

DISTRICT OF COLUMBIA
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ALCOHOLIC BEVERAGE CONTROL BOARD
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MEETING

IN THE MATTER OF: :
 :
Cooking and How-To : Fact-Finding
Classes/Tasting Sessions : Hearing
Related to Medical :
Cannabis :

Wednesday
January 13, 2021

The Alcoholic Beverage Control Board
met via WebEx videoconference, Chairperson
Donovan W. Anderson presiding.

PRESENT:

DONOVAN W. ANDERSON, Chairperson
BOBBY CATO, JR., Member
RAFI ALIYA CROCKETT, Member
EDWARD S. GRANDIS, Member
JENI HANSEN, Member
JAMES SHORT, JR., Member

ALSO PRESENT:

SIMONE ANDREWS, DISCHARGE ABRA Staff
COREY BARNETTE, District Growers/Metropolitan
Wellness Center
LINDA GREENE, Anacostia Organics
YURI LEE, Capital City Care

1 P-R-O-C-E-E-D-I-N-G-S

2 10:34 a.m.

3 CHAIRPERSON ANDERSON: Good morning
4 everyone. As Chairperson of the Alcohol Beverage
5 Control Board for the District of Columbia, I'm
6 welcoming you to the regular scheduled meeting of
7 the Alcohol Beverage Control Board.

8 This meeting is being conducted
9 pursuant to guidance made available by the
10 District of Columbia Office of Open Government
11 regarding electronic meetings held by public
12 bodies during the public health emergency.

13 Pursuant to this guidance, notice of
14 today's meeting was provided 48 hours in advance
15 of the meeting on ABRA's website, and on the
16 District's central meeting calendar. The notice
17 included a time, date, agenda, and call in or log
18 in information for public participation.

19 This electronic meeting is being
20 hosted by a Webex account provided by the
21 District of Columbia Government. Please address
22 any questions or complaints to the OOG at
23 OpenGovOffice@DC.gov.

24 My name is Donovan Anderson. I'm
25 Chairman of the Board. I would like to introduce

1 the other members of the ABC Board, who are also
2 participating electronically, pursuant to Mayor's
3 order 2020-054. Please respond when I announce
4 your name.

5 Mr. James Short?

6 MEMBER SHORT: Mr. Short, present.

7 CHAIRPERSON ANDERSON: Mr. Bobby Cato?

8 MEMBER CATO: Bobby Cato, present.

9 CHAIRPERSON ANDERSON: Ms. Rafi

10 Crockett?

11 MEMBER CROCKETT: Rafi Crockett,

12 present.

13 CHAIRPERSON ANDERSON: Ms. Jeni

14 Hansen?

15 MEMBER HANSEN: Jeni Hansen, present.

16 CHAIRPERSON ANDERSON: Mr. Edward

17 Grandis?

18 MEMBER GRANDIS: Edward Grandis,

19 present.

20 CHAIRPERSON ANDERSON: The Boar has

21 six members in attendance for the conduct of
22 business today and that constitutes a quorum.

23 Before we get underway with today's hearing
24 calendar, I need to make a few instructions that
25 are clear so that the conduct of these hearings

1 is understood by everyone.

2 There is actually one agenda item on
3 our morning's calendar. Once the case the is
4 called, I will take a moment for our IT
5 specialist to elevate the rights of each party,
6 to enable their camera and microphone.

7 Then and only then will you have the
8 ability to engage your equipment. If your case
9 is not being heard, you will remain mute and your
10 camera will be disabled.

11 At the conclusion of each case, the
12 parties will have the option to leave. If the
13 parties choose to stay, all camera and
14 microphones for the concluded case will be
15 disabled.

16 Should you have any questions or
17 require technical assistance during the hearing,
18 please submit them using the question and answer
19 feature, or email Simone.Andrews2@DC.gov.

20 The first and only case on our
21 morning's agenda this morning, we have a public -
22 - it's a Fact Finding Hearing on cooking and how
23 to classes/tasting sessions.

24 Ms. Andrews, can you please elevate
25 the rights of Corey Barnette, please? Of Corey

1 Barnette, Yuri Lee, Vanessa West, and Linda
2 Greene.

3 MS. ANDREWS: Mr. Barnette, you're
4 rights have been elevated.

5 MR. BARNETTE: Hi guys. Are you able
6 to see me?

7 MS. ANDREWS: Your rights have been
8 elevated, and Mr. or Ms. Yuri Lee, your rights
9 have been elevated. That's all, Mr. Chair.

10 CHAIRPERSON ANDERSON: I can see, I
11 can see you Mr. Barnette.

12 MR. BARNETTE: Excellent.

13 CHAIRPERSON ANDERSON: I cannot see
14 Yuri Lee. I can see Ms. Greene, and is there a
15 Vanessa West?

16 MR. BARNETTE: Yes, Vanessa has texted
17 me. She's having some technical difficulties and
18 trying to get in as soon as possible. So if we
19 can keep a lookout for her, she should be in here
20 shortly. But I can proceed if you guys are
21 ready.

22 CHAIRPERSON ANDERSON: That's fine.
23 Hold on a minute. I will ask all parties if
24 you're not speaking, please mute your microphone.
25 Your rights have been elevated, but if you're not

1 speaking, I would like you to keep your
2 microphone muted until you speak.

3 All right. This is a medical cannabis
4 fact finding. By way of background, the Board is
5 holding a Fact Finding Hearing today as the
6 result of an inquiry from Corey Barnette. Mr.
7 Barnette seeks guidance regarding what is
8 permissible under the District's medical cannabis
9 law, and regulations, in order to host
10 demonstrations and education classes at
11 dispensaries.

12 Mr. Barnette, the Board would like to
13 hear from you regarding the types of requests
14 that you receive from patients seeking these
15 demonstrations. How you envision these
16 demonstrations will be conducted, and how you
17 dispose of the cannabis products that are used in
18 the demonstrations.

19 The floor is yours, and we are open to
20 hearing from you and any -- to hear from you on
21 anything related to the subject. The Board
22 members might have a few questions, and I will
23 ask them a few questions, as well. So the floor
24 is yours, Mr. Barnette.

