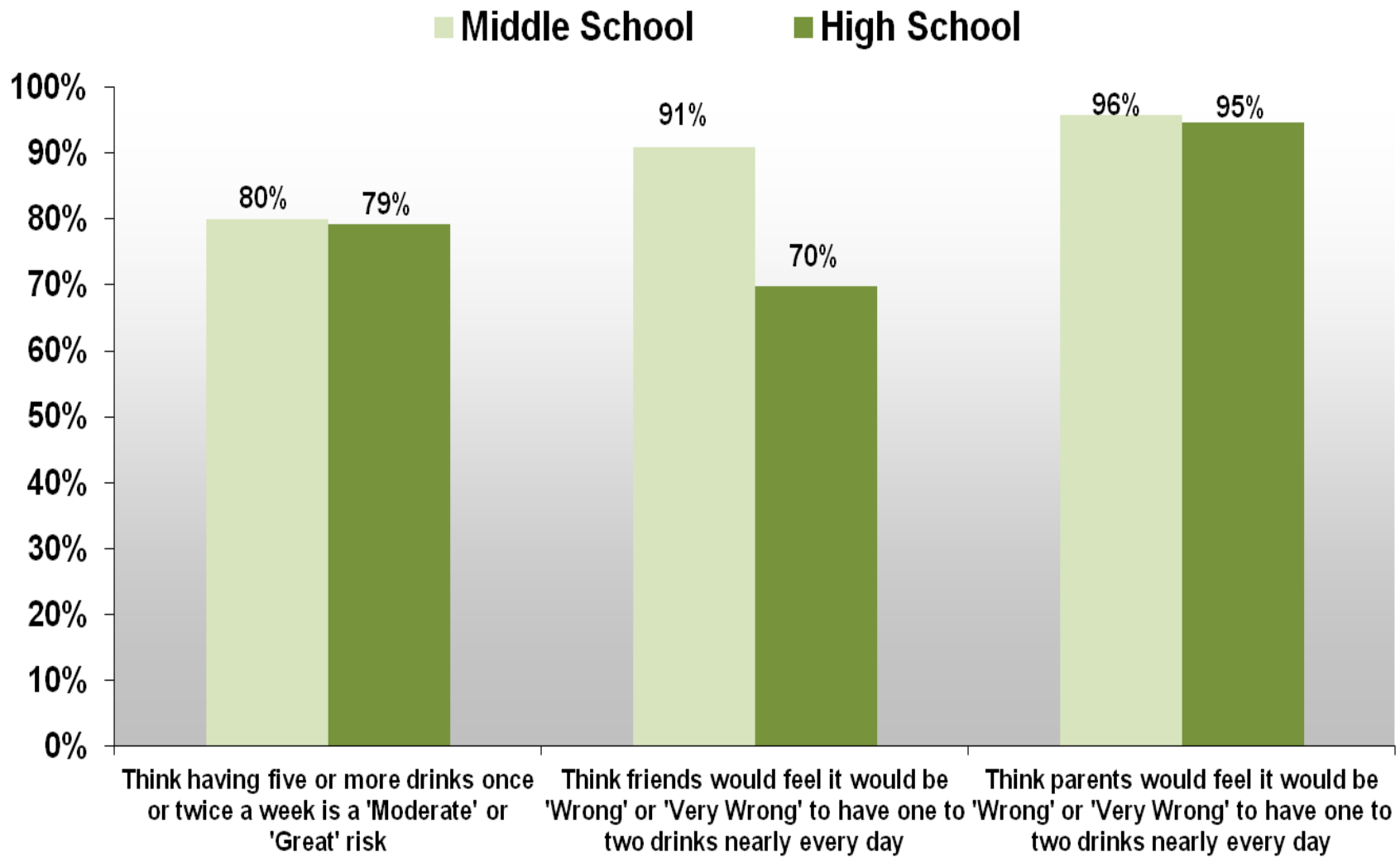
Figure 13: Beliefs about Why Some Parents Allow Children to Drink Alcohol at Home (n=649)



Youth Perception of Risk: Needham



Perceptions of Alcohol Use Among Norwood Students (2015)



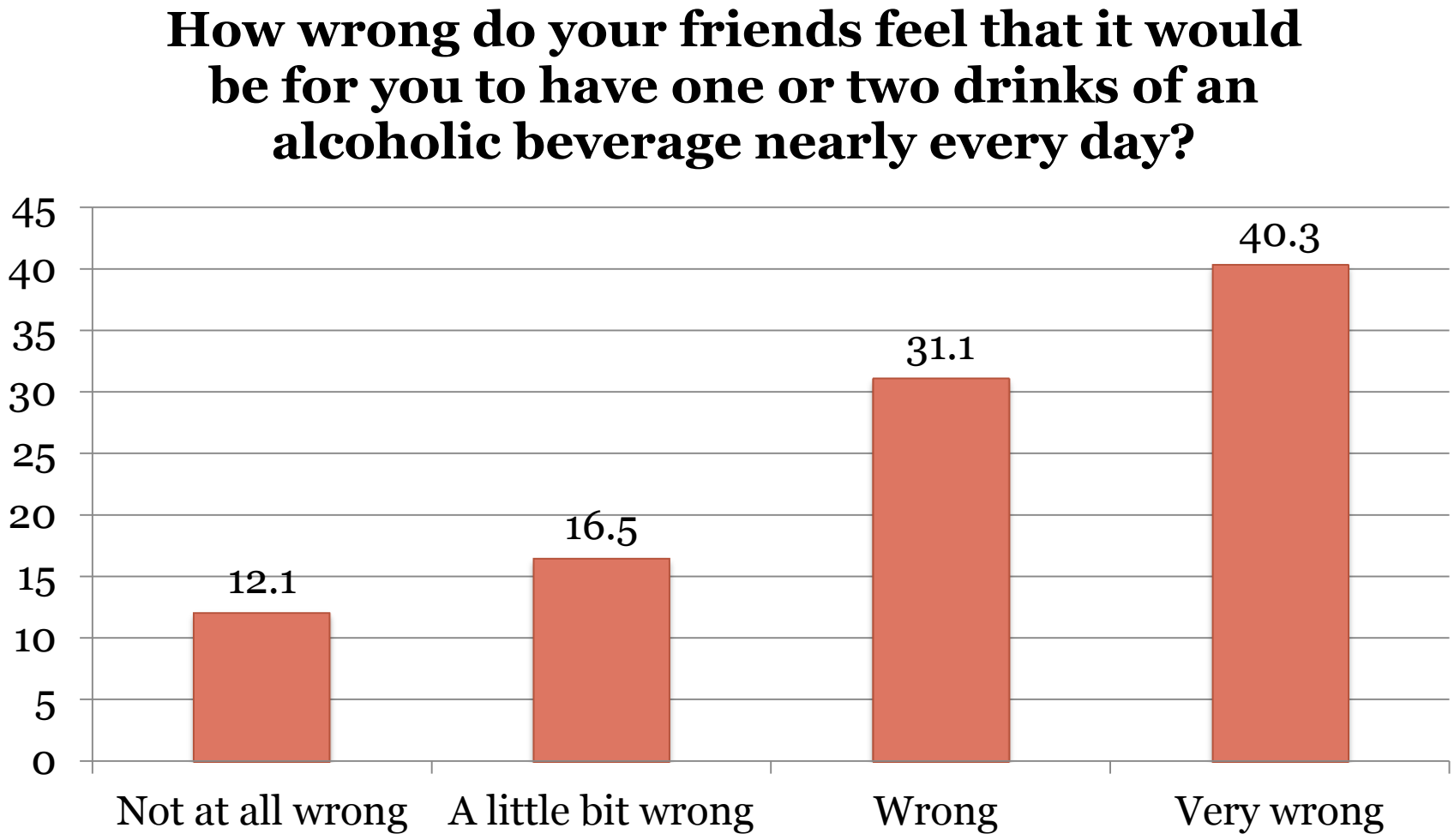
Question wording: "How much do you think people risk harming themselves if they have five or more drinks of an alcoholic beverage once or twice a week?"; "How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?"; "How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?"

Youth Perception of Risk: Dedham

Table A2. Percentage of Surveyed Youth Who Reported Perception of "Great Risk" of Harm, by Grade

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Drinking Alcohol Regularly				43.5	44.8	44.8	42.2	**44.1**
Smoking Cigarettes Regularly				75.0	73.4	78.8	77.8	**76.3**
Trying Marijuana Once or Twice				18.1	12.9	12.3	13.0	**14.2**
Smoking Marijuana Regularly				51.0	31.6	25.9	26.8	**33.6**

Youth Social Norms ~ Needham



Adult Attitudes ~ Needham

Table 2: Parental Disapproval of Youth Substance Use

	How wrong do you think it would be for your child to…				
	Not At All Wrong	**A Little Bit Wrong**	**Wrong**	**Very Wrong**	**Mean (1-4)**
Smoke tobacco (n=659)	0.3% (2)	1.1% (7)	17.8% (117)	**80.9%** (533)	3.79
Drink alcohol occasionally (n=655)	4.1% (27)	15.1% (99)	32.1% (210)	**48.7%** (319)	3.25
Have 1 or 2 alcoholic drinks nearly every day (n=659)	0.3% (2)	0.2% (1)	3.6% (24)	**95.9%** (632)	3.95
Smoke marijuana (n=658)	0.6% (4)	4.1% (27)	18.8% (124)	**76.4%** (503)	3.71
Use prescription drugs not prescribed to them (n=658)	0.5% (3)	0.2% (1)	2.0% (13)	**97.4%** (641)	3.96

Evidence-based Strategies

Targeting 5 Domains

Individual *Peer * Family * School * Community

- Parental Attitudes: Family
- Social/Community Norms: School/Community
- Low Perception of Risk: Individual/Peer/Family
- Parental Monitoring: Family

Why Scare Tactics Don't Work

1.Often youth dismiss these messages, as a defense to the feeling of fear.

"That could never happen to me" "I know people who do that, and they are fine."

2. Youth have a different filter than adults

• Less life experience • Status of brain development

3. High risk groups can be MORE attracted to the behavior

• Sensation-seekers • Impulsive • Risk-takers

What Scare Tactics Don't Work

4. Strong warnings can send unintended messages. Exaggeration expression

"Wow! Drug use must be a big problem, with lots of people doing it and resistance must be difficult."

5. Trauma: Showing graphic images could bring up past traumas

Car crashes, loss of friend and family ~ Abuse

Ease of Access ~ Retail

- Responsible Beverage Server Training- RBS
- Licensee compliance checks – Police Enforcement
- Environmental Scans- Advertising store fronts, fairs, community and sporting events
- Alcohol Purchase Surveys- Over 21 years- Cards with “thanks for carding” or “please card”- No police
- Shoulder Taps- Request to purchase outside liquor stores

Ease of Access – Social

- Homes- “Lock It Up “ Campaign – PSA’s at Legacy Place and Patriots Place Posters and stickers
- Social Host – “Parents who Host Loose the Most” campaign
- Educational campaign - Adults over 21 years old

Youth ~ Low Perception of risk

- ***Life Skills*** curriculum ~ grades 6-8
- ***Alcohol Edu for High School-*** grade 9 online
- Youth Empowerment- grades 6 & 7 *Youth 2 Youth*
- Youth ***Social Norms campaign*** ~ Use rates
- ***Above the Influence-*** Tag it -What are you above
- ***Alcohol and Athletes*** – Data on impact of alcohol on performance-
- *Refusal Skills training- Cross Dicipline*

Social ~ Community Norms

- **Youth**

Social Norms Campaign- *Above The Influence ONDCP*
Local – *Use rates* Cross Discipline in schools: Graphic arts class, Art and science.

Youth Empowerment programs- **Youth 2 Youth**

Grades 6 & 7 Counter Ads Influence of messaging- Impact of media.

- **Adult**
- Community education campaign- Health impact, science related to adolescent brain development
- Parental Strategies- Positive Role Modeling

Parental Attitudes

- ***Guiding Good Choices*** – 5 session parent program ages 9-13 *Refusal Skills training*
- SAMHSA- ***Talk They Hear You*** campaign
- ***Alcohol Edu for High School Parents***
- **Teen-Safe.org** – Boston Children's Hospital
- **Public Health campaign** – Impacts of alcohol on youth development
- **Parent education forums-** Dr. Sion Harris John Knight -Cable taping for all towns

Early Identification ~ At Risk

- ***SBIRT***- Screening Brief Intervention Referral to Treatment

  Identification of early use- Grades 8- 9 Annually

  Connection to a trusted adult in school – Nurse

  Educational opportunity- Health

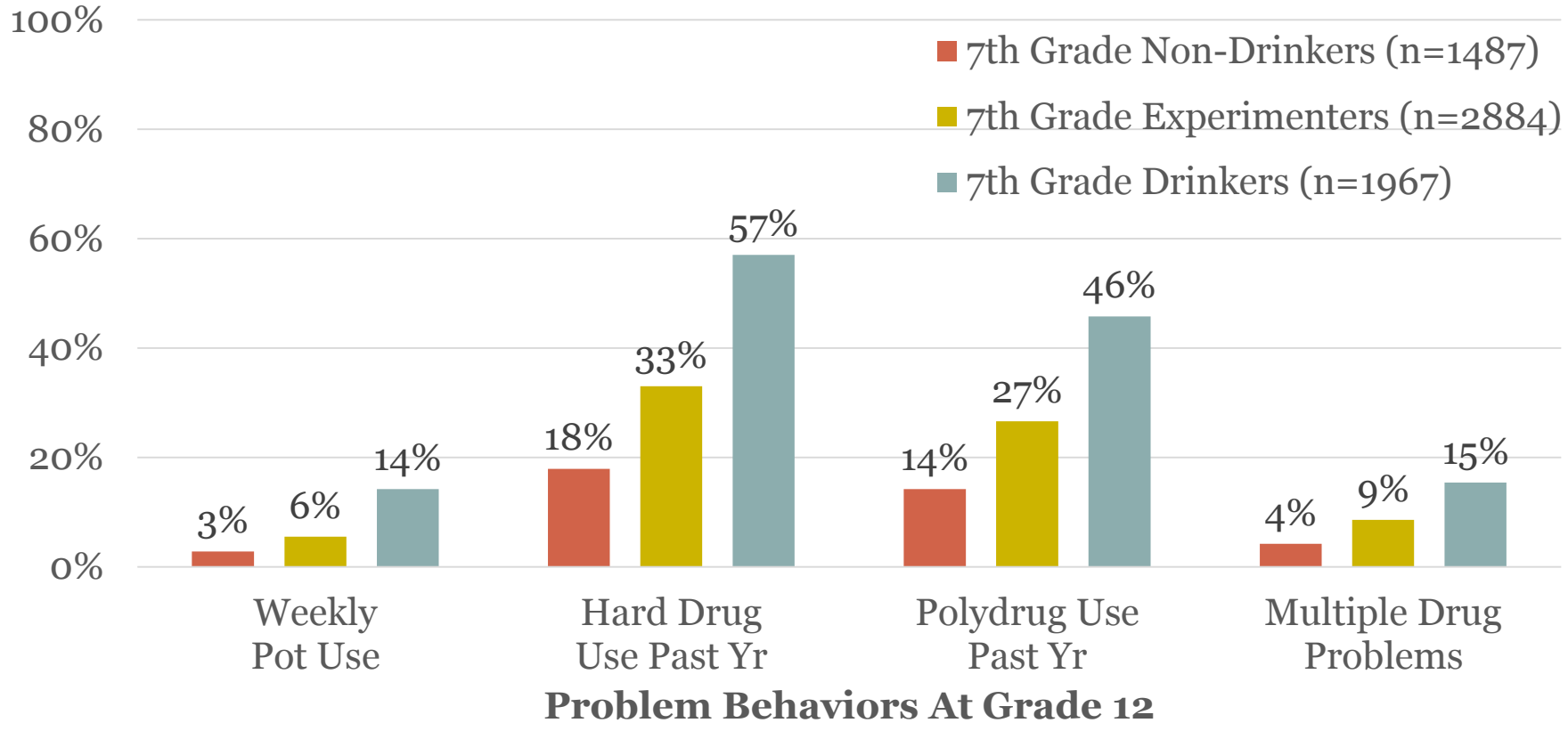
  Support Resources – self and family
- AT RISK - ***Teen Intervene-*** Hazeldon- 3 Session program for identified youth. SBIRT and Motivational Interviewing – Movement to behavior change- Guidance- Youth Services– Faith Based

What are our towns doing?