25 MR. BARNETTE: Thank you so much. I

1 want to start out by saying that my name is Corey
2 Barnette. I am the owner and operator of the
3 Metropolitan Wellness System, I mean Wellness
4 Center. We are one of the original three
5 dispensaries that opened in the District when the
6 program first started.

7 We have been in effective operations
8 since the program first started. To date, we've
9 served more than 9,000 patients. And during the
10 average month, we do more than 2,500
11 transactions. And there's some consistent issues
12 that come to the -- that my sales associates are
13 confronted with on a daily basis, that I believe
14 put us at a challenge with the regulations, if we
15 were to fulfill some of these requests.

16 And so I have sought guidance from
17 ABRA in an effort to, one, try and get relief
18 under what our interpretation of the regulations
19 actually are, and then, two, to help you guys
20 stay more informed with some of the challenges
21 that we're facing out here in the field.

22 And so with that, I wanted to point
23 particularly to four areas that cause an issue.
24 One is with product troubleshooting and testing.
25 Oftentimes, when people are coming to

1 dispensaries with the goal of buying a device, we
2 can only provide them with limited use
3 information. And for the most part, they're
4 relying on the directions within the device to
5 try and figure out how to properly use it. And
6 oftentimes, these directions are more focused on
7 getting the device to operate, more so than
8 getting efficient use of the device itself.

9 And so it's oftentimes only a matter
10 of time before someone will come back and say,
11 hey, this does not work. Or hey, I'm having a
12 problem with this. And we're then immediately
13 put in a scenario where we have to actually
14 operate the device in order to actually figure
15 out what's going on, or whether or not this is a
16 situation of human error.

17 I gave the example in a writeup that
18 I provided to the Board, which I'm hoping
19 everyone has, or has had the opportunity to
20 receive, of a vapor pen. If a customer comes in
21 and complains, or suggests that the vapor pen
22 does not work appropriately, the only way that we
23 can test that vapor pen is to actually use the
24 vapor pen.

25 If we allow the customer to use it, or

1 if we use it, then we are immediately in conflict
2 with Section 6101.2(e) of the regulations, which
3 state that it is a revokable offense if the
4 permit holder encourages or allows the use of
5 cannabis on the premises.

6 And so we're immediately in an effort
7 to try and help the customer, put at conflict
8 with the regulations. And give the way that our
9 program was initially envisioned, and given the
10 way that the regulations read throughout, it
11 seems that, and at least to me as a parent, that
12 education is a real goal within the regulatory
13 framework.

14 When applicants have to actually bid
15 on their licenses and fill out applications or
16 what have you, you're actually awarded points for
17 the submittal of an education plan. However,
18 most of the things that we would actually do in
19 the way of true education, would violate this one
20 provision of the regulations. And again, I state
21 that provision as being 6101.2(e), Section E.

22 The second area that comes up very
23 often is how to discussions. This is very
24 similar to dealing with customer device
25 complaints and different things like that, but if

1 a customer truly and sincerely wants to
2 understand the most appropriate method for
3 performing an application, which could be as
4 simple as let's say rolling their own pre-roll,
5 or something of that nature. Or the proper
6 method for applying a pre-roll and using a pre-
7 roll.

8 Then we're immediately putt in a
9 situation where we're in conflict with this
10 particular regulation for obviously reasons. And
11 I gave a couple of examples, specifically, proper
12 oral administration of tinctures and syringes,
13 proper use and administration of pipes and
14 concentrate devices, proper rolling techniques,
15 all of these would be in conflict with our
16 interpretation of 6101.2.

17 I mean, variably, we're talking about
18 tutorials and classes. And I think that if we're
19 being honest about the state of cannabis in
20 Washington D.C., there is a very, very
21 significant level of curiosity and people are
22 trying to find better use-ways, more effective
23 and efficient use-ways, and ways, frankly, to
24 make their dollar go farther.

25 We get requests all the time for --

1 asking us by our patients to conduct classes, and
2 to provide information sessions that they can
3 attend and learn more about how to use some of
4 the products that we're selling.

5 Currently, in order to conduct some of
6 those classes, most effective would be to
7 actually do product demonstrations and different
8 things like that. Unfortunately, we are unable
9 to do that, again, because of this provision.

10 And then lastly, there is the whole
11 dilemma of patients that come to us and talk
12 about their inability to actually use cannabis or
13 medicate in their home. Maybe they live in a
14 restricted use condo, or an apartment, or
15 something, or maybe they live in Section 8
16 housing, or something of that nature.

17 And they are turning to us to try and
18 find ways of not standing out on the street, not
19 creating a public nuisance and different things
20 like that. And so I would also appeal to the
21 administration here, or to ABRA for the purpose
22 of, in the future, as you guys consider different
23 regulations, know that that problem is also out
24 there, and is one that we're being asked to help
25 try and solve in some way, shape, or form also.

1 With that, I'll pause. I hope that
2 everyone was able to see the two pages that I
3 sent over that just sort of documented some of
4 this, and I'll pause right there and give the
5 floor to you guys if there are any questions.
6 Or, Yuri, if you wanted to say something, I'll
7 happily yield and let you chime in also.

8 CHAIRPERSON ANDERSON: I'll have you
9 guys speak and then I'll -- I'm going to have
10 some questions I want to ask.

11 MR. BARNETTE: Okay.

12 MS. LEE: Sure, Corey. Thanks for
13 giving me the floor. Thank you for the nice
14 introduction. My name is Yuri Lee. I'm the
15 General Manager for Capital City Care Dispensary
16 on U Street, and we are one of the first
17 dispensaries to be licensed out of D.C., and
18 we're currently the only ones vertically
19 integrated in city as well.

20 So I think Corey got a lot of
21 different important points about, you know,
22 product and application demonstration that's
23 needed for educational purposes, as well as
24 troubleshooting issues that we also, you know,
25 encounter on a daily basis.