What is already being done to address each of the prioritized Risk Factor/IVs in your community?

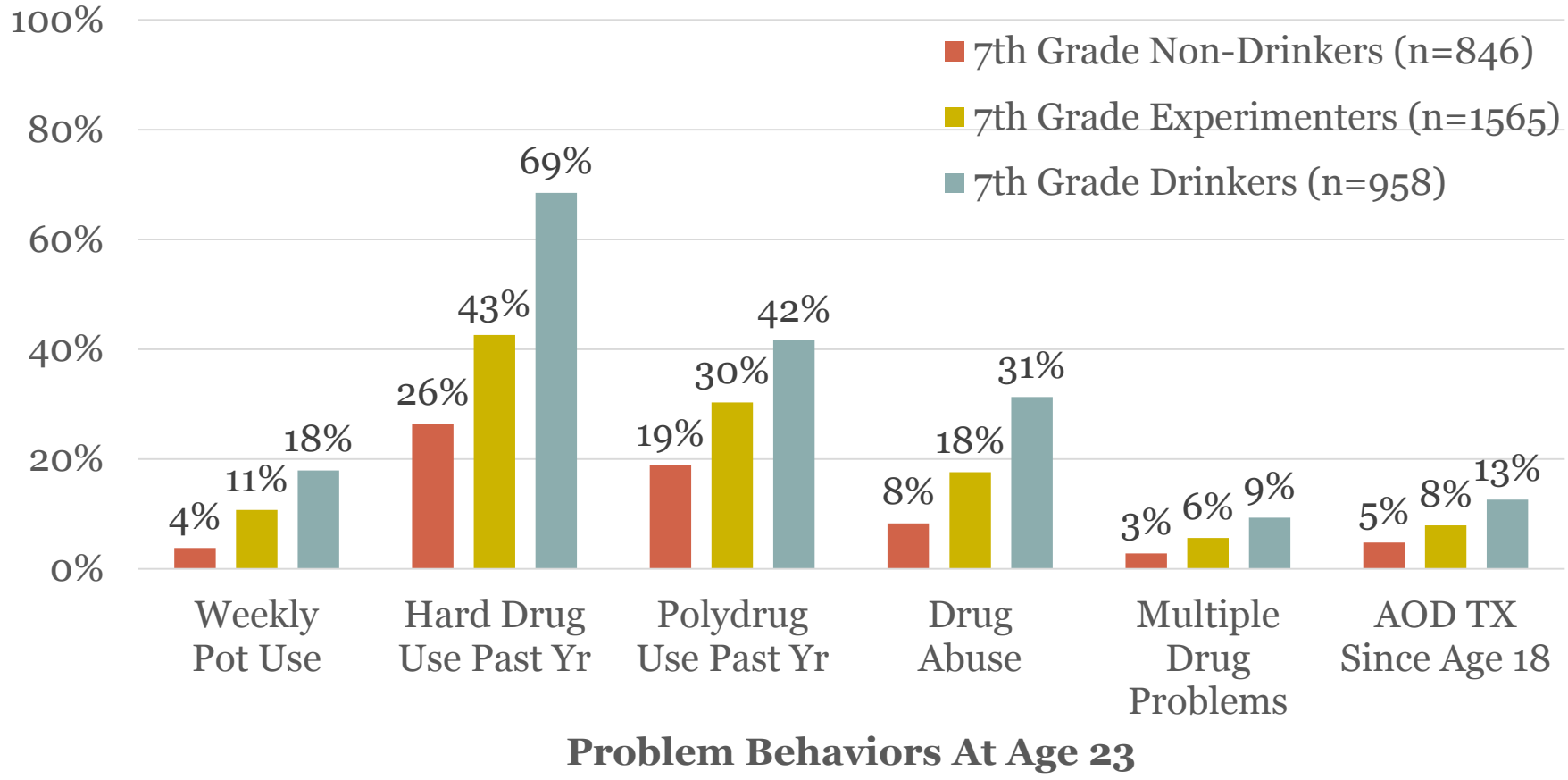
- Take 5-10 minutes to think about each Risk Factor/IV and what your town is doing to address it.
- Each town gets a different color *post it note*.
- Write one strategy or program for each Risk Factor/IV per *post it note*
- Walk to each of the Risk Factors/IV listed on the large papers and stick your notes where they correspond.
- Lets discuss the *post it notes*…What stands out from this? Is there overlap? Are we doing similar things? Is one town doing something unique?

Problem Behaviors in 12th Grade Based on 7th Grade Drinking Status*

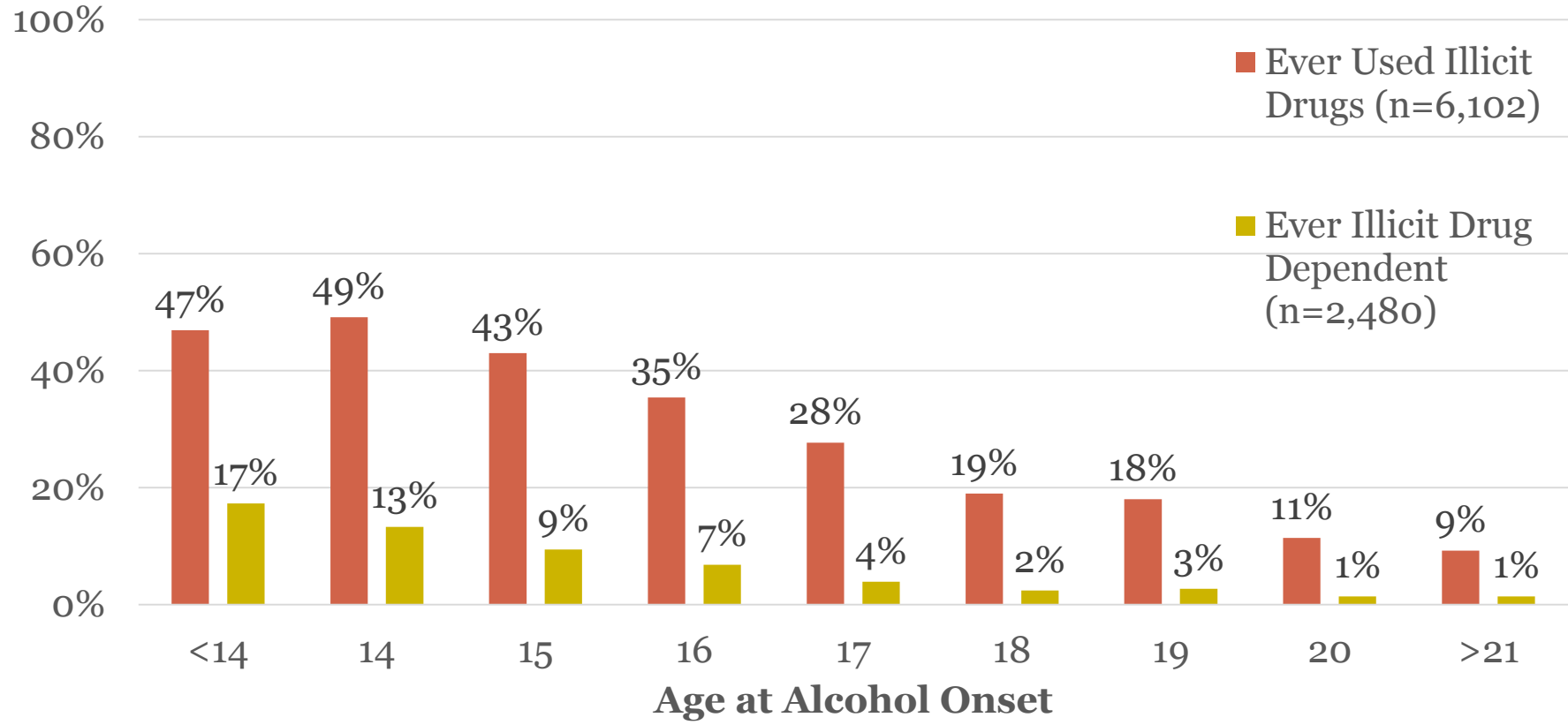


* Ellickson, P.L., Tucker, J.S., & Klein, D.J. (2003). Ten-Year Prospective Study of Public Health Problems Associated with Early Drinking. *Pediatrics*, May;111(5):949-955.

Problem Behaviors at Age 23 Based on 7th Grade Drinking Status*

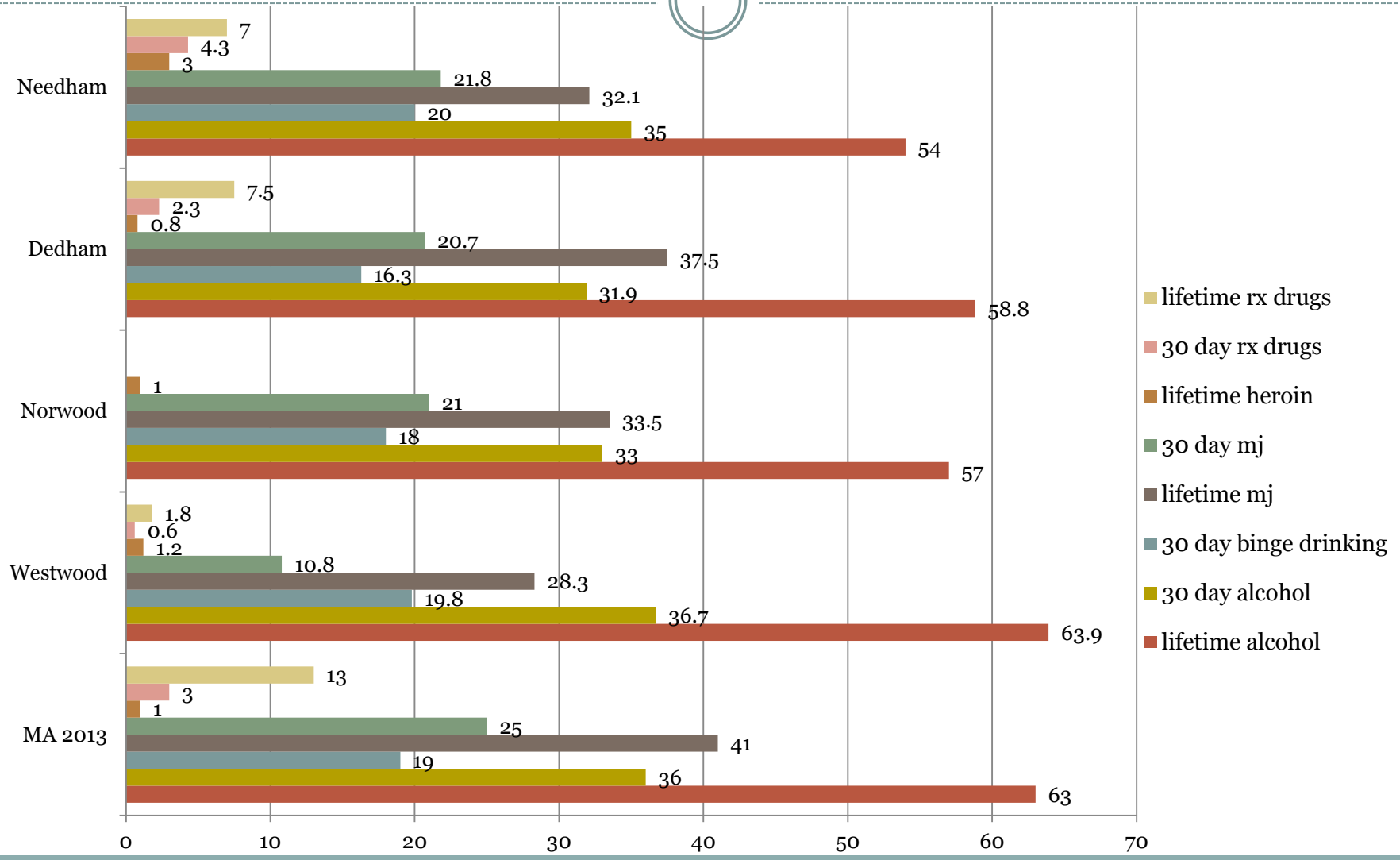


Early Alcohol Use Increases Likelihood of Illicit Drug Use and Dependence*



* Hingson, R.W., Heeren, T., & Edwards, E.M. (2008). Age at drinking onset, alcohol dependence, and their relation to drug use and dependence, driving under the influence of drugs, and motor-vehicle crash involvement because of drugs. *Journal of Studies on Alcohol and Drugs*, Mar;69(2):192-201.

Substance Use Behaviors: High School

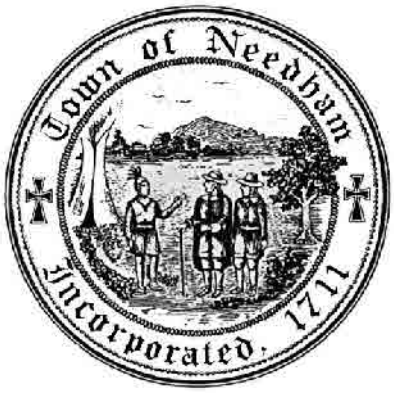


Underage Alcohol Use & Dependence

Teens who drink before age 15 years :

- **40%** will develop an alcohol abuse or dependence issue at some point in their life
- Wait until **16** years: down to **30%**
- Wait until **17** years: down to **25%**
- Wait until **18** years: down to less than **20%**
- Each year delay lower odds of dependence by **14%**

(Marin Institute/Silveri 2009)



Board of Health

ARTICLE 7 REGULATION FOR BODY ART ESTABLISHMENTS AND PRACTITIONERS

SECTION 7.1 PURPOSE

Whereas body art is becoming prevalent and popular throughout the Commonwealth; and whereas knowledge and practice of universal precautions, sanitation, personal hygiene, sterilization and aftercare requirements on the part of the practitioner should be demonstrated to prevent the transmission of disease or injury to the client and/or practitioner; now, therefore the Board of Health of the Town of Needham passes these rules and regulations for the practice of body art in the Town of Needham as part of our mission to protect the health, safety and welfare of the public.