1 Keep in mind, when we interact with a
2 lot of medicinal patients, a lot of them have a
3 generational gap of, you know, learning and using
4 marijuana in a safe medical environment. So a
5 lot of the new technologies that we have in the
6 market, you know, sometimes when an older senior
7 citizen patient comes in, it's really hard to get
8 them kind of educated to how safely and
9 effectively use these products.

10 You know, we can do so much, giving
11 them, you know, written materials, showing them
12 videos, but you know like Corey mentioned, you
13 know, to make it more of an effective program, we
14 do need to have a space where we can actually
15 demonstrate and products and actually, you know,
16 hand-in-hand with our patient consultants, show
17 them how to effectively use that.

18 And this also prevents us from
19 bringing in like new technologies into this
20 market as well. I'll give you an example.
21 Capital City Care most recently, we tried
22 launching, and we still have some on our shelves,
23 what's called DabTabs. Now DabTabs is a new
24 technology that's been fairly -- it's a recent
25 technology that's been used in many different

1 states, including Massachusetts and Maryland.

2 And one of the benefits of this
3 product is it can be truly a beneficial marijuana
4 product. For example, we use mineral based
5 ceramic casings to actually house the medication,
6 and it's precisely measured by the exact THC and
7 TBD dosaging. So if the DabTab comes in a single
8 usage amount, you know exactly, if it says 50 mg
9 of THC, that that is exactly how much is in that.

10 And then for a patient who needs to
11 understand how to dosage and titrate each week,
12 how much milligrams of cannabis they need to
13 take, this is a really, really clean, safe, good
14 method for patients who need this. Especially
15 who are suffering from chronic illnesses that
16 need to have a pretty precise regimen that they
17 need to be able to precisely measure how much
18 intake that they're taking of medication.

19 Again, this is a very reliable
20 product. It's extremely safe. But it's a very
21 new technology. So we need to have the ability
22 to actually teach people how to use it. Even
23 just by throwing the name DabTab, it's a new
24 technology, it's clean, it's easy to use. It
25 just doesn't work that way. We need to be able

1 to ask a patient consultant to sit with them,
2 teach them how to put it in a heating chamber,
3 teach them how to use an actual vape pen that is
4 meant for these DabTabs, and also how to, you
5 know, clean after all of these products.

6 So you know, that is something that
7 with the current regulations, it's nearly
8 impossible to do. And for a lot of, you know,
9 patients who already are suffering from a great
10 amount of pain and who are even older, they, you
11 know, a lot of our senior citizen patients don't
12 tend to go to YouTube to search, research things.
13 And to see somebody on a video on how, learning
14 how to, you know, DabTab, or learning these
15 different technologies.

16 So that is kind of a concern for a lot
17 of our elderly, as well as very sick patients
18 here. And also, like you know, the subsidized
19 housing, you know, community here. That is an
20 extremely tough question because we also get
21 these challenging questions from our patients,
22 which is kind of heartbreaking, is that, you
23 know, they don't really necessarily have a good
24 safe space where they can medicate. Right?

25 Because either they can -- they'll

1 take their chances, but there's always that fear
2 in the back of their mind that they will possibly
3 get evicted or lose their housing if their
4 landlord or anyone complained about them using
5 their medication at home.

6 So that's just my, also, addition to
7 what Corey had portrayed to the Board.

8 CHAIRPERSON ANDERSON: Do you need to
9 -- do you wish to speak, Ms. Greene?

10 MS. GREENE: Good morning, Mr.
11 Chairman, and to the Board. I am not presenting
12 today. I found out about this pretty late, but I
13 do, I will say that we support this discussion,
14 and we do support the points that have been
15 raised by Corey and Yuri.

16 The demonstration in proper use of
17 cannabis is absolutely critical. As, you know,
18 different people have different reactions to
19 different things, but dosing is very important.
20 And the patients need that one-on-one educational
21 informational series.

22 As well, we would like to, for the
23 cultivators, you know, when they have new
24 products, this gives them an opportunity to come
25 in, demonstrate their products to our patients,

1 and to the staff.

2 So we are, you know, in total support
3 of that and in regards to the public, the safe
4 places to medicate, our patients and I have a lot
5 of patients that are subsidized and in public
6 housing, and many times I see them in the parking
7 lot medicating before they go back home. Or
8 sitting in their car and medicating because they
9 can't medicate at home.

10 So we would like to see some type of
11 resolve to that. I'm not sure if a safe house
12 located directly in the space where you -- is
13 separate place from the dispensary. We need to
14 look at those, those issues to see, you know, how
15 we do that.

16 But we have, also had a lot of
17 problems with vape pens, and we had to take the
18 patient outside of the dispensary to show them
19 how to properly operate a vape pen, or, you know,
20 that type of thing.

21 So this is, this is really good. I
22 would -- I support it and I would just like to,
23 you know, be able to get recommendations from the
24 other licensees. But I really appreciate that,
25 Corey, thank you so much for bringing this out to

1 the forefront, and Yuri for your testimony as
2 well.

3 Thank you so much, Mr. Chair.

4 CHAIRPERSON ANDERSON: All right.
5 Thank you, Ms. Greene. I guess I have my
6 questions. I mean, they're too specific. There
7 are two separate issues that you've raised. One
8 is about the demonstration of products and
9 second, you're talking about safe use.

10 So in an ideal world, and I'll start
11 with you, Mr. Barnette, regarding safe space,
12 what is it that you would propose to the Board
13 regarding the establishment of a safe space?
14 Would this space, would you envision having the
15 space in the dispensary?

16 I know that, and I don't recall if it
17 was your dispensary, but I know, I think, for
18 Capital where Ms. Lee, Capital -- what's that, I
19 forget the name of that. The one that you --

20 (Simultaneous speaking)

21 CHAIRPERSON ANDERSON: I'm sorry?

22 MS. LEE: Capital City Care?

23 CHAIRPERSON ANDERSON: Capital City
24 Care. I think I was showing there was a
25 conference room where there is patient

1 consultation. I think I was, that was shared
2 with me.

3 So how do you envision, let's talk
4 about a safe space. In the perfect world, what
5 would you recommend how we should, how the Board
6 should think about creating a safe space for
7 people who do not have the ability to utilize
8 their medication at home, and would you allow,
9 yes, how do you -- what do you ask the Board to
10 do in a perfect world?

11 MR. BARNETTE: In a perfect world,
12 where we're still in the medical marijuana
13 framework, I believe that the, each dispensary
14 has different conditions and is situated
15 differently. But certainly, I believe that for
16 them to be able to create a space that is on-
17 site, that is not a public nuisance where
18 patients could come and medicate appropriately.

19 And then have that space
20 simultaneously serve as a space where you could
21 conduct classes, or hold private individual sort
22 of sessions with a patient. Then I think that
23 that would be ideal. I think the district has
24 had examples in its history of such spaces.

25 I don't necessarily want to call them

1 lounges because I think that that sends a
2 connotation that I'm not necessarily implying
3 right now. But certainly, a place where people
4 can go, they can be comfortable, they can know
5 that they're not about to be hounded, and they
6 can get the information and utilize cannabis is
7 what I would envision.

8 I would imagine that that space would
9 be adjacent to a dispensary. Certainly, we
10 wouldn't want, or at least, and other dispensary
11 operators are on this call, but I wouldn't want
12 to have such a space integral to the actual
13 medicine room. I think certain patients would
14 continue to like their privacy and be able to
15 come into the medicine room and speak openly, or
16 what have you.

17 And so in my ideal world, we would
18 have that space be adjacent to our medicine room,
19 or adjacent to our facility, probably with either
20 a separate entrance, or a dividing entrance of
21 some sort, even if they entered through the
22 actual dispensary itself.

23 CHAIRPERSON ANDERSON: Now who would
24 this space -- who would operate this space? Who
25 does this, who would this space belong to? Who

1 would operate this space? That's what I'm just
2 saying is that who would operate this?

3 MR. BARNETTE: Right now, in the
4 medical marijuana program, I would assume that
5 the actual dispensary operator would operate the
6 space, if they chose to have one for the
7 customers utilizing product.

8 CHAIRPERSON ANDERSON: Because based
9 on where, and since I've visited most of the
10 dispensaries, I don't see how that's feasible in
11 the sense of having a separate facility.

12 MR. BARNETTE: Well, I think that, I
13 think that there are certainly opportunities
14 there, you know, for instance, my dispensary is
15 currently relocating and we would have the space.
16 I think that there are other dispensaries that
17 could situate in a way so as to get the space if
18 they so chose to have one.

19 And what's more, I don't necessarily,
20 when I say adjacent, I'm not wired to the concept
21 of adjacent, if a dispensary wants to have one
22 nearby, a place where they can go, or a place
23 where they can conduct sessions, I think that
24 that's appropriate.

25 But if the question is to me about an

1 ideal world, I would think that you would want it
2 to be onsite, simply because the instances where
3 someone comes in with a broken product, and you
4 need to do a demonstration, you have a space that
5 you can retreat to in order to do that.

6 And so even if you were to allow the
7 dispensary to have a separate space, or something
8 of that nature, where they could conduct such
9 things, I would still think that you would
10 provide relief to allow them to do just sort of
11 to respond to the patient inquiries when they're
12 actually onsite.

13 But maybe the patient couldn't remain
14 there to medicate. Or if they wanted to actually
15 medicate onsite for a prolonged period of time,
16 then they would have to retreat to that separate
17 space. If it is down the street, or if it's
18 across town, whatever it is.

19 But I think that the dispensary
20 operators, because they're actually dispensing
21 the cannabis, and they're familiar with the
22 products that they're selling, in an ideal world,
23 under a medical framework, I would think that you
24 would want the dispensaries to actually play some
25 sort of a role there.

1 CHAIRPERSON ANDERSON: Now, at least
2 in my mind, Mr. Barnette, the way I see it, the
3 two questions that were out there, I believe it's
4 two separate, I mean, there's a different concept
5 about having a demonstration. So if you want to
6 have a class to teach folks about the product.
7 To teach folks about how to roll a joint. To
8 teach folks how to use a vapor pen.

9 I understand that because I know that
10 if I go to the doctor and the doctor gives me
11 certain types of devices, then if I don't
12 understand how to use it, there's a tech
13 available in the medical office who will
14 demonstrate to me how to use it.

15 MR. BARNETTE: Right.

16 CHAIRPERSON ANDERSON: So that's why
17 I'm saying it's separate from the safe space,
18 rather than a demonstration. So that's why, in
19 my mind, I see that as separate.

20 So in my mind, just in talking to you,
21 I wouldn't have a problem, but we'd have to
22 figure out how to change the law, the
23 regulations, to say you can have a demonstration
24 room, in the sense that you can teach folks about
25 cannabis. You can teach folks about the

1 different products that you have, how to use
2 them, and how to use the devices.

3 That's -- I see that's separate from,
4 in the sense of having a safe space. At least in
5 my mind. I see those are, in my mind, those are
6 completely separate.

7 MR. BARNETTE: I can definitely see
8 how they would be viewed separately.

9 (Simultaneous speaking)

10 CHAIRPERSON ANDERSON: -- my mind.
11 I'm not saying --

12 MR. BARNETTE: No, no, no. I get
13 like, you know, even from an infrastructure
14 standpoint, I can definitely see how, you know,
15 the effort to try and accommodate the one or two
16 people who might be onsite with a question about
17 a device, versus accommodating a larger number of
18 people that want to stay for an hour and
19 medicate, or 30 minutes and medicate, or whatever
20 the situation is. Obviously, those are two
21 different infrastructure situations.

22 I'm just saying that if the question
23 is in an ideal world, how would you see this
24 operating, then I would say that in an ideal
25 world, a dispensary would have the space to

1 accommodate all of this onsite with the
2 dispensary.

3 If we get into situations where we are
4 talking about dispensaries not having enough
5 space, then we are by definition diverging from
6 the concept of an an ideal world. And if we're
7 getting away from that, then I would say the next
8 best thing would be to allow that dispensary to
9 have a separate space where they can actually
10 host that onsite function.