SECTION 7.2 AUTHORITY

This regulation is promulgated under the authority granted to the Needham Board of Health under Massachusetts General Law Chapter 111, Section 31 which states that “boards of health may make reasonable health regulations”.

SECTION 7.3 DEFINITIONS

Aftercare means written instructions given to the client, specific to the body art procedure(s) rendered, about caring for the body art and surrounding area, including information about when to seek medical treatment, if necessary.

Applicant means any person who applies to the Board of Health for either a body art establishment permit or practitioner permit.

Autoclave means an apparatus for sterilization utilizing steam pressure at a specific temperature over a period of time.

Autoclaving means a process which results in the destruction of all forms of microbial life, including highly resistant spores, by the use of an autoclave for a minimum of thirty minutes at 20 pounds of pressure (PSI) at a temperature of 270 degrees Fahrenheit.

Bloodborne Pathogens Standard means OSHA Guidelines contained in 29 CFR 1910.1030, entitled "Occupational Exposure to Bloodborne Pathogens."

Board of Health means the Town of Needham Board of Health and its designated agents.

Board of Health Agent means the Director of Public Health and any town employee designated by the Director, which may include Public Health Department staff, law enforcement officers, fire officials, and code enforcement officials, as well as contractors.

Body Art means the practice of physical body adornment by permitted establishments and practitioners using, but not limited to, the following techniques: body piercing, tattooing, cosmetic tattooing, branding, and scarification. This definition does not include practices that are considered medical procedures by the Board of Registration in Medicine, such as implants under the skin, which procedures are prohibited.

Body Art Establishment or Establishment means a location, place, or business that has been granted a permit by the Board, whether public or private, where the practices of body art are performed, whether or not for profit.

Body Art Practitioner or Practitioner means a specifically identified individual who has been granted a permit by the Board to perform body art in an establishment that has been granted a permit by the Board.

Body Piercing means puncturing or penetrating the skin of a client with pre-sterilized single-use needles and the insertion of pre-sterilized jewelry or other adornment into the opening. This definition excludes piercing of the earlobe with a pre-sterilized single-use stud-and-clasp system manufactured exclusively for ear-piercing.

Braiding means the cutting of strips of skin of a person, which strips are then to be intertwined with one another and placed onto such person so as to cause or allow the incised and interwoven strips of skin to heal in such intertwined condition.

Branding means inducing a pattern of scar tissue by use of a heated material (usually metal) to the skin, making a serious burn, which eventually becomes a scar.

Cleaning area means the area in a Body Art Establishment used in the sterilization, sanitation or other cleaning of instruments or other equipment used for the practice of body art.

Client means a member of the public who requests a body art procedure at a body art establishment.

Contaminated Waste means waste as defined in 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste, State Sanitary Code, Chapter VIII and/or 29 Code of Federal Regulation part 1910.1030. This includes any liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items on which there is dried blood or other potentially infectious material

and which are capable of releasing these materials during handling; sharps and any wastes containing blood or other potentially infectious materials.

Cosmetic Tattooing, which may also be known as *permanent cosmetics*, *micro pigment implantation*, or *dermal pigmentation*, means the implantation of permanent pigment around the eyes, lips and cheeks of the face and hair imitation.

Director means the Director of Public Health.

Disinfectant means a product registered as a disinfectant by the U.S. Environmental Protection Agency (EPA).

Disinfection means the destruction of disease-causing microorganisms on inanimate objects or surfaces, thereby rendering these objects safe for use or handling.

Ear piercing means the puncturing of the lobe of the ear with a pre-sterilized single-use stud-and-clasp ear-piercing system following the manufacturer's instructions.

Equipment means all machinery, including fixtures, containers, vessels, tools, devices, implements, furniture, display and storage areas, sinks, and all other apparatus and appurtenances used in connection with the operation of a body art establishment.

Exposure means an event whereby there is an eye, mouth or other mucus membrane, non-intact skin or parental contact with the blood or bodily fluids of another person or contact of an eye, mouth or other mucous membrane, non-intact skin or parenteral contact with other potentially infectious matter.

Hand Sink means a lavatory equipped with hot and cold running water under pressure, used solely for washing hands, arms, or other portions of the body.

Hot water means water that attains and maintains a temperature 110º-130ºF.

Instruments Used for Body Art means hand pieces, needles, needle bars, and other instruments that may come in contact with a client's body or may be exposed to bodily fluids during any body art procedure.

Invasive means entry into the client’s body either by incision or insertion of any instruments into or through the skin or mucosa, or by any other means intended to puncture, break, or otherwise compromise the skin or mucosa.

Jewelry means any ornament inserted into a newly pierced area, which must be made of surgical implant-grade stainless steel; solid 14k or 18k white or yellow gold, niobium, titanium, or platinum; or a dense, low-porosity plastic, which is free of nicks, scratches, or irregular surfaces and has been properly sterilized prior to use.

Light colored means a light reflectance value of 70 percent or greater.

Microblading is a pulling or swiping motion with a set of slightly curved needles. It results in a fine line or scoring of the skin into which the temporary color is delivered by multiple needles being moved as they rotate through the skin in a slight curve.

Minor means any person under the age of eighteen (18) years.

Mobile Body Art Establishment means any trailer, truck, car, van, camper or other motorized or non-motorized vehicle, a shed, tent, movable structure, bar, home or other facility wherein, or concert, fair, party or other event whereat one desires to or actually does conduct body art procedures.

Operator means any person who individually, or jointly or severally with others, owns, or controls an establishment, but is not a body art practitioner.

Permit means Board approval in writing to either (1) operate a body art establishment or (2) operate as a body art practitioner within a body art establishment. Board approval shall be granted solely for the practice of body art pursuant to these regulations. Said permit is exclusive of the establishment's compliance with other licensing or permitting requirements that may exist within the Board's jurisdiction.

Person means an individual, any form of business or social organization or any other non-governmental legal entity, including but not limited to corporations, partnerships, limited-liability companies, associations, trusts or unincorporated organizations.

Physician means an individual licensed as a qualified physician by the Board of Registration in Medicine pursuant to M.G.L. c. 112 § 2.

Procedure surface means any surface of an inanimate object that contacts the client's unclothed body during a body art procedure, skin preparation of the area adjacent to and including the body art procedure, or any associated work area which may require sanitizing.

Sanitary means clean and free of agents of infection or disease.

Sanitize means the application of a U.S. EPA registered sanitizer on a cleaned surface in accordance with the label instructions.

Scarification means altering skin texture by cutting the skin and controlling the body's healing process in order to produce wounds, which result in permanently raised wheals or bumps known as keloids.

Sharps means any object, sterile or contaminated, that may intentionally or accidentally cut or penetrate the skin or mucosa, including, but not limited to, needle devices, lancets, scalpel blades, razor blades, and broken glass.

Sharps Container means a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and disposal and that is labeled with the International Biohazard Symbol.

Single Use Items means products or items that are intended for one-time, one-person use and are disposed of after use on each client, including, but not limited to, cotton swabs or balls, tissues or paper products, paper or plastic cups, gauze and sanitary coverings, razors, piercing needles, scalpel blades, stencils, ink cups, and protective gloves.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly

resistant bacterial endospores.

Tattoo means the temporary or indelible mark, figure or decorative design introduced by insertion of dyes or pigments into or under the subcutaneous portion of the skin.

Tattooing means any method of placing ink or other pigment into or under the skin or mucosa by the aid of needles or any other instrument used to puncture the skin, resulting in either permanent or temporary coloration of the skin or mucosa. This term includes all forms of cosmetic tattooing.

Temporary Body Art Establishment means the same as Mobile Body Art Establishment.

Three dimensional "3D" Body Art or Beading or Implantation means the form of body art consisting of or requiring the placement, injection or insertion of an object, device or other thing made of matters such as steel, titanium, rubber, latex, plastic, glass or other inert materials, beneath the surface of the skin of a person. This term does not include Body Piercing.

Ultrasonic Cleaning Unit means a unit approved by the Board, physically large enough to fully submerge instruments in liquid, which removes all foreign matter from the instruments by means of high frequency oscillations transmitted through the contained liquid.

Universal Precautions means a set of guidelines and controls, published by the Centers for Disease Control and Prevention (CDC), as "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) to Health Care and Public Safety Workers" in Morbidity and Mortality Weekly Report) (MMWR), June 23, 1989, Vo1.38 No. S 6, and as "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during Exposure Prone Invasive Procedures" in MMWR, July 12,1991, Vo1.40, No. RR 8. This method of infection control requires the employer and the employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other blood pathogens. Precautions include hand washing; gloving; personal protective equipment; injury prevention; and proper handling and disposal of needles, other sharp instruments, and blood and body fluid contaminated products.

SECTION 7.4 EXEMPTIONS

1. Physicians licensed in accordance with M.G.L. c. 112 § 2 who perform body art procedures as part of patient treatment are exempt from these regulations.
2. Individuals who pierce only the lobe of the ear with a pre-sterilized single-use stud-and-clasp ear-piercing system are exempt from these regulations.

SECTION 7.5 RESTRICTIONS

1. Tattooing, piercing of genitalia, branding or scarification may not be performed on a person under the age of 18. [21?]
2. Body piercing, other than piercing the genitalia, may be performed on a person under the age of 18 provided that the person is accompanied by a properly identified parent, legal custodial parent or legal guardian who has signed a form consenting to such procedure. Properly identified shall mean a valid

photo identification of the adult and a birth certificate of the minor.

3. No body art shall be performed upon an animal.
4. The following body piercings are hereby prohibited: piercing of the uvula; piercing of the tracheal area; piercing of the neck; piercing of the ankle; piercing between the ribs or vertebrae; piercing of the web area of the hand or foot; piercing of the lingual frenulum (tongue web); piercing of the clitoris; any form of chest or deep muscle piercings, excluding the nipple; piercing of the anus; piercing of an eyelid, whether top or bottom; piercing of the gums; piercing or skewering of a testicle; so called "deep" piercing of the penis – meaning piercing through the shaft of the penis, or "trans-penis" piercing in any area from the corona glandis to the pubic bone; so called "deep" piercing of the scrotum – meaning piercing through the scrotum, or "transcrotal" piercing; so called "deep" piercing of the vagina.
5. The following practices hereby prohibited unless performed by a medical doctor licensed by the Commonwealth of Massachusetts: tongue splitting; braiding; three dimensional/beading/implementation tooth filing/fracturing/removal/tattooing; cartilage modification; amputation; genital modification; introduction of saline or other liquids.

SECTION 7.6 OPERATION OF BODY ART ESTABLISHMENTS

Unless otherwise ordered or approved by the Board, each body art establishment shall be constructed, operated and maintained to meet the following minimum requirements:

7.6.1 PHYSICAL PLANT

1. Walls, floors, ceilings, and procedure surfaces shall be smooth, durable, free of open holes or cracks, light colored, washable, and in good repair. Walls, floors, and ceilings shall be maintained in a clean condition. All procedure surfaces, including client chairs/benches, shall be of such construction as to be easily cleaned and sanitized after each client.
2. Solid partitions or walls extending from floor to ceiling shall separate the establishment's space from any other room used for human habitation, any food establishment or room where food is prepared, any hair salon, any retail sales, or any other such activity that may cause potential contamination of work surfaces.
3. The establishment shall take all measures necessary to ensure against the presence or breeding of insects, vermin, and rodents within the establishment.
4. Each operator area shall have a minimum of 45 square feet of floor space for each practitioner. Each establishment shall have an area that may be screened from public view for clients requesting privacy. Multiple body art stations shall be separated by a dividers or partition at a minimum.
5. The establishment shall be well ventilated and provided with an artificial light source equivalent to at least 20 foot candles 3 feet off the floor, except that at least 100 foot candles shall be provided at the level where the body art procedure is being performed, and where instruments and sharps are assembled and all cleaning areas.
6. All electrical outlets in operator areas and cleaning areas shall be equipped with approved ground fault (GFCI) protected receptacles.
7. A separate, readily accessible hand sink with hot and cold running water under pressure, preferably equipped with wrist or foot operated controls and supplied with liquid soap, and disposable paper towels stored in fixed dispensers shall be readily accessible within the establishment. Each operator area shall have a hand sink.
8. There shall be a sharps container in each operator area and each cleaning area.

9. There shall be a minimum of one toilet room containing a toilet and sink. The toilet room shall be provided with toilet paper, liquid hand soap and paper towels stored in a fixed dispenser. A body art establishment permanently located within a retail shopping center, or similar setting housing multiple operations within one enclosed structure having shared entrance and exit points, shall not be required to provide a separate toilet room within such body art establishment if Board-approved toilet facilities are located in the retail shopping center within 300 feet of the body art establishment so as to be readily accessible to any client or practitioner.
10. The public water supply entering a body art establishment shall be protected by a testable, reduced pressure back flow preventer installed in accordance with 142 Code of Massachusetts Regulation 248, as amended from time to time.
11. At least one covered, foot operated waste receptacle shall be provided in each operator area and each toilet room. Receptacles in the operator area shall be emptied daily. Solid waste shall be stored in covered, leak-proof, rodent-resistant containers and shall be removed from the premises at least weekly.
12. At least one janitorial sink shall be provided in each body art establishment for use in cleaning the establishment and proper disposal of non-contaminated liquid wastes in accordance with all applicable Federal, state and local laws. Said sink shall be of adequate size equipped with hot and cold running water under pressure and permit the cleaning of the establishment and any equipment used for cleaning.
13. All instruments and supplies shall be stored in clean, dry, and covered containers. Containers shall be kept in a secure area specifically dedicated to the storage of all instruments and supplies.
14. The establishment shall have a cleaning area. Every cleaning area shall have an area for the placement of an autoclave or other sterilization unit located or positioned a minimum of 36 inches from the required ultrasonic cleaning unit.
15. The establishment shall have a customer waiting area, exclusive and separate from any workstation, instrument storage area, cleaning area or any other area in the body art establishment used for body art activity.
16. No animals of any kind shall be allowed in a body art establishment except service animals used by persons with disabilities (e.g., Seeing Eye dogs). Fish aquariums shall be allowed in waiting rooms and nonprocedural areas.
17. Smoking, eating, or drinking is prohibited in the area where body art is performed, with the exception of non-alcoholic fluids being offered to a client during or after a body art procedure.