11 But still on the site of the
12 dispensary, have the freedom to handle the
13 individuals that come in and do that sort of
14 thing. And so, in an ideal world, you can have
15 it all under one roof.

16 If you don't have space under one
17 roof, the ability to have a location where you
18 did have these things would be, I guess, the next
19 best thing in my mind.

20 CHAIRPERSON ANDERSON: And I guess in
21 my mind, I would have a concern. I understand
22 the fact that someone might buy a vapor pen, and
23 for some other reason, if they don't know how to
24 utilize it, then they go home, I think that it
25 would be somewhat problematic for the person to

1 bring it back to the dispensary and for you to
2 show them how to -- I'm not sure how we can
3 overcome that one in the sense that you would
4 have to show the person how to use it and they
5 would have to utilize the medication there in the
6 facility.

7 And I'm not quite sure how that one
8 would -- I don't know how to overcome that one,
9 at least in my mind at this juncture. I mean, I
10 see in, if I go to the store, if I buy something
11 at the store, Best Buy or whoever, and I buy an
12 equipment, if I go home, it's not working, I
13 return it to the store to get another one.

14 MR. BARNETTE: Right.

15 CHAIRPERSON ANDERSON: Typically, when
16 I bring it back, unless, I'm using Best Buy just
17 as an example. It's the first one that came into
18 my mind. I would have to go to their technical
19 division and they would probably troubleshoot.

20 So that's my, I can't wrap my head
21 around that one in the sense that I don't know
22 how you would, in the sense of vapor pen, I mean,
23 yes, I understand you have an informational
24 session before you show the people how to utilize
25 it. But in the sense of how you're going, if

1 they bring it back, and then you're saying you
2 would have to load the product in the pen. I'm
3 not sure how to overcome that one.

4 MR. BARNETTE: Yes. I believe that
5 the only way to deal with that is right there
6 onsite at that time. You know, right now, we
7 cannot, we can't do that. You know, right now,
8 we are in, you know, direct violation of that
9 provision if we were actually to help that
10 customer in that situation.

11 And even if we have onsite use in a
12 different facility, whether that is adjacent to
13 the dispensary or in a separate location, I would
14 think that at the site of the dispensary, when
15 you're dealing with these kinds of situations, we
16 need relief under the provision to be able to
17 actually help people that do bring product back
18 and load the vape pen, actually have them inhale
19 it, and see if the vape pen is working properly.

20 Or whatever other use application
21 they're talking about. Actually do a
22 demonstration right there and actually solve the
23 problem right there. Even if you have to retreat
24 to some back office and be able to help them in
25 that situation. That's even more acceptable than

1 the world in which we exist today.

2 And so whatever the solution is, I
3 just believe you need some combination of the
4 two.

5 CHAIRPERSON ANDERSON: But you're
6 aware in the district, you can't do indoor
7 smoking.

8 (Simultaneous speaking)

9 CHAIRPERSON ANDERSON: And this is not
10 a cannabis.

11 MR. BARNETTE: Yes.

12 CHAIRPERSON ANDERSON: This is the law
13 in the district regarding --

14 MR. BARNETTE: Sure.

15 CHAIRPERSON ANDERSON: So there are
16 certain provisions that you have to follow
17 through the Department of Health.

18 MR. BARNETTE: Right.

19 CHAIRPERSON ANDERSON: Regarding
20 indoor smoking.

21 MR. BARNETTE: You're also aware that
22 in the district, we do allow hookah use indoors.

23 (Simultaneous speaking)

24 MR. BARNETTE: -- so we have methods
25 for handling this provision if the district so

1 chose to do so.

2 CHAIRPERSON ANDERSON: Yes, that's why
3 I said, of the different regulations that are not
4 within ABRA's control.

5 MR. BARNETTE: Right.

6 CHAIRPERSON ANDERSON: That are issued
7 by the Department of Health as far as hookah is
8 concerned, and that you need a special permit --

9 MR. BARNETTE: Sure.

10 CHAIRPERSON ANDERSON: -- that allows
11 that to occur. I know that there are a lot of
12 facilities currently in the district who, they
13 utilize a hookah, but they do not have the proper
14 permits from the Department of Health. So I'm
15 aware of that.

16 MR. BARNETTE: Got it.

17 CHAIRPERSON ANDERSON: But if we're
18 going to say that this can occur, then we would
19 require that if the Department of Health has
20 regulation that says how we can have indoor
21 smoking or vaping, they would have to comply with
22 that.

23 I don't know how, I don't know how to
24 overcome that. That's one of the reasons why I
25 see, at least in my mind, I see them as separate

1 issues.

2 MR. BARNETTE: Yes.

3 CHAIRPERSON ANDERSON: I would support
4 having an information session. That I will
5 support.

6 MR. BARNETTE: Yes.

7 CHAIRPERSON ANDERSON: Because it's,
8 I don't see an issue in the sense of having
9 classes to teach folks, to introduce them to the
10 products.

11 MR. BARNETTE: Right.

12 CHAIRPERSON ANDERSON: And how to
13 safely utilize them. But so I can see that much
14 more easily --

15 MR. BARNETTE: Yes.

16 CHAIRPERSON ANDERSON: -- then in the
17 sense of the safe use because I'm not quite sure
18 where that could be allowed. And I'm not saying
19 that I'm against that, but that's just, that
20 appears to be, it's a lot more analysis how to
21 allow safe space, the safe use of the product at
22 the dispensary.

23 MR. BARNETTE: Got it.

24 CHAIRPERSON ANDERSON: Do we have any
25 questions by any of the Board members? Come on.

1 I can't ask all the questions. I know that
2 you're all interested and I know that all my
3 other Board members are (audio interference). So
4 any questions by any Board member?

5 MEMBER SHORT: Mr. Chair?

6 CHAIRPERSON ANDERSON: Go ahead Mr.
7 Short.

8 MEMBER SHORT: I do have one question.

9 CHAIRPERSON ANDERSON: Yes, Mr. Short.

10 MEMBER SHORT: (audio interference)

11 the Department of Health, but there are also
12 other public safety issues I would like to bring
13 up. If you're going to have open flame, or
14 you're going to have lit pipes, there has to be
15 safety provisions and the fire department would
16 have to look at the space, just like -- and give
17 permission, just like the Department of Health
18 would.

19 Because I know a lot of night clubs,
20 well, before they stopped indoor smoking period,
21 they'd have to have heavy duty air removal
22 equipment in those places. And so the bottom
23 line is, then the liability is you have to put
24 time limits on how long a person can stay,
25 because they get over-serviced and go out and

1 have a car accident, who is responsible.

2 Right now, the night club will be
3 responsible, or a restaurant will be responsible
4 if somebody would over-serve, or get over-served
5 in a location.

6 So those issues, I think, would have
7 to be definitely brought up, thought through, and
8 all of the appropriate district government
9 agencies would have to weight in, and just not
10 the ABC Board. That's the only way I can be
11 comfortable even negotiating something like this.

12 CHAIRPERSON ANDERSON: All right,
13 that's fine. All right. Thank you, Mr. Short.

14 MEMBER GRANDIS: Mr. Chairman?

15 CHAIRPERSON ANDERSON: Just a minute,
16 Mr. Grandis. As I stated before, I just thrown
17 out the Department of Health because I know that
18 as far as indoor smoking, that's their
19 jurisdiction. So that's all I was saying, if
20 we're going to allow that, we would have to work
21 with the Department of Health and whatever other
22 district agencies to ensure that occurs.

23 Yes, do you have a comment, Mr.
24 Grandis? Mr. Short, can you please mute your
25 microphone please. And Mr. Barnette, mute your

1 microphone.

2 MEMBER GRANDIS: Thank you, Mr. Chairman.
3 Mr. Barnette, I just want to let you know that
4 I'm very sympathetic to the concerns you raised
5 today. And I'm very supportive, based on what
6 Mr. Short and others, and the Chairman have said,
7 as long as we can work out the hurdles with the
8 other agencies, I'm supportive of us as a city
9 being innovative and forward-thinking.

10 And I agree that it would make sense
11 for, particularly new patients to have a safe
12 place to go to have demonstrations, and an
13 explanation before they leave the first time with
14 their product. So I would distinguish between a
15 space that would be sort of educational.

16 MR. BARNETTE: Yes.

17 MEMBER GRANDIS: A public space, from
18 those individuals who may live in public housing
19 or federal enclaves and they cannot legally at
20 this time medicate themselves at their home.
21 That perhaps we can head towards something that I
22 would call a café.

23 MR. BARNETTE: Right.

24 MEMBER GRANDIS: People don't -- so
25 patients don't feel like they're doing something

1 negative in other cities where they have certain
2 things that they take off the street, but they
3 put in -- so I would hope we could lead in the
4 future towards a café type place, where your
5 patients that can't do it at home can feel safe
6 and be comfortable.

7 MR. BARNETTE: Right.

8 MEMBER GRANDIS: Thank you.

9 MR. BARNETTE: Thank you.

10 (Simultaneous speaking)

11 MR. BARNETTE: I'm sorry.

12 CHAIRPERSON ANDERSON: I'm sorry, who
13 was speaking?

14 MR. BARNETTE: That was me, Corey
15 Barnette.

16 CHAIRPERSON ANDERSON: Yes Mr.
17 Barnette.

18 MR. BARNETTE: I certainly, I wanted
19 to respond in short to Mr. Short's comments in
20 that I too believe that the various agencies in
21 the district should look at this issue. And we
22 certainly have figured a way to allow hookah
23 lounges. We figured out a way to allow cigar
24 lounges. And we continue to have a number of
25 those establishments throughout the district.

1 And to the degree that there are
2 provisions that we can get the various agencies
3 of the government to weigh on, certainly we
4 should have them participate in this discussion
5 and opine appropriately.

6 So I completely agree. My comments
7 are not to try and circumvent such agencies, but
8 more so to try and get this issue in front of
9 ABRA in hopes that, together, we might figure out
10 how to actually move these ideas forward and
11 create a better industry, or more appropriately,
12 a well-run industry here in Washington D.C..

13 CHAIRPERSON ANDERSON: Did you have a
14 question, Ms. Crockett?

15 MEMBER CROCKETT: I just have a
16 comment. Thank you, Mr. Barnette, for your
17 comments. And I would like to, you know, bring
18 everyone's attention to, we're seeking a lot
19 about Department of Health, or DCRA, and things
20 that are not within our control, and I would like
21 us to also focus on the fact that there are
22 things that are within ABRA's control. And Mr.
23 Barnette's testimony, his written testimony, in
24 fact, you know, laid out quite a few situations
25 that don't involve smoking.

1 You know, many of his patients, many
2 of the patients in the city do not ingest their
3 medication via rolling a marijuana cigarette or
4 via a vape pen. So he's outlined things like
5 tinctures, oral syringes, concentrates, and other
6 things that would not necessarily, you know,
7 create any kind of smoke, vapor, and things of
8 that nature.

9 So I would like us to, you know, also
10 draw our attention to not just the obstacles that
11 may be in our way because of regulations from
12 other agencies, but let's also focus on the
13 things that we might actually be able to take
14 care of right here at ABRA to help D.C.'s
15 patients access their medicine and get the
16 education and the tools that they need to utilize
17 it.

18 CHAIRPERSON ANDERSON: Thank you for
19 that comment, Ms. Crockett. And that's one of
20 the reasons why I basically stated that I, I
21 would separate the two because I am in favor of
22 having some type of informational type of
23 training session in the sense that you teach
24 folks how to use the equipment.

25 So that's fine. I do support that.

1 I think that I was just being a little bit more
2 specific where Mr. Barnette was talking about a
3 vapor pen. That clearly, that has some, you
4 would have to literally smoke that there, or yes,
5 and I mean, I would be in favor of trying to find
6 some way to work within the law, or to change
7 regulations in the sense of how to demonstrate,
8 how to roll a joint.