7.6.2 REQUIREMENTS FOR SINGLE USE ITEMS INCLUDING INKS, DYES AND PIGMENTS

1. Single-use items shall not be used on more than one client for any reason. After use, all single-use sharps shall be immediately disposed of in approved sharps containers pursuant to 105 CMR 480.000.
2. All products applied to the skin, such as but not limited to body art stencils, applicators, gauze and razors, shall be single use and disposable.
3. Hollow bore needles or needles with cannula shall not be reused.
4. All inks, dyes, pigments, solid core needles, and equipment shall be specifically manufactured for performing body art procedures and shall be used according to manufacturer's instructions.
5. Inks, dyes or pigments may be mixed and may only be diluted with water from an approved potable source. Immediately before a tattoo is applied, the quantity of the dye to be used shall be transferred from the dye bottle and placed into single-use paper cups or plastic cups. Upon completion of the tattoo, these single-use cups or caps and their contents shall be discarded.

7.6.3 SANITATION AND STERILIZATION MEASURES AND PROCEDURES

1. All non-disposable instruments used for body art, including all reusable solid core needles, pins and stylets, shall be cleaned thoroughly after each use by scrubbing with an appropriate soap or disinfectant solution and hot water, (to remove blood and tissue residue), and shall be placed in an ultrasonic unit sold for cleaning purposes under approval of the U.S. Food and Drug Administration and operated in accordance with manufacturer's instructions.
2. After being cleaned, all non-disposable instruments used for body art shall be packed individually in sterilizer packs and subsequently sterilized in a steam autoclave sold for medical sterilization purposes under approval of the U.S. Food and Drug Administration. All sterilizer packs shall contain either a sterilizer indicator or internal temperature indicator. Sterilizer packs must be dated with an expiration date not to exceed six (6) months.
3. The autoclave shall be used, cleaned, and maintained according to manufacturer's instruction. A copy of the manufacturer's recommended procedures for the operation of the autoclave must be available for inspection by the Board. Autoclaves shall be located away from workstations or areas frequented by the public.
4. Each holder of a permit to operate a body art establishment shall demonstrate that the autoclave used is capable of attaining sterilization by monthly spore destruction tests. These tests shall be verified through an independent laboratory. The permit shall not be issued or renewed until documentation of the autoclave's ability to destroy spores is received by the Board. These test records shall be retained by the operator for a period of three (3) years and made available to the Board upon request.
5. All instruments used for body art procedures shall remain stored in sterile packages until just prior to the performance of a body art procedure. After sterilization, the instruments used in body art procedures shall be stored in a dry, clean cabinet or other tightly covered container reserved for the storage of such instruments.
6. Sterile instruments may not be used if the package has been breached or after the expiration date without first repackaging and re-sterilizing.
7. If the body art establishment uses only single-use, disposable instruments and products, and uses sterile supplies, an autoclave shall not be required.
8. When assembling instruments used for body art procedures, the operator shall wear sterile, disposable medical gloves and use medically recognized sterile techniques to ensure that the instruments and gloves are not contaminated.
9. Reusable cloth items shall be mechanically washed with detergent and mechanically dried after each use. The cloth items shall be stored in a dry, clean environment until used. Should such items become contaminated directly or indirectly with bodily fluids, the items shall be washed in accordance with standards applicable to hospitals and medical care facilities, at a temperature of 160°F or a temperature of 120°F with the use of chlorine disinfectant.

7.6.4 POSTING REQUIREMENTS

The following shall be prominently displayed:

1. A Disclosure Statement, a model of which shall be available from the Board. A Disclosure Statement shall also be given to each client, advising him/her of the risks and possible consequences of body art procedures.
2. The name, address and phone number of the Needham Public Health Department.
3. An Emergency Plan, including:

a) a plan for the purpose of contacting police, fire or emergency medical services in the event of an emergency;
b) a telephone in good working order shall be easily available and accessible to all employees and clients during all hours of operation; and
c) a sign at or adjacent to the telephone indicating the correct emergency telephone numbers.

4. An occupancy and use permit as issued by the local building official.
5. A current establishment permit.
6. Each practitioner's permit.

7.6.5 ESTABLISHMENT RECORD KEEPING

The establishment shall maintain the following records in a secure place for a minimum of three (3) years, and such records shall be made available to the Board upon request:

1. Establishment information, which shall include:
   a) establishment name;
   b) hours of operation;
   c) owner's name and address;
   d) a complete description of all body art procedures performed; all procedures need written protocol reviewed and approved by the Board of Health;
   e) an inventory of all instruments and body jewelry, all sharps, and all inks used for any and all body art procedures, including names of manufacturers and serial or lot numbers, if applicable. Invoices or packing slips shall satisfy this requirement;
   f) A Material Safety Data Sheet, when available, for each ink and dye used by the establishment;
   g) copies of waste hauler manifests;
   h) copies of commercial biological monitoring tests;
   i) Exposure Incident Report (kept permanently);
   j) a copy of these regulations.
2. Employee information, which shall include:
   a) full legal names and exact duties;
   b) date of birth;
   c) home address;
   d) home /work phone numbers;
   e) identification photograph;
   f) dates of employment;
   g) Hepatitis B vaccination status or declination notification; and
   h) training records
3. Client Information, which shall include:
   a) name;
   b) age and valid photo identification;
   c) address, work and home phone number of the client;
   d) date of the procedure;
   e) name of the practitioner who performed the procedure(s);
   f) description of procedure(s) performed and the location on the body;
   g) a signed consent form as specified by 7(D)(2); and,
   h) if the client is a person under the age of 18, proof of parental or guardian identification,

presence and consent including a copy of the photographic identification of the parent or guardian.

i) Client information shall be kept confidential at all times.

4. Exposure Control Plan:

Each establishment shall create, update, and comply with an Exposure Control Plan. The Plan shall be submitted to the Board for review so as to meet all of the requirements of OSHA regulations, to include, but not limited to, 29 Code of Federal Regulation 1910.1030 OSHA Bloodborne Pathogens Standards et seq, as amended from time to time. A copy of the Plan shall be maintained at the Body Art Establishment at all times and shall be made available to the Board upon request

5. No person shall establish or operate a Mobile or Temporary Body Art Establishment.

SECTION 7.7 **STANDARDS OF PRACTICE**

Practitioners are required to comply with the following minimum health standards:

1. A practitioner shall perform all body art procedures in accordance with Universal Precautions set forth by the U.S Centers for Disease Control and Prevention.
2. A practitioner shall refuse service to any person who may be under the influence of alcohol or drugs.
3. Practitioners who use ear-piercing systems must conform to the manufacturer's directions for use, and to applicable U.S. Food and Drug Administration requirements. No practitioner shall use an ear piercing system on any part of the client's body other than the lobe of the ear.
4. Health History and Client Informed Consent. Prior to performing a body art procedure on a client, the practitioner shall:
5. Inform the client, verbally and in writing that the following health conditions may increase health risks associated with receiving a body art procedure:
    a) history of diabetes;
    b) history of hemophilia (bleeding);
    c) history of skin diseases, skin lesions, or skin sensitivities to soaps, disinfectants etc.;
    d) history of allergies or adverse reactions to pigments, dyes, latex or other sensitivities;
    e) history of epilepsy, seizures, fainting, or narcolepsy;
    f) use of medications such as anticoagulants or low-dose aspirin regime, which thin the blood and/or interfere with blood clotting; and
    g) any other conditions such as hepatitis or HIV.

6. Require that the client sign a form confirming that the above information was provided, that the client does not have a condition that prevents them from receiving body art, that the client consents to the performance of the body art procedure and that the client has been given the aftercare instructions as required by section 7(K).
7. A practitioner shall maintain the highest degree of personal cleanliness, conform to best standard hygienic practices, and wear clean clothes when performing body art procedures. Before performing body art procedures, the practitioner must thoroughly wash their hands in hot running water with liquid soap, then rinse hands and dry with disposable paper towels. This shall be done as often as

necessary to remove contaminants.

8. All practitioners should be properly immunized against hepatitis B virus (HBV).
9. All procedures performed at the establishment shall have a written protocol which is reviewed and approved by the Board of Health.
10. A practitioner shall wear disposable, single use medical gloves to prepare the body art site and sterile, disposable single-use gloves to perform the procedure. Gloves shall be changed if they become pierced, torn, or otherwise contaminated by contact with any unclean surfaces or objects or by contact with a third person.
11. The gloves shall be discarded, at a minimum, after the completion of each procedure on an individual client, and hands shall be washed in accordance with section (E) before the next set of gloves is put on.
12. Under no circumstances shall a single pair of gloves be used on more than one person. The use of disposable single-use gloves does not preclude or substitute for hand washing procedures as part of a good personal hygiene program.
13. The skin of the practitioner shall be free of rash or infection. No practitioner affected with boils, infected wounds, open sores, abrasions, weeping dermatological lesions or acute respiratory infection shall work in any area of a body art establishment in any capacity in which there is a likelihood that that person could contaminate body art equipment, supplies, or working surfaces with body substances or pathogenic organisms.
14. Any item or instrument used for body art that is contaminated during the procedure shall be discarded and replaced immediately with a new disposable item or a new sterilized instrument or item before the procedure resumes.
15. Preparation and care of a client's skin area must comply with the following:
    a) Any skin or mucosa surface to receive a body art procedure shall be free of rash or any visible infection.
    b) Before a body art procedure is performed, the immediate skin area and the areas of skin surrounding where body art procedure is to be placed shall be washed with soap and water or an approved surgical skin preparation.
    c) If shaving is necessary, single-use disposable razors shall be used. Following shaving, the skin and surrounding area shall be washed with soap and water.
    d) The washing pad shall be discarded after a single use.
    e) In the event of bleeding, all products used to stop the bleeding or to absorb blood shall be single use, and discarded immediately after use in appropriate covered containers, and disposed of in accordance with 105 CMR 480.000.

16. Petroleum jellies, soaps, and other products used in the application of stencils shall be dispensed and applied on the area to receive a body art procedure with sterile gauze or other sterile applicator to prevent contamination of the original container and its contents. The applicator or gauze shall be used once and then discarded.
17. The practitioner shall provide each client with verbal and written instructions on the aftercare of the body art site. The written instructions shall advise the client:
    a) on the proper cleansing of the area which received the body art;
    b) to consult a health care provider for:
        1. unexpected redness, tenderness or swelling at the site of the body art procedure;
        2. any rash;
        3. unexpected drainage at or from the site of the body art procedure; or
        4. a fever within 24 hours of the body art procedure; and
        5. of the address, and phone number of the establishment.

6. A copy shall be provided to the client. A model set of aftercare instructions shall be made available by the Board.

18. Contaminated waste shall be stored, treated and disposed in accordance with 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waster, State Sanitary Code, Chapter VIII.

SECTION 7.8 EXPOSURE INCIDENT REPORT

An Exposure Incident Report shall be completed by the close of the business day during which an exposure has or might have taken place by the involved or knowledgeable body art practitioner for every exposure incident occurring in the conduct of any body art activity. Each Exposure Incident Report shall contain:

1. A copy of the application and consent form for body art activity completed by any client or minor client involved in the exposure incident;
2. A full description of the exposure incident, including the portion of the body involved therein;
3. Instrument(s) or other equipment implicated;
4. A copy of body art practitioner license of the involved body art practitioner;
5. Date and time of exposure;
6. A copy of any medical history released to the body art establishment or body art practitioner; and
7. Information regarding any recommendation to refer to a physician or waiver to consult a physician by persons involved.

SECTION 7.9 INJURY AND/OR COMPLICATION REPORTS

A written report of any injury, infection complication or disease as a result of a body art procedure, or complaint of injury, infection complication or disease, shall be forwarded by the operator to the Board which issued the permit, with a copy to the injured client within five working days of its occurrence or knowledge thereof. The report shall include:

1. the name of the affected client;
2. the name and location of the body art establishment involved;
3. the nature of the injury, infection complication or disease;
4. the nature of the advice given to the client;
5. the name and address of the affected client's health care provider, if any;
6. any other information considered relevant to the situation.

SECTION 7.10 COMPLAINTS

1. The Board shall investigate complaints received about an establishment or practitioner's practices or acts, which may violate any provision of the Board's regulations.
2. If the Board finds that an investigation is not required because the alleged act or practice is not in violation of the Board's regulations, then the Board shall notify the complainant of this finding and the reasons on which it is based.
3. If the Board finds that an investigation is required, because the alleged act or practice may be in

violation of the Board's regulations, the Board shall investigate and if a finding is made that the act or practice is in violation of the Board's regulations, then the Board shall apply whatever enforcement action is appropriate to remedy the situation and shall notify the complainant of its action in this manner.

SECTION 7.11 **APPLICATION FOR BODY ART ESTABLISHMENT PERMIT**

1. No person may operate a body art establishment except with a valid permit from the Board.
2. Applications for a permit shall be made on forms prescribed by and available from the Board. An applicant shall submit all information required by the form and accompanying instructions. The term "application" as used herein shall include the original and renewal applications.
3. An establishment permit shall be valid from the date of issuance and for no longer than one year unless revoked sooner by the Board.
4. The Board shall require that the applicant provide, at a minimum, the following information in order to be issued an establishment permit:
    a) Name, address, and telephone number of:
        1. the body art establishment;
        2. the operator of the establishment; and
        3. the body art practitioner(s) working at the establishment;
    b) The manufacturer, model number, model year, and serial number, where applicable, of the autoclave used in the establishment;
    c) A signed and dated acknowledgement that the applicant has received, read and understood
    d) the requirements of the Board's body art regulations;
    e) A drawing of the floor plan of the proposed establishment to scale for a plan review by the Board, as part of the permit application process; and,
    f) Exposure Report Plan
    g) Such additional information as the Board may reasonably require.
5. The annual fee for the Body Art Establishment Permit shall be $200.
6. A permit for a body art establishment shall not be transferable from one place or person to another.

SECTION 7.12 **APPLICATION FOR BODY ART PRACTITIONER PERMIT**

1. No person shall practice body art or perform any body art procedure without first obtaining a practitioner permit from the Board. The Board shall set a reasonable fee for such permits.
2. A practitioner shall be a minimum of 18 years of age.
3. A practitioner permit shall be valid from the date of issuance and shall expire no later than one year from the date of issuance unless revoked sooner by the Board.
4. Application for a practitioner permit shall include:
    a) name;
    b) date of birth;
    c) residence address;
    d) mailing address;
    e) phone number;
    f) place(s) of employment as a practitioner; and
    g) training and/or experience as set out in (E) below.

7.12.1 **Practitioner Training and Experience**

1. In reviewing an application for a practitioner permit, the Board may consider experience, training and/or certification acquired in other states that regulate body art.
    a) Training for all practitioners shall be approved by the Board and, at a minimum, shall include the following:
    b) bloodborne pathogen training program (or equivalent) which includes infectious disease control; waste disposal; hand washing techniques; sterilization equipment operation and methods;
    c) and sanitization, disinfection and sterilization methods and techniques; and
    d) Current certification in First Aid and cardiopulmonary resuscitation (CPR).
    e) Examples of courses approved by the Board include "Preventing Disease Transmission" (American Red Cross) and "Bloodborne Pathogen Training" (U.S. OSHA). Training/courses provided by professional body art organizations or associations or by equipment manufacturers may also be submitted to the Board for approval.