9 I think the issues that we have with
10 that, once you open the product, I mean, are you
11 going to allow the folks to, I guess it's their
12 product, so they're going to use, or would you,
13 or is it that folks can bring in their own
14 products saying they bought the pen from you.

15 However, but the product was brought
16 from another dispensary. So are you going to
17 allow them to bring the product from another
18 dispensary into your dispensary, and then you
19 show them how to use a vaping pen. So these are
20 some issues that need to be addressed.

21 But let me ask another question on
22 that same line. A place like Colorado, and a
23 place like California, they've had the use of
24 medical cannabis much longer than us in D.C. Are
25 you aware of any programs in Colorado or

1 California, or any other state that has had a
2 longer history of the legalization of medical
3 cannabis? How do they address? Are you aware of
4 how do they address these issues? The issues
5 that you raised to us.

6 MR. BARNETTE: Yes. Certainly in the
7 state of California, they have onsite use
8 capability and they do have regulations and
9 information, or the city does effectively
10 regulate lounges, cafes, and different things
11 like that in the state of California.

12 And so we should, we could definitely
13 look to their legislative framework there for
14 precedents. Colorado is a different animal in
15 that, I want to say that it wasn't until about a
16 year and a half ago that they began to actually
17 allow the use of lounges. And so they're not as
18 far along as we are. And they're a little bit
19 more restrictive.

20 Massachusetts and Nevada may have
21 legislation that goes a little farther, and is a
22 little more comprehensive. Although the roll out
23 in Massachusetts hasn't been as effective as they
24 would like for it to be. The legislative
25 framework and regulatory frameworks are also

1 there.

2 But I think that in terms of actually
3 having lounges, you know, the furthest along
4 would likely be California, in that they've gone
5 so far as having actual stand-alone cannabis
6 restaurants and bars, and different things like
7 that.

8 So I would suggest that we look to
9 their sort of framework because it appears to be
10 working well. They are creating businesses.
11 They are creating jobs. They are having positive
12 outcomes, and they do appear to be working
13 effectively within the regulations.

14 There in different counties, there are
15 different sort of tweaks and nuances. For
16 instance, in San Francisco, there is a dispensary
17 called the Barbary Coast. It is one of the older
18 and more highly regarded dispensaries, I would
19 say in the country. And they've been around just
20 for a long time.

21 They actually have an adjacent lounge,
22 or a lounge that is adjacent to their dispensary
23 that you can only enter through the dispensary.
24 And I believe that that was a requirement of city
25 of San Francisco at the time. But I believe that

1 there's been some relief there and you have far
2 more lounges open up in Northern California than
3 Southern California to date.

4 But there are a lot of examples. I
5 can certainly try and look up some of that
6 regulatory framework and try and send it over if
7 that's helpful.

8 CHAIRPERSON ANDERSON: Well that's
9 fine. Thanks for that. I mean, that's helpful.
10 But what about the, the question that you had
11 asked about if a customer returns a vapor pen.

12 MR. BARNETTE: Oh, classes. Well,
13 those markets have never restricted the way that
14 this provision restricts us. Right? You know,
15 like I used to own a dispensary in California.
16 And there's never been a provision, at least that
17 I've known of, that was like this provision.

18 And so it's not -- they haven't had to
19 undo this because they've never had this to undo.
20 You've always been able to go into dispensaries
21 in California and get the kind of help that you
22 need, and while you don't walk in and completely
23 smoke a joint, but they've always been able to
24 conduct classes. They've always been able to
25 provide information sessions.

1 When I've had a problem with a device
2 in California, we were able to address that
3 problem right there, right then, right there on
4 the site. So they really haven't, they really
5 didn't start from a framework that was as
6 restrictive as ours. And so I don't necessarily
7 know (audio interference) there.

8 CHAIRPERSON ANDERSON: All right. I
9 mean, that's helpful in the sense that my view is
10 that we don't need to recreate the law --

11 MR. BARNETTE: Right.

12 CHAIRPERSON ANDERSON: -- rules and
13 regulations if there are other states who have
14 some framework that we can look at. And so I
15 appreciate the fact that you have brought that to
16 our attention. I will ask that our legal office
17 look at what they do in California to see if
18 there's anything. And their rules and
19 regulations, that if we're going to consider
20 doing this, that maybe we can look at the best
21 practices of other jurisdictions have been doing
22 this longer than us, what it is that they have in
23 place, and whether or not that can work here
24 within the District of Columbia.

25 I know that as far as smoking,

1 California is actually very -- in the sense of
2 indoor smoking with tobacco and stuff. I know
3 that they are one of the leaders in that, from
4 that perspective. So I'm sure it's how it is
5 that they addressed this other issue.

6 So I will ask that our legal office
7 look at if we're going to address the type of
8 issue that you raised, to look at what is it they
9 do in California. I know you said Colorado,
10 Mass, and Nevada, there are some issues. But I -
11 - since California is one of the first --

12 MR. BARNETTE: Yes.

13 CHAIRPERSON ANDERSON: -- and as they
14 say it, the way California goes, that's the way
15 the rest of America will go. So I'm curious to
16 see what is it that they have in place and
17 whether or not we can benefit from some of their
18 knowledge.

19 MR. BARNETTE: Got it.

20 CHAIRPERSON ANDERSON: Any other
21 questions by any other Board members?

22 Mr. Barnette, Ms. Lee, Ms. Greene, any
23 other issue regarding the -- our consideration of
24 this, the concerns that you'd like to bring to
25 our attention?

1 MR. BARNETTE: I do want to say thank
2 you to ABRA for, I think the response to my
3 inquiry was incredibly fast, given the history of
4 the program. I really do appreciate you guys
5 taking this and truly considering it, and
6 considering any potential change in this
7 particular instance would be positive change.

8 We certainly welcome the outcomes from
9 the, from ABRA. And so if there's any more
10 information that we can provide, I guess the last
11 thing that I would say is that as you begin to
12 think about onsite use, smoking does not, as was
13 properly indicated, smoking is not the only
14 avenue.

15 Vaporization is an option, which is
16 not smoking, and doesn't require the same levels
17 of ventilation and things of that nature. And
18 so, so are the use of other types of
19 concentrates, edibles, and things like that. So
20 while we are concerned with open flames, and
21 actually smoke in the air and things like that,
22 there are other options and other application
23 methods that could get relief outside of those
24 that give us those concerns.

25 And so I want to just say, again,

1 thank you guys for considering this and if there
2 are other questions for any of us, please don't
3 hesitate to reach out and let us be helpful if we
4 can.

5 CHAIRPERSON ANDERSON: Thank you, Mr.
6 Barnette. I think you had something you wanted
7 to say, Ms. Greene.

8 MS. GREENE: Yes. I wanted to also
9 thank you for hosting this listening session
10 today, and do think it warrants, it warrants more
11 discussion, particularly more inclusive
12 discussion with the other licensees. And
13 certainly, I am, once again, supportive of the
14 education and information sessions that we should
15 be allowed to do for our patients in the
16 dispensary.

17 Now, going back to the safe places to
18 consume, I was in Jamaica in February, and I went
19 to one of their licensed dispensaries. And they
20 actually, the setup was different but it was a
21 setup in the dispensary to the side where
22 patients could consume their medications on site.
23 But they were regulated and assigned one patient
24 care specialist, is what I call my bartenders.

25 And they were limited to the amount of

1 time, as well as the amount of product that they
2 consume there within a certain, 24, 48 hour
3 timeframe. I found that to be very interesting.
4 I didn't realize that Jamaica has legalized or
5 had medical marijuana facilities.

6 But we also have resources. We are
7 all very involved in other organizations,
8 national organizations that try to alter the
9 landscape of cannabis use in our country. So
10 perhaps we can pool on some of those resources to
11 see what other states have done, as well.

12 Particularly states that are
13 medicinal. States that are recreational have a
14 lot more latitude to do things. And we are
15 hoping to join them in that soon, but we are not
16 there yet. So that is, you know, pretty much
17 what I wanted to say about the setup. I wasn't
18 really prepared today but I think, I just want to
19 thank ABRA.

20 There have been so many wonderful,
21 positive changes, communications, action, rapid
22 response, since we have transferred to your
23 agency, and I can deeply tell you, I, Linda
24 Greene, appreciate it. I'm sure my colleagues
25 do.

1 So we want to work closely, you know,
2 with you, just like Corey said on, you know,
3 every aspect of this great industry. Thank you
4 so much.

5 CHAIRPERSON ANDERSON: Ms. Greene, can
6 you do me a favor please? Can you please email
7 me to the agency and let me know what dispensary
8 in Jamaica that you had visited please?

9 MS. GREENE: Yes. I will go through
10 my notes and see if I can find it. But yes, I
11 will.

12 CHAIRPERSON ANDERSON: Yes, please.

13 MS. GREENE: Yes.

14 CHAIRPERSON ANDERSON: Off the top of
15 your head, what part of Jamaica was that?

16 MS. GREENE: It was, I was staying in
17 Ocho Rios and I was on my way to Mobay, to the
18 airport. So it was literally in Ocho Rios.

19 CHAIRPERSON ANDERSON: Okay. Just
20 send that information to me through the agency,
21 please.

22 MS. GREENE: Okay.

23 CHAIRPERSON ANDERSON: I'll see if I
24 can find out some more information about that.

25 MS. GREENE: Okay.

1 CHAIRPERSON ANDERSON: Any other
2 questions by any of the participants? All right
3 then, I'm going to bring this matter to a
4 closure. I want to thank you, Ms. Lee, Mr.
5 Barnette, Ms. Greene, for your testimony today.
6 And thank you for, especially Ms. Greene, thank
7 you for your words regarding this agency.

8 One of the things that ABRA has pride
9 itself on is its customer, its customer service,
10 and its customer service response. And I want to
11 thank our agency director who ensures that ABRA
12 is considered one of the most responsive agencies
13 in the D.C. government.

14 As I've stated before, as this board,
15 we're very open. We will listen. You might not
16 necessarily always agree with a decision that we
17 make, but we will always listen to whatever
18 suggestions and comments that you have made in
19 utilizing that to make a decision.

20 With that said, the Board will take
21 this matter under advisement and we will issue
22 some type of determination. I just as Chair, and
23 this is just my personal opinion, I do support
24 the informational portion of it. To me, that's
25 much easier. That's much easier in a sense that,

1 if you want to have demonstrations of the
2 products, I do support that. I'm just, I'm
3 giving you my personal opinion. That's not the
4 position of the entire Board because we have not
5 discussed it.

6 But that's, to me that's much more
7 easier to make decisions on that portion. And
8 then the safe use, that's -- there are more parts
9 that need further explanation because there are
10 other agencies that are involved. But I do
11 support, I personally support having
12 informational sessions.

13 I know like for alcohol, we have
14 tasting. I'm not going to say that we're going
15 to have a tasting so folks can come in and try
16 the product and decide then. So I'm not going to
17 go all the way out there to say as part of the
18 information session that we could have cannabis
19 tasting, as we have wine tasting, or other type
20 of alcohol tasting.

21 But the concept, I do support. I do
22 support that and we will take this matter under
23 advisement and we'll get back to you as soon --
24 in a very short period of time.

25 MR. BARNETTE: Thank you.

1 CHAIRPERSON ANDERSON: All right.

2 Thank you very much for your --

3 MS. GREENE: Thank you.

4 CHAIRPERSON ANDERSON: Thank you very
5 much. We have now, the Board then will be in
6 recess until our 1:30 hearing, and I will just
7 request that the Board members now return to
8 executive session. Thank you. We're in recess.
9 Thank you very much.

10 (Whereupon, the above-entitled meeting
11 went off the record at 11:34 a.m.)

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to Medical Cannabis

Before: DCABRA

Date: 01-13-21

Place: teleconference

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