2. The applicant for a body piercing practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy and physiology with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity. This course must include instruction on the system of the integumentary system (skin).
3. The applicant for a tattoo, branding or scarification practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy and physiology with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity. This course must include instruction on the system of the integumentary system (skin). Such other course or program as the Board shall deem appropriate and acceptable may be substituted for the anatomy course.
4. The applicant for all practitioners shall submit evidence satisfactory to the Board of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth.
5. A practitioner's permit shall be conditioned upon continued compliance with all applicable provisions of these rules and regulations.
6. The annual fee for the Body Art Practitioner Permit shall be set at the level determined by the Board of Health in its fee schedule, which shall be adjusted from time to time.

SECTION 7.13 **GROUNDS FOR SUSPENSION, DENIAL, REVOCATION, OR REFUSAL TO RENEW PERMIT**

1. The Board may suspend a permit, deny a permit, revoke a permit or refuse to renew a permit on the following grounds, each of which, in and of itself, shall constitute full and adequate grounds for suspension, denial, revocation or refusal to renew:
    a) any actions which would indicate that the health or safety of the public would be at risk;
    b) fraud, deceit or misrepresentation in obtaining a permit, or its renewal;
    c) criminal conduct which the Board determines to be of such a nature as to render the establishment, practitioner or applicant unfit to practice body art as evidenced by criminal

proceedings resulting in a conviction, guilty plea, or plea of nolo contendere or an admission of sufficient facts;

d) any present or past violation of the Board's regulations governing the practice of body art;
e) practicing body art while the ability to practice is impaired by alcohol, drugs, physical disability or mental instability;
f) being habitually drunk or being dependent on, or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects;
g) knowingly permitting, aiding or abetting an unauthorized person to perform activities requiring a permit;
h) continuing to practice while his/her permit is lapsed, suspended, or revoked;
i) having been disciplined in another jurisdiction in any way by the proper permitting authority for reasons substantially the same as those set forth in the Board's regulations; and
j) other just and sufficient cause which the Board may determine would render the establishment, practitioner or applicant unfit to practice body art;

2. The Board shall notify an applicant, establishment or practitioner in writing of any violation of the Board's regulations, for which the Board intends to deny, revoke, or refuse to renew a permit. The applicant, establishment or practitioner shall have seven (7) days after receipt of such written notice in which to comply with the Board's regulations. The Board may deny, revoke or refuse to renew a permit, if the applicant, establishment or practitioner fails to comply after said seven (7) days subject to the procedure outlined in Section 15.
3. Applicants denied a permit may reapply at any time after denial.

SECTION 7.14 GROUNDS FOR SUSPENSION OF PERMIT

The Board may summarily suspend a permit pending a final hearing on the merits on the question of revocation if, based on the evidence before it, the Board determines that an establishment and/or a practitioner is an immediate and serious threat to the public health, safety or welfare. The suspension of a permit shall take effect immediately upon written notice of such suspension by the Board.

SECTION 7.15 PROCEDURE FOR HEARINGS

The owner of the establishment or practitioner shall be given written notice of the Board's intent to hold a hearing for the purpose of suspension, revocation, denial or refusal to renew a permit. This written notice shall be served through a certified letter sent return receipt requested or by constable. The notice shall include the date, time and place of the hearing and the owner of the establishment or practitioner's right to be heard. The Board shall hold the hearing no later than 21 days from the date the written notice is received.

In the case of a suspension of a permit as noted in Section 13, a hearing shall be scheduled no later than 21 days from the date of the suspension.

SECTION 7.16 SEVERABILITY

If any provision contained in the model regulations is deemed invalid for any reason, it shall be severed and

shall not affect the validity of the remaining provisions.

SECTION 7.17 **FINE FOR VIOLATION**

Any person or entity violating any term or condition of this Board of Health regulation, shall be subject to a fine of fifty dollars ($50) for the first violation and a fine of one hundred dollars ($100) for the second violation, and increasing for each subsequent violation up to the amount of three hundred dollars ($300). Each day that a violation continues shall constitute a separate and distinct offense.

SECTION 7.18 **NON-CRIMINAL DISPOSITION**

In accordance with MGL chapter 40, section 21D and Article 9 of the Town of Needham General By-Laws, whoever violates any provision of these Rules and Regulations may be penalized by non-criminal disposition.

SECTION 7.19 **EFFECTIVE DATE**

These rules and regulations became effective as of February 8, 2001. A revised definition section, along with minor content edits and format revisions, was approved by a [unanimous] vote of the Board of Health on [July 29, 2016] and the amended regulation became effective on August 1, 2016. Adoption of the revised regulation occurred following open meetings held on May 13, 2016 and on June 17, 2016, and a public hearing on [July 29, 2016].

Board of Health

ARTICLE 22 REGULATION FOR RESTRICTION OF SYNTHETIC DRUGS

SECTION 22.1 AUTHORITY

This regulation is promulgated under the authority granted to the Needham Board of Health under Massachusetts General Laws Chapter 111, Section 31 which states that "boards of health may make reasonable health regulations".

SECTION 22.2 PURPOSE

The Needham Board of Health has found that synthetic drugs, consisting of plant or other material treated with various chemicals or other synthetic substances not approved for human consumption, may be marketed and sold as herbal incense in the greater Boston area, although they are being used in the same manner and for the same purposes as scheduled drugs. In addition, the use of these products has become particularly popular among teens and young adults.

Based on information and reports from hospitals, emergency physicians, and police agencies, individuals who use these products experience dangerous side effects including convulsions, hallucinations, and dangerously elevated heart rates. This is evidence that synthetic drug products are harmful if inhaled or consumed, and present a significant public health danger. These synthetic compounds and others have a high potential for abuse and lack of any accepted medical use, these dangerous products, while not approved for human consumption, are marketed and sold in a form that allows for such consumption, putting at risk the individuals who come into contact with them.

Therefore, the Needham Board of Health adopts this regulation for the purpose and with the intent to protect the public health and safety of the Town of Needham and its residents from the threat posed by the availability and use of synthetic drugs, synthetic stimulants, synthetic

hallucinogens, and other dangerous products by prohibiting persons from trafficking in, possessing, and using them within the town.

SECTION 22.3 DEFINITIONS

Unless otherwise indicated, terms used throughout this regulation shall be defined as they are the federal Controlled Substances Act (21 U.S.C. Chapter 13 § 801et seq.) or in its Massachusetts analog (M.G.L. Chapter 94C).

Act means the federal Controlled Substances Act (21 U.S.C. Chapter 13 § 801et seq.).

Analog or analogue means a comparable item or substance.

Board of Health means the Town of Needham Board of Health and its designated agents.

Board of Health Agent means the Director of Public Health and any town employee or contractor designated by the Director, which may include Public Health Department staff, law enforcement officers, fire officials, and code enforcement officials.

Chemical agent means any chemical or organic compound, substance, or agent that is not made, intended and approved for consumption by humans.

Consumable product or material means a product or material, that regardless of packaging disclaimers or disclosures that it is not for human consumption or use, is in a form that readily allows for human consumption by inhalation, ingestion, injection, or application, through means including but not limited to smoking, or ingestion by mouth with or without mixing with food or drink.

Controlled substance means a substance included as a controlled substance in schedules 1 through 5 of the Act or a substance temporarily scheduled or rescheduled as a controlled substance as provided in the Act.

Controlled substance analogue has the same meaning as defined in the Act, which is a substance, the chemical structure of which is substantially similar to that of a controlled substance in schedules 1 and 5 of the Act.

Dangerous product means a consumable product or material containing a dangerous substance, including, but not limited to, cannabinoids, stimulants, psychedelic hallucinogens, and synthetic chemical agents as outlined in the subsequent Prohibitions.

Director means the Director of Public Health

Traffic and *trafficking* means to manufacture, distribute, dispense, sell, transfer, or possess with intent to manufacture, distribute, dispense, sell, or transfer.

Transfer means to dispose of a dangerous product to another person without consideration and not in furtherance of commercial distribution.

SECTION 22.4 PROHIBITIONS

It shall be unlawful to possess, sell, deliver, transfer, or attempt to possess, sell, or deliver these synthetic drugs within the Town of Needham unless authorized by a regulatory authority having jurisdiction or statutory oversight (such as the federal Food and Drug Administration). These may include, but are not limited:

- A synthetic cannabinoid or any laboratory-created compound that functions similarly to the active ingredient in marijuana, tetrahydrocannabinol (THC).

- A synthetic stimulant or any compound that mimics the effects of any federally controlled Schedule I substance.

- A synthetic psychedelic/hallucinogen or compound that mimics the effects of any federally controlled Schedule I substance.

- Any other substance which mimics the effects of any controlled.

- All parts of the plant presently classified botanically as salvia divinorum.

- Any similar substances to the above which when inhaled, or otherwise ingested, may produce intoxication, stupefaction, giddiness, paralysis, irrational behavior, or in any manner, changes, distorts, or disturbs the auditory, visual, or mental process, and which has no other apparent legitimate purpose for consumers.

- A product containing a substance that is defined herein, but not limited to the examples of brand names or identifiers listed within Exhibit "A" attached hereto and incorporated herein. Each year, or from time to time as may be required, the list of such substances may be redefined, so as to be representative of any products which may have been altered by the changing nature of chemicals in manufacture, and such lists will be available to the public. This list will be provided by the Director of Public Health in consultation with the Chief of the Needham Police Department (please see Appendix A).

- Public display for the sale of such dangerous products in unlawful. It shall be unlawful for any store owner, store manager, store purchasing agent or any other person to publicly display for sale any natural or synthetic materials defined in this article. Any dangerous product housed within a facility, shall be assumed for sale, and shall constitute a separate violation of this Board of Health regulation.

SECTION 22.5 DANGEROUS PRODUCT EXEMPTION

The following shall be exempt from section 22.4 herein.

1. A physician, dentist, optometrist, pharmacist, scientific investigator or other person who is licensed, registered, or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, or to administer a dangerous product as defined herein in the course of professional practice or research.

2. A pharmacy, hospital or other institution licensed, registered, or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, or to administer a dangerous product as defined herein in the course of professional practice or research.

3. Any product that meets the definitions outlined in Section 22.4 above but which has been lawfully prescribed by a physician, dentist, optometrist, pharmacist, scientific investigator or other person who is licensed, registered, or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, or to administer a dangerous product operating within the scopes of their authority and professional responsibility.

SECTION 22.6 RIGHT OF ENTRY

The Director of Public Health of the Town of Needham and his designated agents, especially the Chief of Police, the may enter upon any privately owned property, which serves the public, for the purpose of performing their duties under this Board of Health regulation.

SECTION 22.7 ENFORCEMENT

This regulation may be enforced by the Director and his/her designated agents, especially the Chief of Police for the Town of Needham and his law enforcement staff as well as other code enforcement personnel so designated by the Director.

In addition to the restrictions defined herein, the Director and his/her designated agents may consider these items as violations of this section.

a) Refusal to permit an agent of the Board of Health to inspect the facility or any part thereof;
b) Interference with an agent of the Board of Health in the performance of their duty under this regulation;
c) The facility owner, operator, or employee's failure to comply with this regulation; and
d) Keeping or submitting any misleading or false records, documents, or verbally stating false information related to the possession or sale of synthetic drugs or other dangerous products.

Any resident who desires to register a complaint pursuant to this Regulation may do so by contacting the Board of Health, the Public Health Department, or the Needham Police Department.

SECTION 22.8 FINES FOR VIOLATIONS OF ORDERS AND SUSPENSIONS

Any person or entity violating any term or condition of this Board of Health regulation, shall be subject to a fine of fifty dollars ($50) for the first violation and a fine of one hundred dollars ($100) for the second violation, and increasing for each subsequent violation up to the amount of three hundred dollars ($300). Each day that a violation continues shall constitute a separate and distinct offense.

This regulation shall be enforced pursuant to M.G.L. Chapter 40, section 21D, as a noncriminal offense, or may be punished under M.G.L. Chapter 111, section 31 as a criminal offense in which the criminal fine imposed shall not exceed $1,000.

SECTION 22.9 SEVERABILITY

If any word, clause, phrase, sentence, paragraph, or section of this Board of Health regulation shall be declared invalid for any reason whatsoever, that portion shall be severed and all other provisions of this regulation shall remain in full effect.

SECTION 22.10 COMMUNITY PARTNERSHIP

Any police officer, code enforcement officer, physician, nurse, or other concerned individual that has knowledge of the sale or possession of a dangerous product within the Town of Needham may inform the Needham Police Department by calling 781-455-7570 and following the prompt for 'Detectives' or by calling the Public Health Department Main Line at 781-455-7500 x511 and informing them of the location of the dangerous product. Nothing within this subsection shall be enforced herein, but considered goodwill toward the betterment of the community.

SECTION 22.11 EFFECTIVE DATE

This regulation shall take effect upon September 1, 2016. This regulation was discussed in open meetings on May 13, 2016 and on June 17, 2016. A public hearing regarding this regulation was conducted on [July 29, 2016]. This regulation was approved by a [unanimous] vote of the Board of Health on [July 29, 2016].

Appendix A (June 2016)

2010		8-Ball
Aztec Gold	Aztec Midnight Wind	Tezcatlipoca
Back Draft	Bad 2 the Bone	Banana Cream Nuke
Bayou Blaster	Black Diamond	Black Magic Salvia
Black Mamba	Blueberry Hayze	Bombay Blue
Buzz	C3	C4 Herbal Incense
Caneff	Cherry Bomb	Chill X
Chronic Spice	Cill Out	Citrus
Colorado Chronic	DaBlock	Dark Night II
Demon	Diamond Spirit	Dragon Spice
D-Rail	Dream	Earthquake
Eruption Spice	Euphoria	exSES
EX-SES Platinum	EX-SES Platinum Blueberry	EX-SES Platinum Cherry
EX-SES Platinum Strawberry	EX-SES Platinum Vanilla	Fire Bird Ultimate Strength Cinnamon
Forest Humus	Freedom	Fully Loaded
Funky Monkey	Funky Monkey XXXX	G Four
G Greenies Caramel Crunch	Genie	Gold Spirit Spice
Green Monkey Chronic Salvia	Greenies Strawberry	Heaven Improved
Heavenscent Suave	Humboldt Gold	Jamaican Gold
K Royal	K1 Gravity	K1 Orbit
K2	K2 (unknown variety)	K2 Amazonian Shelter
K2 Blonde	K2 Blue	K2 Blueberry
K2 Citron	K2 Cloud 9	K2 Kryptonite
K2 Latte	K2 Mellon	K2 Mint
K2 Orisha Black Magic Max	K2 Orisha Max	K2 Orisha Regular
K2 orisha Super	K2 Orisha White Magic Super	K2 Peach
K2 Pina Colada	K2 Pineapple	K2 Pineapple Express
K2 Pink	K2 Pink Panties	K2 Sex
K2 Silver	K2 Solid Sex on the Mountain	K2 Standard
K2 Strawberry	K2 Summit	K2 Summit Coffee Wonk
K2 Thai Dream	K2 Ultra	K2 Watermelon
K3	K3 Blueberry	K3 Cosmic Blend
K3 Dusk	K3 Grape	K3 Heaven Improved
K3 Heaven Legal	K3 Kryptonite	K3 Legal
K3 Legal- Original (Black)	K3 Legal- Earth (silver)	K3 Legal- Sea (silver)
K3 Legal- Sun (Black)	K3 Mango	K3 Original
K3 Original Improved	K3 Strawberry	K3 Sun
K3 Sun Improved	K3 Sun Legal	K3 XXX
K4 Bubble Bubble	K4 Gold	K4 purple Haze
K4 Silver	K4 Summit	K4 Summit Remix

Kind Spice	Legal Eagle	Legal Eagle Apple Pie
Love Potion 69	Love Strawberry	Magic Dragon Platinum
Magic Gold	Magic Silver	Magic Spice
Mega Bomb	Mid-Atlantic Exemplar	Mid-Atlantic Exemplar (K2 Summit)
Midnight Chill	MNGB Almond/Vanilla	MNGB Peppermint
MNGB Pinata Colada	MNGB Spear Mint	MNGB Tropical Thunder
Moe Joe Fire	Mojo	Mr. Smiley's
MTN-787	Mystery	Naughty Nights
New Improved K3	New Improved K3 Cosmic Blend	New Improved K3 Dynamite
New Improved K3 Kryptonite	New K3 Earth	New K3 heaven
New K3 Improved	New K3 Sea Improved	New-Kron Bomb
Nitro	Ocean Blue	P O W
p.e.p. pourri Love Strawberry	p.e.p. pourri Original Spearmint	p.e.p. pourri Twisted Vanilla
p.e.p. pourri X Blueberry	Paradise	Pink Tiger
Potpourri	Potpourri Gold	Pulse
Rasta Citrus Spice	Rebel Spice	Red Bird
S1. S Werve	Samurai Spirit	Sativah
Scope Vanilla	Scope Wildberry	Sence
Shanti Spice	Shanti Spice Blueberry	Silent Black
Skunk	Smoke	Smoke Plus
Space	Spice Artic Synergy	Spice Diamond
Spice Gold	Spice Silver	Spice Tropical Synergy
Spicey Regular XXX Blueberry	Spicey Regular XXX Strawberry	Spicey Ultra Strong XXX Strawberry
Spicylicious	Spike 99	Spike 99 Ultra
Spike 99 Ultra Blueberry	Spike 99 Ultra Cherry	Spike 99 Ultra Strawberry
Spike Diamond	Spike Gold	Spike Maxx
Spike Silver	Stinger	Summer Skyy
Super Kush	Super Summit	Swagger Grape
SYN Chill	SYN Incense LemonLime	SYN Incense Smooth
SYN Incense Spearmint	SYN Lemon Lime	SYN Lemon Lime #2
SYN Smooth	SYN Spearmint	SYN Spearmint #2
SYN Swagg	SYN Vanilla	SYN Vanilla #2
Texas Gold	Time Warp	Tribal Warrior
Ultra Cloud 10	Utopia	Utopia- Blue Berry
Voo Doo Remix (black package)	Voo Doo Remix (orange package)	Voodoo Child
Voodoo Magic	Voodoo Remix	Who Dat
Who Dat Herbal Incense	Wicked X	Winter Boost
Wood Stock	XTREME Spice	Yucatan Fire
Zombie World		

Appendix B (June 2016)

Additional detail of Section 22.4, which states that: It shall be unlawful to possess, sell, deliver, transfer, or attempt to possess, sell, or deliver these synthetic drugs within the Town of Needham.

- A synthetic cannabinoid or any laboratory-created compound that functions similarly to the active ingredient in marijuana, tetrahydrocannabinol (THC), including, but not limited to, any quantity of a synthetic substance, compound, mixture, preparation, or analog (including isomers, esters, ethers, salts, and salts of isomers) containing a cannabinoid receptor agonist. The trade names of such synthetic cannabinoid compounds include, but are not limited to:

  a) 2NE1;
  b) 5-bromopentyl-UR-144, 5-bromo-UR-144;
     5-chloropentyl-UR-144, 5-chloro-UR-144;
     5-fluoropentyl-UR-144, 5-fluoro-UR-144;
  c) A-796,260; A-834,735; A-836,339; AB-001; AB-034; AKB-48; AM-087; AM-356 (methanandamide); AM-411; AM-630; AM-661; AM-679; AM-694; AM-855; AM-905; AM-906; AM-1220; AM-1221; AM-1235; AM-1241; AM-1248; AM-2201; AM-2232; AM-2233; AM-2389;
  d) BAY 38-7271;
  e) Cannabipiperidiethanone; CB-13, SAB-378; CP 47,497 and its homologues; CP 50,556-1 (levonantradol); CP 55,490; CP 55,940; CP 56,667;
  f) HU-210; HU-211 (dexanabinol); HU-210; HU-211; HU-243; HU-308; HU-331;
  g) JTE-907;
  h) JWH cannabinoid compounds from JWH-001 through JWH-424;
  i) MAM-2201;
  j) RCS-4, SR-19; RCS-8;
  k) STS-135;
  l) UR-144; fluoro-UR-144; 5-fluoro-UR-144; URB-597; URB-602; URB-754; URB-937
  m) WIN 48,098 (pravadoline); WIN 55,212-2;
  n) XLR-11.

- A synthetic stimulant or any compound that mimics the effects of any federally controlled Schedule I substance such as cathinone, methcathinone, MDMA and MDEA, including, but not limited to, any quantity of a natural or synthetic substance, compound, mixture, preparation, or analog (including salts, isomers, and salts of isomers) containing central nervous system stimulants. The trade names of such synthetic stimulants include, but are not limited to:

  a) 2-diphenylmethylpyrrolidine; 2-DPMP; 2-FMC;

b) 3,4-DMMC; 3-FMC;
c) 4-EMC; 4-FMC (flephedrone); 4-MBC (benzedrone); 4-MEC; 4-MeMABP;
d) Alpha-PBP; alpha-PPP; alpha-PVP; amfepramone, diethylcathinone, or diethylpropion;
e) BZ-6378; buphedrone; bk-MBDB (butylone); BZP;
f) D2PM; dimethocaine; DMBDB, bk-DMBDB, or dibutylone; DMEC; DMMC;
g) Ephedrone; ethcathinone; ethylethcathinone; ethylmethcathinone; ethylone; eutylone;
h) Fluorococaine; fluoroethcathinone; fluoroisocathinone;
i) HMMC;
j) Isopentedrone;
k) MaPPP, 4-MePPP, or MPPP; MBP; MBZP; MDAI; MDAT; MDDMA; MDMC; MDPBP; MDPPP; MDPV; MDPK; MEC; mephedrone or 4-MMC; metamfepramone or N,N-DMMC; methedrone, bk-PMMA, or PMMC; methylone, bk-MDMA, or MDMC; MOMC; MOPPP; MPBP;
l) N-ethyl-N-methylcathinone; NEB; NRG-1 (naphyrone); NRG-2;
m) Pentedrone; pentylone.

- A synthetic psychedelic/hallucinogen or compound that mimics the effects of any federally controlled Schedule I substance, including but not limited to, any quantity of a natural of synthetic material, compound, mixture, preparation, substance and their analog (including salts, isomers, esters, ethers and salts of isomers) containing substances which have a psychedelic/hallucinogenic effect on the central nervous system and/or brain. Trade names of such synthetic hallucinogens include, but are not limited to: 2C-C, 2C-D, 2C-E, 2C-H, 2C-I, 2C-N, 2C-P, 2C-T-2, and 2C-T-4.

- Any other substance which mimics the effects of any controlled substance (such as opiates, hallucinogenic substances, methamphetamine, MDMA, cocaine, PCP, cannabinoids, and tetrahydrocannabinols), including, but not limited to, “bath salts,” “plant food,” “incense,” or “insect repellant,” but excluding legitimate bath salts containing as the main ingredient the chemicals sodium chloride (sea salt) and/or magnesium sulfate (Epsom salts), or legitimate plant foods or insect repellant, or legitimate incense used as an odor elimination product.

- Salvia divinorum or salvinorum A; all parts of the plant presently classified botanically as salvia divinorum, whether growing or not; any extract from any part of such plant, and every compound, manufacture, salts derivative, mixture, or preparation of such plant, its seeds, or extracts.

- Any similar substances to the above which when inhaled, or otherwise ingested, may produce intoxication, stupefaction, giddiness, paralysis, irrational behavior, or in any manner, changes, distorts, or disturbs the auditory, visual, or mental process, and which has no other apparent legitimate purpose for consumers.

- A product containing a substance that is defined herein, but not limited to the examples of brand names or identifiers listed within Exhibit “A” attached hereto and incorporated herein. Each year, or from time to time as may be required, the list of such substances may be redefined, so as to be representative of any products which may have been altered by the changing nature of chemicals in manufacture, and such lists will be available to the public. This list will be provided by the Director of Public Health in consultation with the Chief of the Needham Police Department (please see Appendix A).

- Public display for the sale of such dangerous products in unlawful. It shall be unlawful for any store owner, store manager, store purchasing agent or any other person to publicly display for sale any natural or synthetic materials defined in this article. Any dangerous product housed within a facility, shall be assumed for sale, and shall constitute a separate violation of this Board of Health regulation.

Board of Health

ARTICLE 23 REGULATION FOR THE RESTRICTION OF DRUG PARAPHERNALIA

SECTION 23.1 AUTHORITY

This regulation is promulgated under the authority granted to the Needham Board of Health under Massachusetts General Laws Chapter 111, Section 31 which states that "boards of health may make reasonable health regulations".

SECTION 23.2 PURPOSE

The Needham Board of Health has found that the availability and use of controlled substances are a threat to the public health and the community well-being of the Needham and that drug paraphernalia facilitates the use of controlled substances, chemical agents, and dangerous products in a manner that jeopardizes personal health. Therefore the Board of Health adopts this regulation for the purpose and with the intent to protect the public health and safety of the Town of Needham and its residents from the threat posed by the availability and use of drug paraphernalia by prohibiting persons from trafficking in, possessing, and using them within the town.

SECTION 22.3 DEFINITIONS

Unless otherwise indicated, terms used throughout this regulation shall be defined as they are the federal Controlled Substances Act (21 U.S.C. Chapter 13 § 801et seq.) or in its Massachusetts analog (M.G.L. Chapter 94C).

Act means the federal Controlled Substances Act (21 U.S.C. Chapter 13 § 801et seq.).

Board of Health means the Town of Needham Board of Health and its designated agents.

Board of Health Agent means the Director of Public Health and any town employee designated by the Director, which may include Public Health Department staff, law enforcement officers, fire officials, and code enforcement officials, as well as contractors.

Chemical agent means any chemical or organic compound, substance, or agent that is not made, intended and approved for consumption by humans.

Consumable product or material means a product or material, that regardless of packaging disclaimers or disclosures that it is not for human consumption or use, is in a form that readily allows for human consumption by inhalation, ingestion, injection, or application, through means including but not limited to smoking, or ingestion by mouth with or without mixing with food or drink.

Controlled substance means a substance included as a controlled substance in schedules 1 through 5 of the Act or a substance temporarily scheduled or rescheduled as a controlled substance as provided in the Act.

Controlled substance analogue has the same meaning as defined in the Act, which is a substance, the chemical structure of which is substantially similar to that of a controlled substance in schedules 1 and 2 of the Act.

Dangerous product means a consumable product or material containing a dangerous substance, including, but not limited to, cannabinoids, stimulants, psychedelic hallucinogens, and synthetic chemical agents as outlined in the subsequent Prohibitions.

Director means the Director of Public Health.

Drug Paraphernalia means all equipment, products and materials of any kinds that are used to facilitate, or intended or designed to facilitate, violations of the Controlled Substances Act, including planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, and concealing dangerous products and injecting, ingesting, inhaling, or otherwise introducing dangerous products into the human body. "Drug paraphernalia" includes, but is not limited to, the following:

A. Kits for planting, propagating, cultivating, growing, or harvesting any species of plant which is a controlled substance or from which a controlled substance can be derived;
B. Kits for manufacturing, compounding, converting, producing, processing, or preparing dangerous products;
C. Isomerization devices for increasing the potency of any species of plant which is a dangerous product;
D. Testing equipment for identifying, or analyzing the strength, effectiveness, or purity of dangerous products;
E. Scales and balances for weighing or measuring dangerous products;
F. Diluents and adulterants, such as quinine, hydrochloride, mannitol, mannite, dextrose, and lactose for mixing with dangerous products;
G. Separation gins and sifters for removing twigs and seeds from, or otherwise cleaning or refining, any species of plant which is a dangerous product;

H. Blenders, bowls, containers, spoons, and mixing devices for compounding dangerous products;
I. Capsules, balloons, envelopes and other containers for packaging small quantities of dangerous products;
J. Containers and other objects for storing or concealing dangerous products;
K. Objects for ingesting, inhaling, or otherwise introducing dangerous products into the body, such as:
    i. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;
    ii. Water pipes;
    iii. Carburetion tubes and devices;
    iv. Smoking and carburetion masks;
    v. Objects, commonly called roach clips, for holding burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;
    vi. Miniature cocaine spoons and cocaine vials;
    vii. Chamber pipes;
    viii. Carburetor pipes;
    ix. Electric pipes;
    x. Air-driven pipes;
    xi. Chillums;
    xii. Bongs;
    xiii. Ice pipes or chillers.

The following, along with all relevant evidence, may be considered in determining whether an object is drug paraphernalia:

a) Statements by the owner or anyone in control of the object concerning its use;
b) The proximity of the object to a violation of the Controlled Substances Act;
c) The proximity of the object to a dangerous product;
d) The existence of any residue of a dangerous substance on the object;
e) The proximity of the object to other drug paraphernalia;
f) Instructions provided with the object concerning its use;
g) Descriptive materials accompanying the object explaining or depicting its use;
h) Advertising concerning its use;
i) The manner in which the object is displayed for sale;
j) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a seller of tobacco products or agricultural supplies;
k) Possible legitimate uses of the object in the community;
l) Expert testimony concerning its use;
m) The intent of the owner or other person in control of the object to deliver it to persons whom he knows or reasonably should know intend to use the object to facilitate violations of the Controlled Substances Act. (1981, c. 500, s. 1.)

n) The sale of items, which singularly is lawful, but as a whole creates a legitimate hazard to the community by selling products that help the planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, and concealing dangerous products and injecting, ingesting, inhaling, or otherwise introducing dangerous products into the human body.

Traffic and *trafficking*: means to manufacture, distribute, dispense, sell, transfer, or possess with intent to manufacture, distribute, dispense, sell, or transfer.

Transfer: means to dispose of drug paraphernalia to another person without consideration and not in furtherance of commercial distribution.

SECTION 23.4 POSSESSION OF DRUG PARAPHERNALIA

It is unlawful for any person to knowingly use, or to possess with intent to use, drug paraphernalia.

SECTION 23.5 MANUFACTURE, SALE, OR DELIVERY OF DRUG PARAPHERNALIA:

It is unlawful for any person to sell, deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia. Sale, delivery, possession with intent to deliver, or manufacture with intent to deliver, of each separate and distinct item of drug paraphernalia shall be considered a separate offense.

SECTION 23.6 ADVERTISEMENT OF DRUG PARAPHERNALIA:

It is unlawful for any person to purchase or otherwise procure an advertisement in any newspaper, magazine, handbill, or other publication, or purchase or otherwise procure an advertisement on a billboard, sign, or other outdoor display, when he/she knows that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia.

SECTION 23.7 DRUG PARAPHERNALIA EXEMPTION

Any patient or caregiver that possesses drug paraphernalia for lawful use of Medical Marijuana (pursuant to Chapter 369 of the Acts of 2012 An Act for the Humanitarian Medical Use of Marijuana and Massachusetts Department of Public Health Regulations 105 CMR 725.000) shall be exempt from sections 23.4 and 23.5 herein.

SECTION 23.8 RIGHT OF ENTRY

The Chief of Police of the Town of Needham, the Director of Public Health and his designated agents may enter upon any privately owned property, which serves the public, for the purpose of performing their duties under this Board of Health regulation.

SECTION 23.9 ENFORCEMENT

This regulation may be enforced by the Director and his/her designated agents, especially the Chief of Police for the Town of Needham and his law enforcement staff as well as other code enforcement personnel so designated by the Director.

In addition to the restrictions defined herein, the Director and his/her designated agents may consider these items as violations of this section.

a) Refusal to permit an agent of the Board of Health to inspect the facility or any part thereof;
b) Interference with an agent of the Board of Health in the performance of their duty under this regulation;
c) The facility owner, operator, or employee's failure to comply with this regulation; and
d) Keeping or submitting any misleading or false records, documents, or verbally stating false information related to the possession or sale of dangerous products or paraphernalia.

Any resident who desires to register a complaint pursuant to this Regulation may do so by contacting the Board of Health, the Public Health Department, or the Needham Police Department.

SECTION 23.10 FINES FOR VIOLATIONS OF ORDERS AND SUSPENSIONS:

Any person or entity violating any term or condition of this Board of Health regulation, shall be subject to a fine of fifty dollars ($50) for the first violation and a fine of one hundred dollars ($100) for the second violation, and increasing for each subsequent violation up to the amount of three hundred dollars ($300). Each day that a violation continues shall constitute a separate and distinct offense.

This regulation shall be enforced pursuant to M.G.L. Chapter 40, section 21D, as a noncriminal offense, or may be punished under M.G.L. Chapter 111, section 31 as a criminal offense in which the criminal fine imposed shall not exceed $1,000.

SECTION 23.11 SEVERABILITY

If any word, clause, phrase, sentence, paragraph, or section of this ordinance shall be declared invalid for any reason whatsoever, that portion shall be severed and all other provisions of this Ordinance shall remain in full effect.

SECTION 23.12 COMMUNITY PARTNERSHIP

Any police officer, code enforcement officer, physician, nurse, or other concerned individual that has knowledge of the sale or possession of a dangerous product within the Town of

Needham may inform the Needham Police Department by calling 781-455-7570 and following the prompt for 'Detectives' or by calling the Public Health Department Main Line at 781-455-7500 x511 and informing them of the location of the dangerous product. Nothing within this subsection shall be enforced herein, but considered goodwill toward the betterment of the community.

SECTION 23.13 **EFFECTIVE DATE**

This regulation shall take effect upon September 1, 2016. This regulation was discussed in open meetings on May 13, 2016 and on June 17, 2016. A public hearing regarding this regulation was conducted on [July 29, 2016]. This regulation was approved by a [unanimous] vote of the Board of Health on [July 29, 2016].

Tobacco purchasing age would rise to 21 under Senate-approved bill

times 5|5

By Katie Lannan
State House News Service

The Massachusetts Senate voted 32 to 2 last week to raise the state's tobacco purchasing age from 18 to 21, passing legislation that supporters said would cut down youth tobacco use and nicotine addiction.

The bill, compiled by the Joint Committee on Public Health based on several separate pieces of legislation, also bans pharmacies and health care institutions from selling tobacco products and prohibits the use of electronic cigarettes in places where smoking is already banned.

"This bill is also very meaningful to me," said Sen. Cynthia Creem, a Newton Democrat. "I started to smoke when I was under 21 and I was a teenager, and it was easy. It was the thing to do, and I did smoke...I wish that I was not able to smoke, and that I was older and understood the risks."

Sen. Jason Lewis, who co-chairs the Public Health Committee, said the three-year increase will help keep tobacco out of middle and high school social networks, making it harder for younger teens to get cigarettes and other tobacco products from their older peers.

Lewis, a Winchester Democrat, said that about half of the state's population lives in municipalities that have adopted local regulations setting 21 as the minimum age to purchase tobacco.

In 2005, Needham because the first town in the country to raise the tobacco purchase age to 21.

The bill (S 2234) would also need approval from the House before heading to Gov. Charlie Baker's desk. Baker has said he "conceptually" supports the smoking age increase but wants to see the specifics of what the Legislature proposes.

"I'm certainly very hopeful that the House will take up the bill soon and will pass it, because I think that there is such an overwhelming case to be made for this legislation," Lewis told the News Service. "It's very clear that if this legislation became law it would reduce the use of tobacco and nicotine addiction among young people. And if we do that, we know we are going to save lives and reduce health care costs."

If Massachusetts does raise its smoking age to 21, it could become the second state to do so, following Hawaii. Legislation lifting the tobacco purchasing age to 21 in California is also awaiting Gov. Jerry Brown's signature. Individuals who turn 18 before Jan. 1, 2017 would be grandfathered in and still allowed to make tobacco purchases.

Republican Sens. Ryan Fattman of Webster and Donald Humason of Westfield voted against the bill, with Humason cautioning his colleagues it could "create a slippery slope" of regulating behavior.

Humason said he didn't think young people should smoke, but that it is not the Legislature's place to stop them.

"Tobacco is still legal in this state, as disgusting as some of us may think it is," he said.

"I'm certainly very hopeful that the House will take up the bill soon and will pass it, because I think that there is such an overwhelming case to be made for this legislation. It's very clear that if this legislation became law it would reduce the use of tobacco and nicotine addiction among young people. And if we do that, we know we are going to save lives and reduce health care costs."

Sen. Jason Lewis

On a 14 to 19 vote, the Senate shot down a Sen. James Timilty amendment that would have kept the tobacco age at 18 for military members.

"I do not think that we should say to the 18, 19, 20-year-old who is serving on our behalf, wearing the uniform, picking up a gun, doing what they need to do and obeying orders to protect us that, you know what, you can't smoke today," Sen. Linda Dorcena Forry said during debate on the amendment.

Opponents of the measure countered that military officials are working to cut down on tobacco use in the armed forces.

Another Timilty amendment, also rejected, would have allowed an exemption from the higher purchase age for stores within three miles of the border of a state where the age is set at 18.

The Retailers Association of Massachusetts opposes the age increase, arguing that it is "anti-local business and anti-consumer as it seeks to ban licensed stores from selling a legal product to adult consumers."

In a letter to lawmakers, RAM said that the legislation would shift "tobacco sales out-of-state and to the internet thus depriving the Commonwealth of tobacco excise tax revenue used to address problems associated with smoking which will endure."

The American Cancer Society Cancer Action Network lauded the Senate's move Thursday, saying it put Massachusetts "one step closer to reducing tobacco related disease and death."

"Together with Massachusetts' appropriately strong tobacco taxes and 100 percent smoke free workplace law, passage of this bill will once again make Massachusetts the leader in the fight against Big Tobacco and ensure that the Commonwealth has some of the strongest anti-tobacco policies in the nation," Marc Hymovitz, the advocacy group's director of government relations, said in a statement.

The Massachusetts Hospital Association also issued a statement thanking the Senate for passing the bill, saying tobacco and nicotine use costs the state more than $4 billion annually in healthcare costs.

Dispensary applicants update plans

By Emma R. Murphy
emurphy@wickedlocal.com

After eliminating medical marijuana dispensary Massachusetts Patient Foundation Inc. from the pool of dispensary candidates, the Board of Selectmen met with the two remaining candidates to continue the vetting process. On May 10, Sage Cannabis and Medical Marijuana of Massachusetts Inc. presented updated business plans to the board.

Listing 85 Wexford Street as their proposed site, Medical Marijuana of Massachusetts Inc., MMM, outlined an appointment-only model that would include free delivery to Needham residents and a limited range of marijuana infused products, MIPs, including a mouth spray and lotion.

Previously MMM had outlined a system that would require the organization to remove any remaining product from the Needham dispensary at the end of the day and bring it back to its grow site in Plymouth.

This raised security concerns for the board and Needham Police Chief John Schlittler, who said that such a system could make transportation employees a target. In response, MMM said it would keep any remaining product locked up on site overnight.

With 29-37 Franklin Street as its proposed site, Sage Cannabis, outlined a similar business plan to MMM. Sage proposed an appointment-only system, a change from the original plan, which would have accepted walk-ins, free delivery to Needham residents and three MIPs.

In an adjustment from the original plan, Sage said it would also limit the amount of marijuana available for purchase to one ounce.

Two main concerns for the town are the impact any dispensary might have on traffic in the area and the chance of someone without a medical marijuana card being able to get marijuana.

During the discussions, the board reiterated that should either be selected to open in Needham, the board would like to be involved in the security planning and management hiring process. Both organizations agreed to those terms.

The purpose of the meetings is for the board to decide whether or not to issue a letter of support or non-opposition to either of the dispensaries. Throughout the process, the board has reiterated that it would issue either one letter or none.

Thanks to hospital and library staff

I wanted to thank the staff at the Beth Israel Deaconess Hospital Needham, and the staff at the Needham Public Library, for helping us to provide a luncheon for the volunteers of the Traveling Meals Program. The BID Needham provided the food, while the library staff coordinated with us to set up the room.

Many of our volunteers have been with the program for 20-plus years packing or delivering meals to elderly or disabled residents of Needham - helping these Needhamites stay in their homes. The program is coordinated through the Needham Health Department, with Maryann Dinell as the volunteer coordinator. (Volunteers are always needed.)

Once a year we provide a luncheon and entertainment as a "thank you" to these dedicated volunteers.

Leigh Rossi Doukas
President, Friends of the Needham Board of Health and Traveling Meals Program

TOWN MEETING

Food truck plan stalls

By Emma R. Murphy
emurphy@wickedlocal.com

Town Meeting this week postponed action on a citizens petition filed by resident Doug Fox that would have reduced permit fees for food trucks and expanded the locations where they are allowed to operate.

In the warrant article presented to Town Meeting May 4, Fox described his proposal, which would have included a seasonal permit fee decrease from $1,000 to $250 and a decrease in distance from a brick and mortar restaurant from 200 feet to 15 feet.

Fox's article also looked to bring food trucks to downtown Needham as opposed to restricting them to the Needham Business Park.

SEE TRUCK, A9

TRUCK

From Page A1

The petition, which sparked a lot of debate when initially filed, produced a lengthy discussion during Town Meeting, where it was ultimately referred to next year's annual Town Meeting.

The main concerns expressed were that bringing food trucks into the downtown area would add more congestion to the streets and would negatively impact brick and mortar restaurants already struggling during the lunch period.

Restaurant owners worried that such changes to the regulation would create unfair competition by allowing food trucks to take up customer parking spaces and block brick and mortars.

In his presentation, Fox acknowledged those concerns but argued that there were many other benefits to loosening regulations and bringing food trucks downtown. He said that allowing food trucks in downtown Needham would provide fast and varied lunch options for Needham workers and would also bring more foot traffic to town.

"They could bring interest, they could bring excitement, they could bring foot traffic which we need," Fox said.

Selectman John Bulian said his board did not support the article.

"The issue is parking," Bulian said.

Under a redesign project planned for downtown Needham, Bulian said, handicapped parking spaces were designated for the area at the end of the Town Common that Fox had suggested for the food trucks.

According to Bulian, another part of the problem was that passing the article would turn Fox's proposed changes into by-law, meaning that any amendments could only be passed through Town Meeting.

This posed a problem, according to Bulian, because it would hinder the board's ability to make any changes should the by-law cause unforeseen complications.

Though opposed to Fox's article, Bulian said the selectmen understood the desire for more food trucks in Needham.

In an effort to address that desire in a way that worked for Needham, Bulian proposed referring the article so that the selectmen could conduct a study on loosening food truck regulations.

In their motion to refer, the selectmen did not provide a timeline for providing study results, which concerned some Town Meeting Members.

When asked, Bulian said that such a study could take up to year because it would involve looking at town zoning by-laws.

The majority of Town Meeting members who spoke said they would like more food trucks in Needham but had similar concerns about location and traffic.

"I'm in favor of food trucks, but I'm not sure if I'm in favor of them right there because it doesn't look like there's much space," said Precinct H Town Meeting Member Patricia Cruickshank.

At the close of discussion, a majority vote passed the motion to refer the article to the next Annual Town Meeting with the requirement that the Board of Selectmen present the results of their study at that time.

Fight against smoking must continue

The Massachusetts State Senate voted 32-2 last week to raise the state's tobacco purchasing age to 21, from 18.

It was a smart move. We hope the House also supports the legislation when it takes it up, and that Gov. Charlie Baker then signs it into law.

Proponents of the legislation believe it will make it harder for young people to smoke, and, especially to start up smoking, and will, as a result cut down on addiction. Health experts have said that the younger a person is when they begin smoking, the more likely it is it will become a lifelong habit, since young brains are especially vulnerable to addiction.

The Retailers Association of Massachusetts opposed the bill, which not only raises the tobacco purchase age to 21 but also prohibits the sale of tobacco and nicotine products in retail pharmacies and other institutions that provide health services.

According to retailers, the legislation would do nothing to curb smoking among youth, but local stores would lose business because people could still purchase the products out-of-state or online.

But data collected from Needham shows otherwise.

In 2005, Needham because the first town in the country to raise the tobacco purchase age to 21.

Some doubted initially that the new regulation would work. In 2007, a student behavior survey showed that the number of high school students who smoked regularly had risen steadily since 2003. The survey, however, also showed that the number of students who had ever tried smoking had fallen dramatically.

The strongest study to support the benefits of increasing the tobacco purchase age, however, came out in summer 2015.

The study analyzed survey data from high school students from between 2006 and 2010 and found that teen smoking rates in town had fallen from 13 percent to 7 percent.

The study found that drop was more significant than in 16 communities that had not made any changes to their tobacco purchase age. In those communities the teen smoking rate had only dropped from 15 percent to 12 percent.

Since 2005, many other Massachusetts towns – and many throughout the country – have raised the tobacco purchase age to 21. Needham began a national movement.

Massachusetts would not be the first to implement the new age minimum statewide. That honor goes to Hawaii, which made the change early this year. In California, Gov. Jerry Brown only has to sign the legislation before him before his state's tobacco purchase age rises to 21. Hopefully, Massachusetts will be next.

Needham should be congratulated for setting an example for the rest of the country by raising the tobacco purchase age to 21, as well as for its other anti-smoking initiatives, including in 2009 banning the sale of cigarettes in pharmacies and recently updating the tobacco purchase age to apply to e-cigarettes and other nicotine products.

The movement toward a healthier state must continue.

DA Morrissey provides grants for prom and graduation safety

Norfolk DA Michael Morrissey has just disbursed more than $7,000 to local schools to support substance-free prom and graduation events across Norfolk County – including Needham.

"The amount of work our communities put into pre-prom and post-prom parties, and safe graduation parties, is enormous," District Attorney Morrissey said. "We offer $300 grants to support either or both. It is far from covering the tab, but it is a tangible way of saying that law enforcement understands and supports what you are doing."

The Motor Vehicle Homicide Unit in Morrissey's Office responds to roughly one fatal crash each week, according to the DA, and most of those crashes involve drivers who have been drinking or using drugs. Towns can use the grants for a variety of expenses, including directly funding transportation to and from prom or graduation events.

"There are plenty of kids looking to take the safe path on prom night and graduation night. These kinds of events make it easier for them to do so," Morrissey said. "Without question, these events prevent some impaired driving and some incidents of kids getting in the car driven by someone impaired. Prevent impaired driving and you prevent the crashes that end in injury or worse."

Needham was awarded a $300 Operation Graduation grant.

The grants are drawn from monies ordered forfeited by a judge in the context of drug prosecutions and designated by statute to be used by the District Attorney for crime prevention purposes.

Fentanyl spreading death throughout Bay State

Gerry Tuoti hm's 5/26/16
Wicked Local Newsbank Editor

Up to 50 times more potent than heroin, the synthetic opioid fentanyl is becoming an increasingly prevalent street drug, leaving a trail of death in its wake.

"It doesn't take much. Just a small amount of fentanyl can kill you," said Tim Desmond, a spokesman for the U.S. Drug Enforcement Administration's New England field office. "A grain-of-salt amount for some people could kill them."

Originally introduced in the 1960s as a painkiller for cancer patients, fentanyl has become a widespread street drug in the past couple of years. Known as "China white," the drug is often laced into batches of heroin or, less commonly, cut with starch and sold on its own.

More than half of the 1,379 confirmed opioid-related deaths in Massachusetts in 2015 screened positive for fentanyl, according to data the Department of Public Health released May 2. State health officials estimate an additional 147 deaths were linked to opioids in 2015, but toxicology results are unavailable for those cases.

"The first-time inclusion of data on fentanyl allows us to have a more honest and transparent analysis of the rising trend of opioid-related deaths that have inundated the Commonwealth in recent years," Secretary of Health and Human Services Marylou Sudders said in a statement. "We will continue to work on prevention and intervention efforts when it comes to heroin and other opioids to eradicate this epidemic."

DEA investigations have revealed the drug and its raw ingredients are often imported from China from Mexican cartels, Desmond said. It's also illicitly produced in clandestine labs in Mexico and the United States.

When heroin is laced with fentanyl, it produces a more intense high, but is more likely to cause a fatal overdose.

"When someone is addicted to opiates, there's not much you can say in regards to 'don't use fentanyl,' said Joanne Peterson, founder and director of Learn to Cope, a support organization for families impacted by addiction. "When they go to a dealer, they don't always know what they are getting, or in some cases may actually go seeking it."

It's not uncommon, experts say, for addicts to flock to an area where there have been large numbers of overdoses. In many cases, the allure of a powerful high outweighs the risk of death in an opiate-addicted mind.

"It shows just how strong the addiction is that they're willing to take a chance," Desmond said. "It's really nasty stuff. Addicts are seeking out locations where they've heard of overdose deaths and are actually coming to those areas. It shows how strong a disease it is."

Last November, Massachusetts passed a law criminalizing trafficking in fentanyl. The law, authored by Attorney General Maura Healey, became effective in February. Under the new law, anyone caught trafficking more than 10 grams of the drug could face 20 years in prison.

While fentanyl is often mixed into batches of heroin, Peterson said she knows of a handful of recent cases in which families lost a loved one to a fentanyl overdose with no heroin present.

"I think anyone who knowingly sells fentanyl has to know they could kill that person," Peterson said. "If you're selling 100 percent pure fentanyl, if the person dies, you should be charged with murder."

—Gerry Tuoti is the Regional Newsbank Editor for GateHouse Media New England. Email him at gtuoti@wickedlocal.com or call him at 508-967-3137.

Acting for awareness

Times 5/26/16

Melissa Jalali plays a waitress in recovery from opioid addiction in a spot airing locally on ABC and NBC. Produced by the Massachusetts Department of Public Health, the spot can be viewed on YouTube at https://www.youtube.com/watch?v=H32shwLjPD8. YOUTUBE SCREENSHOT

Local actress helps governor destigmatize addiction

By Victoria Groves
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Last year, actress and Needham native Melissa Jalali moved back to town after spending time on stage and screen in both Los Angeles and New York City. Her most recent project is starring in a new campaign with Massachusetts Governor Charlie Baker to bring awareness to the state's growing opioid epidemic addiction currently claims the lives of four people in Massachusetts each day.

The character Jalali plays in the commercial didn't require her normal range of acting because it was so short, but she still spent some time researching the epidemic so she could understand the crisis and how the Baker's office hopes the spot will help.

"It's a commercial so it's condensed, but I tried to approach it with intent," she said. "I did research the epidemic and watched some documentaries and a FRONTLINE PBS special on the topic as well."

While Jalali does have a few other projects on the horizon that she's not yet able to discuss, she has appeared in numerous other national commercials and has most recently starred in a film that was an official selection at the Los Angeles Short Film Festival.

To view the commercial, visit https://www.youtube.com/watch?v=H32shwLjPD8

For more information on Melissa Jalali, visit www.melissajalali.com.

For more information on #StateWithoutStigMA, visit www.mass.gov/opioids.

INSIDE

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The spot, which is airing locally on ABC and NBC as well as available for viewing on YouTube, was shot at Cabot's Ice Cream & Restaurant on Washington Street in Newton, and features Jalali as a waitress who is in long-term recovery for addiction to prescription painkillers. The campaign, which is also being supported by the Massachusetts Department of Public Health, aims to show viewers that drug abuse isn't a choice, but a chronic disease.

"I can't control what kind of work I get, but it's amazing to be able to get behind a cause like this," Jalali said. "Entire lives are being turned upside down [by opioid addiction]."

Last year saw 1,379 confirmed opioid-related overdose deaths in Massachusetts, an 8 percent increase over 2014. The 2014 total represents a 41 percent increase over 2013, leading many governmental officials and community organizations to work towards education as a way to combat both addiction and overdoses.

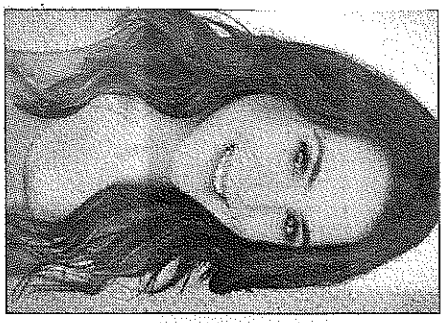
"I feel honored to lend a voice to this scary addiction that is affecting so many people in the state," said Jalali, who is a Needham High School graduate and later went on to graduate with an acting degree from the University of Southern California. "I think the state's plan to de-stigmatize addition is quite revolutionary and will hopefully encourage more people to seek the help they need."

The commercial was filmed over a full day last month, and, while Jalali never met Baker during the shoot, he did have a voice-over that explains that opioid addiction is a healthcare issue that knows no boundaries across age or race. Currently recognized as the state's largest public health threat, opioid

Numbers tell a story

Number of confirmed opioid-related deaths in state in 2015 – **1379**
Number of confirmed opioid-related deaths in Needham in 2015 – **1**
Number of confirmed opioid-related deaths in in Norfolk County in 2015 - **144**
Number of confirmed opioid-related deaths in Needham, 2012-2014 – **0**
Number of confirmed opioid-related deaths in Needham, 2000-2012 – **6**
Number of confirmed opioid-related death in in Norfolk County, 2000-2015 - **976**

Source: Massachu[illegible]



Melissa Jalali COURTESY PHOTO

Mass reps call for funding to fight opioid addiction

times 5/26/16

Gerry Tuoti
Wicked Local Newsbank Editor

While members of the Massachusetts Congressional delegation are pleased the House passed a package of 18 opioid bills two weeks ago, they say more funding is needed to make substantial progress in the fight against drug addiction.

"This is an epidemic that is extremely complex," U.S. Rep. Joe Kennedy III said. "There is no silver bullet, but each one of these initiatives in and of themselves helps move us a little bit closer. However, we're going to need some additional funding to make the headway we need to make."

Kennedy is one of the lead sponsors of a separate bill that would allocate $1.16 billion to expand access to opioid addiction treatment, increase funding for the federal Drug Enforcement Agency's heroin enforcement efforts and fund and enhance prescription drug monitoring programs. The bill echoes President Barack Obama's call for funding.

Fellow Massachusetts Democrats Michael Capuano, Katherine Clark, William Keating, Stephen Lynch, James McGovern, Seth Moulton, Richard Neal and Niki Tsongas signed on as co-sponsors.

Two bills from Clark were included in the package of legislation that passed last week. Her bills are intended to reduce the amount of unused and unwanted prescription painkillers and establish care plans for families of infants exposed to opioids.

In a May 10 speech on the House floor, Clark described the impact of opioid addiction on people in her district and touched on the need for funding.

"This crisis is an urgent calling for Congress to act and save lives and this week we will have the opportunity to pass legislation that will give critical tools to address this crisis," she said. "Ultimately, however, we must also provide the financial resources to our state and local partners to change the course of this epidemic."

Speaking on the House floor, McGovern said speeches about supporting anti-opioid initiatives "will amount to empty rhetoric" without the additional funding.

"We need to not only pass these bills, but we need to commit in a bipartisan way that we're going to provide the necessary funding, and I hope we can do that," McGovern said.

House Republicans blocked an amendment that would have provided $600 million in emergency funding for efforts to combat opioid addiction, saying the funding would come at a later point, when they pass 2017 spending bills for federal agencies.

Kennedy's funding bill was referred to committee.

"The fact is we can put together a taskforce to make recommendations and ask the federal government to do more reports, but the idea you can do all of this without an additional investment, I think, is unrealistic," he said.

APPRECIATION times 5/26/16

Local organizations host luncheon for volunteers

On May 3, the Friends of the Needham Board of Health and Traveling Meals Board coordinated a volunteer appreciation luncheon for the drivers and packers who volunteer from September through June.

The meals are given to Needham residents who are homebound. Some are recovering from illness, and some have limited mobility.

The program, which provides the meals on a sliding scale determined by need, allows Needham neighbors to remain in their homes. The luncheon was prepared by the Beth Israel Deaconess Needham Hospital.

Leigh Rossi Doukas, Friends of the Needham board of health president, introduced John Fogarty, president and CEO of BID Needham, who spoke about the continued growth and success of the hospital and the hospital's plan to open a new breast health center. He thanked the volunteers for their work and stated that Traveling Meals is an important program for the community and the hospital.

The crowd of almost 60 people, including Tim McDonald, director of the health department and his staff, and Chris Coleman, director of operations, town of Needham, enjoyed the entertainment given by David Polansky, who presented a different range of songs from the 1900s through the '50s as he sang and played the trumpet.

MEDICAL MARIJUANA times 5/26/16

Sage Cannabis gets tentative nod from Board of Selectmen

By Emma R. Murphy
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Needham may be one step closer to allowing a medical marijuana dispensary to open in town. On May 24 the Board of Selectmen tentatively voted to issue a letter of support or non-opposition to Sage Cannabis.

The vote follows a lengthy process during which the board reviewed three candidates looking to set up in Needham. Determined to issue only one letter, the board had to choose between Sage Cannabis and Medical Marijuana of Massachusetts Inc., MMM, during it's May 24 meeting.

In its business plan, Sage Cannabis listed 29-37 Franklin Street as its proposed site and proposed an appointment-only system and free home delivery to Needham residents. Sage said it would also limit the amount of marijuana available for purchase to one ounce.

Selectman John Bulian expressed support for Sage because of the leadership's experience and knowledge of the industry.

"Whether you like this business or not, or what this business may be, you have to respect someone who knows the rules," said Bulian.

Following the board discussion, Board of Selectman Chairman Matt Borrelli said he would support Sage for its parking and location.

Though he felt that both candidates were qualified, Selectman Moe Handel supported MMM for what he described as its patient focus. Sage, Handel said, seemed more focused on the pharmaceutical/scientific aspect of the medical marijuana industry.

With a referendum to legalize recreational marijuana likely to come to the ballot in November, some on the board were concerned that it would allow any medical marijuana dispensary in Needham to begin selling recreational marijuana.

Both Selectman Dan Matthews and Borrelli were hesitant to vote for either Sage or MMM without a written agreement that any dispensary in Needham would have to meet with the board for approval before selling marijuana for recreational use.

"Whatever we vote on tonight, whatever goes out that door, that's the single biggest authority that the board will have," said Matthews.

The board approved Matthews proposal that it vote to issue a letter during the May 24 meeting on the condition that the dispensary only be given the letter should it agree to a community host agreement and a recreational waiver commission.

The commission would require the dispensary, Sage, to meet with the board before selling recreational marijuana should voters choose to legalize it.

Once the agreement and commission are finalized, the board will make a formal vote to issue a letter to Sage at its next meeting.

Town conducting survey for senior-friendly housing, transit

Times 5/26/16

On May 4 the town of Needham's Public Health and Council on Aging departments launched a townwide survey to assess the barriers to senior-friendly housing and transit.

The Senior Housing and Transit Survey asks Needham residents 55 years of age and older to assess their attitudes, opinions and needs related to housing, transportation and senior-friendly community infrastructure.

The survey is one part of the larger grant-funded project that includes focus groups and key informant interviews, as well as a regulatory assessment. The initiative is funded through a Healthy Aging through Healthy Community Design grant awarded to the town by the Massachusetts Association of Health Boards and the Massachusetts Department of Public Health.

Needham has one of the highest populations of adults age 60 and older in the Boston MetroWest region, with seniors accounting for nearly one quarter of the town's population. The percentage of the town's senior residents is only expected to increase; by 2030 nearly a third of Needham residents will be 60 years or older.

The growing number of seniors in Needham has resulted in a housing crunch in the community, as residents approaching retirement age look to downsize their homes and reduce their dependence on automobile travel as they age.

Paper copies of the survey are available at the town library, Center at the Heights, community council, treasurer's office and town clerk. It can also be completed online at surveys.ssre.org/s3/needhamseniors. The survey closes on May 27. Residents 55 years and older are encouraged to complete the survey and ask friends and colleagues to do so as well.